



Patient Care + Research + Clinical Trials

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Thyroiditis

Thyroiditis is a general term referring to inflammation of the thyroid gland. The thyroid is located in the lower front of your neck; it is not normally visible or palpable. The thyroid gland produces thyroid hormone to help your body to regulate metabolism & to utilize energy to keep your brain, heart, muscle and other organs work properly. There are three common forms of thyroiditis.

Chronic lymphocytic (auto-immune) thyroiditis

The condition is also known as Hashimoto thyroiditis. It affects 1 in 20 women & is a painless condition that develops over many years and eventually leads to permanent [hypothyroidism](#). The treatment is to take life-long thyroid hormone replacement (l-thyroxine). For more information see [this article](#) on the BCDiabetes website.

Painful thyroiditis

This condition is also known as subacute thyroiditis. It is caused by the same viruses that cause colds and upper respiratory infections. The thyroid gland becomes enlarged (“goitre”) and tender to the touch; many clients experience fever, malaise and muscle aches. Painful thyroiditis gets better on its own, without antibiotics, over the course of a few weeks, occasionally months. The pain in the thyroid gland can be severe in which case medication should be considered. As firstline therapy non-steroidal anti-inflammatory drugs such as ibuprofen 200-400 mg every 6 hours should be used. If the response is insufficient, prednisone in a dose of 20-40 mg once daily should be considered.

Painless “silent” thyroiditis

This condition is also known as postpartum thyroiditis because it is common after childbirth. It is caused by the immune system attacking the thyroid gland (auto-immunity). In 90% of cases it gets better on its own. In 10% of cases it leads to permanent [hypothyroidism](#) and requires life-long thyroid hormone replacement.

Both painful and painless thyroiditis are associated with an initial period of [hyperthyroidism](#) (overactive thyroid) lasting 2-3 weeks followed in many cases by mild hypothyroidism lasting a few months. Common hyperthyroid symptoms include weight loss, tremor, palpitation, sweating, heat-intolerance, diarrhea, fatigue and anxiety. During the hyperthyroid phase, other than giving medication to reduce tremor or shaking such as beta blockers (eg propranolol) no medication is effective: the hyperthyroid phase will gradually resolve on its own.

In about one third of cases of thyroiditis a period of hypothyroidism follows. It is usually mild with no symptoms but may become prolonged or symptomatic (fatigue, weight gain, puffiness) in which case thyroid hormone replacement therapy may be used for 6-12 months. Occasionally (<5% of cases) hypothyroidism may be permanent. Treatment is initiated with

thyroid hormone (levothyroxine) replacement if the TSH rises above 10 or the TSH is 5.0-10.0 and the patient feels tired. For dosing and other information see [this article](#) on the BCDiabetes website. Once begun, levothyroxine is typically continued for 12 months. After 12 months the levothyroxine may be stopped, and after a month of no therapy the TSH should be re-measured. If the TSH is above the normal range the levothyroxine should be resumed and taken indefinitely (forever).

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