

Clinical Scenario 1

A 28 year old lady with known Hashimoto's thyroiditis on LT4 for approximately 5 years and currently taking 125mcg per day.

Hasn't had TFTs checked for 18 months so when she attends to discuss pregnancy plans you take the opportunity to check some routine bloods including TFTs. Her weight is stable and she has no symptoms of thyroid problems but does state she is tired on occasion particularly in the evening after returning from her office based job. BMI is 30.

TFTs show a TSH of 3.25 and FT4 level of 25.3

Do you

1. Reassure the patient and arrange repeat TFTs in 12/12
2. Repeat TFTs now
3. Advise the dose of LT4 is reduced
4. Advise the dose of LT4 is increased
5. Request advice from the Endocrine Team.

Is she safe to conceive?

Scenario 2.

A 43 year old man attends your practice with occasional palpitations. There have been no episodes of collapse and the events are not linked to exercise. They tend to occur at rest and he has become rather anxious about them. His weight has fallen by 3kg in the last 6/12 but he has been trying to reduce his weight as his BMI is 35.

As part of a screen of tests his TFTs return and show a TSH of 1.8 and an FT4 of 27.

Do you

1. Reassure the patient and do nothing
2. Repeat his TFTs now including a T3 level
3. Make a diagnosis of thyrotoxicosis and refer to the endocrine clinic
4. Make a diagnosis of thyrotoxicosis and start carbimazole
5. Request advise from the Endocrine Team

Scenario 3

A 21 year old lady is complaining of feeling tired. You undertake a screen of investigations which reveal a TSH of 1.3 and FT4 of 10.

Do you

1. Reassure the patient and do nothing else

2. Consider pituitary disease and refer to the endocrine team
3. Consider pituitary disease and check other anterior pituitary hormones including 9am cortisol
4. Arrange a pituitary MRI scan
5. Commence LT4