



Local Health Commentary

A VIEW FROM THE VILLAGES HEALTH

If the population of The Villages is 170,000, then up to 17,000 residents may have an underactive thyroid. Next to diabetes, it is the most common endocrine disease, and both diagnoses frequently coexist.

Sadly, there seem to be more misconceptions about what hypothyroidism is and does, and more time spent addressing these issues than any other endocrine disease.

Warning Signs of Hypothyroidism

Symptoms of hypothyroidism include fatigue, cold intolerance, constipation, slowed thinking, depression, dry skin, weight gain, and many other less common manifestations. But these symptoms aren't unique to the thyroid, and they can look like other health problems. If symptoms do not make the diagnosis, you may wonder how a diagnosis is made. The answers lie in the lab.

The TSH Test

The thyroid is a butterfly-shaped gland, about 2 inches long, located in the front of the neck. It is controlled by your pituitary gland, which produces TSH, thyroid-stimulating hormone.

A TSH test is the first and best test to measure how well your thyroid is working, but it cannot show what is causing the problem. If TSH is elevated, the individual has an underactive thyroid. But this alone is not enough information.

Free T4 needs to be measured, since more patients have subclinical hypothyroidism than true hypothyroidism. If Free T4 is normal and the patient is relatively symptom free, then the diagnosis is subclinical hypothyroidism. If free T4 is low then the diagnosis is true hypothyroidism. Most patients do not benefit from treatment of subclinical hypothyroidism.

Treatment Options

Thyroid hormone is essential to your health, and treatment is usually in the form of levothyroxine or T4. The most common brand name is Synthroid, but other brands exist as do many generics.

Hypothyroidism can be difficult to treat, however, because thyroid hormone replacement has a narrow therapeutic range. This means that a small change in dose can result in a larger

change in thyroid hormone level. It is a common problem for providers to adjust dosages too rapidly and to use too large a change in dose in response to an abnormal level of T4 or TSH in the blood. In addition, thyroid hormone has a half-life of one week and it takes at least six weeks to achieve a steady state. It may take three months for patients to have a full clinical effect.



Dr. James Mersey

The good news is that most patients experience significant improvement or find complete relief of their symptoms with treatment.

Once treated, patients should stick to the same drug manufacturer since absorption of thyroid hormone is partly dependent on formulation. This is easy with brand name products and almost impossible with generic since there are so many generic manufacturers. In addition, some patients absorb pills poorly and may fare better with liquid and gel formulations.

When "Natural" Is Not the Best Option

Some practitioners prefer to prescribe "natural" thyroid hormone, a desiccated (dried and powdered) product that is derived from pig thyroid and

not natural to humans.

Desiccated thyroid contains both T4 and T3, however the balance of T4 and T3 in animals differs from that of the human thyroid. The ratio of levothyroxine to T3 in pig thyroid is 4:1, so patients on natural thyroid are overdosed with T3. For most patients this is acceptable but too much T3 can cause heart problems like atrial fibrillation. Endocrinologists do not recommend T3 in older patients because of the risk.

Most adults after age 50 should be screened for thyroid disease with a TSH, which primary care providers typically measure on an annual physical.

Hypothyroidism is common, more common in women, and while treatment may appear simple, it is often more complicated and requires patience on the patient's part and diligence and skill on the provider's part.

A primary care physician can treat most patients, but if hormone levels remain unstable, a specialist may be required. Because I am no longer seeing patients, patients should be referred to the endocrine division. For additional information, call 352-604-5868.

Dr. James Mersey is an endocrinologist with The Villages Health.



Positive Aging

BY MARILYN MURRAY WILLISON

As many of you know, my much-loved husband, Tony, died a few years ago. Since there are almost 14 million widows in America today, I am well aware that whatever challenges I've had to deal with since his death are probably not all that unique.

Unfortunately, I have felt blindsided by many of the issues that survivors must face after the death of a loved one, and I often wish that he and I had made better provisions for the inevitable, even though no one likes to admit it. I recently learned about two services that are precisely designed to

eliminate complications and confusion following the death of a loved one, Everplans and Final Roadmap.

A typical comprehensive legacy plan includes information regarding bank accounts and insurance policies, home security alarm systems, suggestions regarding sensitive ways to inform colleagues, information on friends and family of the deceased passing, access codes and passwords, etc. It's a long and complicated list.

Six categories of information are then broken down into 29 subsections. The six categories include the following:

- » My life (miscellaneous information, from pet directives to vehicles to account logins to contact lists).
- » House (maintenance, staff, deed, insurance, mortgage and utilities).
- » Health (doctors, pharmacies, therapies and hospital data).
- » Financial (banking and investment data).
- » Legal (attorney, executor, guardians, living will and power of attorney).
- » After I'm Gone, the most popular section (donations, funeral arrangements, legacies and disposition of small items).

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