

OUTPATIENT GP REFERRAL GUIDELINES SOUTHERN ADELAIDE DIABETES and ENDOCRINE SERVICES (SADES) Southern Adelaide Local Health Network (SALHN)

Hyperthyroidism

- Management depends on the underlying cause
- Common causes:
 - Graves' disease, toxic adenoma or multi-nodular goitre, subacute, silent or post-partum thyroiditis, excessive thyroid hormone administration and iodine induced (often from radiological contrast media and Amiodarone)

 Current and previous drug use (e.g. amiodarone, lith Recent potential iodine source (e.g. contrast media) Concomitant medical problems and family history 	
 Fax Referrals to GP Plus Marion 7425 8687 Red Flags Atrial fibrillation or other cardiac rhythm disturbance Cardiac failure or ischaemia Rapid weight loss, significant myopathy Obstructive symptoms from a goitre 	 GP Plus Noarlunga 8164 9199 Hypokalaemia or periodic paralysis, particularly in SE Asian origin patients Severe or progressive thyroid eye disease Pregnancy (current or intended) or breastfeeding

- If red flag present discuss with on call registrar
- Nuclear thyroid scan and serum Thyroid receptor antibodies if cause unclear
- Avoid iodinated contrast agents wherever possible
- Consider beta blocker for symptom control
- If hyperthyroidism is not due to excess exogenous thyroid hormone, transient thyroiditis or iodine load start carbimazole (or PTU if pregnancy possible). Note that serious adverse reactions to these drugs are not uncommon and patients must be fully informed
- Repeat TFTs within a week of clinic appointment

Clinical Resources

Therapeutic Guidelines Endocrinology Version 6 (2018)

General Information to assist with referrals and the and Referral templates for SALHN are available to download from the SALHN Outpatient Services website www.sahealth.sa.gov.au/SALHNoutpatients and SAFKI Medicare Local website www.safkiml.com.au

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