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Hypothyroidism

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Symptoms: Fatigue, weight gain, cold intolerance, constipation, dry skin, hair loss, depression, memory problems, and menstrual irregularities in women.

Causes (Physiological): Primary hypothyroidism is often caused by autoimmune thyroiditis (Hashimoto's thyroiditis), thyroid surgery, or radioactive iodine therapy. Secondary hypothyroidism can result from pituitary or hypothalamic dysfunction.

Risk Factors: Female gender, family history of thyroid disorders, autoimmune diseases, certain medications (e.g., lithium, amiodarone), and radiation exposure to the neck.

Complications: Untreated hypothyroidism can lead to heart problems, infertility, mental health issues, and myxedema coma (a life-threatening condition).

Diagnosis Protocol: Blood tests measuring thyroid-stimulating hormone (TSH) and thyroxine (T4) levels are typically used to diagnose hypothyroidism. Additional tests may be needed to determine the underlying cause.

Prevalence: Hypothyroidism is prevalent worldwide, affecting approximately 1-2% of the population, with higher rates in women and older individuals.

Medications Used to Treat Hypothyroidism:

Levothyroxine: This synthetic thyroid hormone replaces or supplements the body's own thyroid hormone. It helps normalize thyroid hormone levels, alleviating symptoms and preventing complications associated with hypothyroidism.

Other Treatments or Therapies:

Lifestyle Modifications: Eating a balanced diet, exercising regularly, managing stress, and avoiding tobacco and excessive alcohol consumption can support thyroid health.

Nutritional Supplements: Some individuals may benefit from supplements containing iodine, selenium, or vitamin D, but supplementation should be tailored to individual needs and monitored by a healthcare provider.

Thyroid Hormone Therapy: In cases where standard levothyroxine therapy is ineffective or not tolerated, alternative thyroid hormone preparations or combination therapies may be considered.

Experimental or Cutting-Edge Treatments:

Stem Cell Therapy: Some research suggests that stem cell therapy may hold promise for regenerating damaged thyroid tissue in individuals with hypothyroidism, but further studies are needed to establish its safety and efficacy.

Impact on Lifestyle and Life Expectancy:

Lifestyle: Hypothyroidism can impact various aspects of daily life, including energy levels, mood, weight management, and fertility. With appropriate treatment, many individuals can lead normal, fulfilling lives, although some may require adjustments to manage symptoms effectively.

Life Expectancy: When properly managed, hypothyroidism typically does not decrease life expectancy. However, untreated, or poorly controlled hypothyroidism can increase the risk of complications and may impact overall health and longevity.

Jeannette Tefft

When did you receive your diagnosis? What was that process like?

"I found out five years ago. I started to notice it probably seven years ago. I was tired all the time and had low energy. I also noticed that my hair was more brittle and my eyebrows were thinning out. I also was experiencing a lot of brain fog, but the biggest issue for me was the fatigue."

"As far as the process is concerned, my original doctor just checked one number for thyroid problems, the TSH. Unfortunately. Many doctors only look at the number and that particular doctor was normal. After two more years of fatigue, I decided to get a second opinion. I saw a doctor that people had recommended who specializes in hormonal problems. She did a much more thorough blood work, covering all the thyroid tests. She

found that I was very low in T3, T4 and high in reverse T3. It completely explained my symptoms."

"I had to see my dr for blood work every 3 months to check my thyroid numbers while taking daily meds for T3 and T4. When I hit menopause I had a setback and we had to increase my doses to get balanced again. I am still not in "optimal " range but I am improved with the medication."

What were the first symptoms that you presented? When did you realize there was an issue that needed to be addressed?

"The first symptom was fatigue, especially in the afternoon. Along with hair brittleness, and loss of eyebrows."

How does this condition impact your daily routine? What have you found to be supportive or helpful?

"I had a difficult time doing my housework and activities outside of just being able to get through my day. I also gained 40 pounds even though I was eating and exercising regularly

Did you have a family history that you are aware of, related to this condition? Do you feel that it is important information to share with your family?

"We do not have a family history that I know of. However, I believe grandma had this problem and is the reason she was obese. Her dr only would check TSH. I suspect the more thorough tests would have shown similar results as mine."

"I do believe it's important for family to know how to advocate for further testing and a second opinion in any health situation. Sometimes you just know something is off and you need to be proactive in today's healthcare due to changes brought about by managed care(insurance companies affect what can be covered or not covered)."

What do you wish more people understood about your condition? Is there a common misconception about it? "I wish more people could understand that I'm not lazy. My whole life I've always been a hard worker and a perfectionist. My body is limiting what I can do. I'm tired all the time. At least now I have the tests to prove there is a legitimate reason for my fatigue."

Works Cited

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