

BMJ 1996;313:539-544 (31 August)

## T 4 AND TPO ANTIBODIES

# Consensus statement for good practice and audit measures in the management of hypothyroidism and hyperthyroidism

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**In patients with microsomal (thyroid peroxidase) antibodies, treatment with thyroxine is recommended, as the conversion rate from subclinical to overt hypothyroidism is at least 5% a year.**

□ 1: BMJ. 2003 Feb 8;326(7384):295-6.

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### Thyroid function tests and hypothyroidism.

Toft AD, Beckett GJ.

TSH at or near the upper limit of the reference range, particularly if associated with a normal free T<sub>4</sub>, may indicate underlying autoimmune thyroid disease. **A consensus exists for early treatment of such patients with thyroxine if anti-thyroid peroxidase antibodies are present in the serum, not because any immediate benefit may be expected but because the risk of overt thyroid failure in future years is high.**

1: [Endocr J](#). 2005 Jun;52(3):337-43.

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Effects of prophylactic thyroid hormone replacement in euthyroid Hashimoto's thyroiditis.

[Aksoy DY](#), [Kerimoglu U](#), [Okur H](#), [Canpinar H](#), [Karaagaoglu E](#), [Yetgin S](#), [Kansu E](#), [Gedik O](#).

Hashimoto's thyroiditis is the most frequent autoimmune thyroid disease. **L-thyroxine therapy can reduce the incidence and alleviate the symptoms of this disease.** (...) Thirty-three patients who had diagnosis of euthyroid Hashimoto's thyroiditis were randomized to two groups, one group received prophylactic L-thyroxine treatment and the other was followed-up without treatment.

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After 15 months of L-thyroxine treatment, there was a significant increase in free T4 and a significant decrease in TSH and anti-thyroglobulin antibody / anti-thyroid peroxidase antibody levels.

In conclusion, prophylactic thyroid hormone therapy can be used in patients with Hashimoto's thyroiditis even if they are euthyroid.