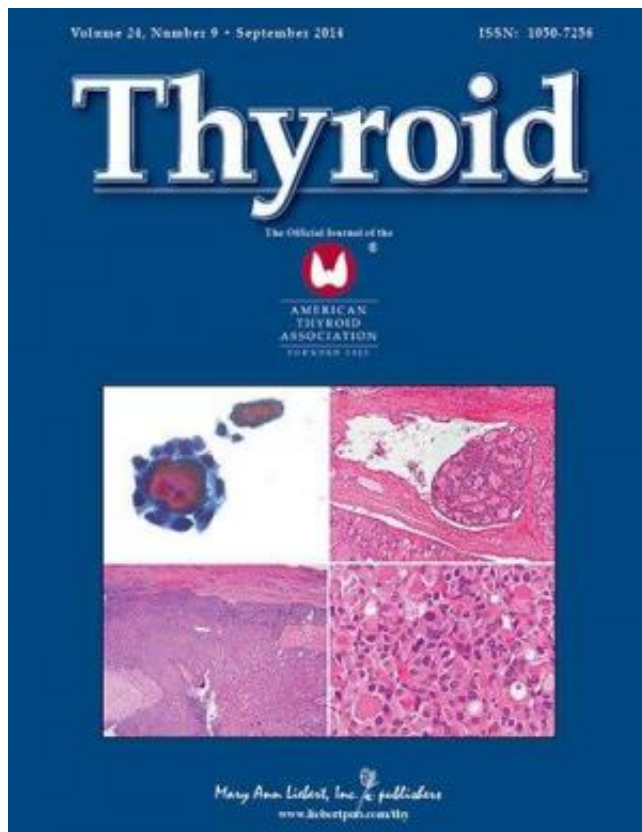


New hypothyroidism treatment guidelines from American Thyroid Association

30 September 2014



Credit: Mary Ann Liebert, Inc., publishers

Levothyroxine (L-T4), long the standard of care for treating hypothyroidism, is effective in most patients, but some individuals do not regain optimal health on L-T4 monotherapy. New knowledge about thyroid physiology may help to explain these differences. An expert task force of the American Thyroid Association on thyroid hormone replacement reviewed the latest studies on L-T4 therapy and on alternative treatments to determine whether a change to the current standard of care is appropriate, and they present their recommendations in the article "[Guidelines for the Treatment of Hypothyroidism](#)," published in [Thyroid](#), a peer-reviewed journal from [Mary Ann Liebert, Inc., publishers](#) and the official journal of

the American Thyroid Association (ATA). The Guidelines are available free on the [Thyroid](#) website.

Task force co-chairs J. Jonklaas and A.C. Bianco, with colleagues from the Clinical and Translational Science sub-committees, coauthored the Guidelines on behalf of the American Thyroid Association Task Force on Thyroid Hormone Replacement. The authors reviewed the clinical literature related to three main therapeutic categories: levothyroxine therapy; non-levothyroxine-based thyroid hormone therapies (including thyroid extracts, synthetic combination therapy, triiodothyronine therapy, and compounded [thyroid hormones](#)); and use of thyroid hormone analogues.

The [task force](#) concluded that levothyroxine should remain the standard of care for treating hypothyroidism, noting that no consistently strong evidence supports the superiority of alternative therapies. They emphasize that the recommendations are intended to guide physicians' clinical decision-making on thyroid [hormone replacement therapy](#) for individual patients.

"These very comprehensive guidelines provide a superb overview on the current evidence about treatment modalities for patients with hypothyroidism," says Peter A. Kopp, MD, Editor-in-Chief of [Thyroid](#) and Associate Professor of Medicine, Division of Endocrinology, Metabolism and Molecular Medicine, Northwestern University Feinberg School of Medicine, Chicago, Illinois. "In addition, the document highlights gaps in our knowledge and indicates which topics are in need of future research, for example the need for long-term outcome clinical trials testing combination therapies and continuing research on [thyroid](#) hormone analogs."

"These ATA guidelines, developed by an expert team, provide useful, up-to-date information on why

to treat, including subclinical disease, who to treat, and how to treat hypothyroidism. Information is evidence-based and recommendations are graded. I think they will be used extensively by all clinical endocrinologists, especially by our members," says Hossein Gharib, MD, President of the ATA, Professor of Medicine, Mayo Clinic College of Medicine, Rochester, Minnesota.

Provided by Mary Ann Liebert, Inc

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