

# Madigan Army Medical Center

## Referral Guidelines

### Thyrotoxicosis

#### Diagnosis/Definition

Thyrotoxicosis is the complex of findings that arise when the peripheral tissues are presented with and respond to an excess of thyroid hormone. Common disorders associated with thyrotoxicosis:

- Graves' disease
- Toxic adenoma
- Toxic multinodular goiter
- Subacute thyroiditis
- Chronic (painless) thyroiditis
- Postpartum thyroiditis
- Extrathyroid source of thyroid hormone: Surreptitious hormone ingestion / over medication during thyroid hormone replacement (iatrogenic)
- States of TSH excess: Pituitary tumor and non-tumorous
- Excess iodine ingestion

#### Initial Diagnosis and Management

- Suppressed TSH in the patient with an intact hypothalamic-pituitary-thyroid axis.
- Elevated serum T4 and T3 level
- Patients with iatrogenic thyrotoxicosis need not be referred. Their dose of thyroid hormone should be reduced; a TSH should be measured six weeks later.

#### Ongoing Management and Objectives

- Major objective is the long-term resolution of thyrotoxicosis.
- Frequently, definitive therapies (i.e., surgery, radioiodine treatment) lead to iatrogenic hypothyroidism.
- Certain conditions (i.e. subacute thyroiditis, postpartum thyroiditis) are self-limiting.
- A multidisciplinary approach is often required.

#### Indications for Specialty Care Referral

- Active thyrotoxicosis not due to the administration of thyroid hormone.
- Patients thyrotoxicosis should be referred to someone familiar with the management of the above disorders.
- Obtaining a radioactive iodine uptake (RAIU), in a non-pregnant patient, prior to specialty referral may help expedite treatment.
- Appropriate therapy may involve the use of B-blockers, antithyroid medications, surgery or radioactive iodine. (Women of childbearing age should be counseled regarding effective contraception.)

#### Criteria for Return to Primary Care

Resolution of thyrotoxicosis.

Last Review for this Guideline: **January 2011**  
Referral Guidelines require review every three years.

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Clinical Practice and Referral Guidelines Administrator