Hypothyroidism – Primary or Secondary

- Primary (due to thyroid disease) and can generally be managed in general practice unless there are specific concerns (see below)
- If hypothyroidism is suspected but TSH levels are not elevated, the possibility of secondary hypothyroidism due to pituitary or hypothalamic disease should be considered
- Secondary hypothyroidism is uncommon and rare in the absence of other pituitary hormone deficits
  - Evaluation should involve an endocrinologist
  - Do not start T4 for secondary hypothyroidism without endocrine unit input

Information Required

- Presence of Red Flags
- Duration of symptoms
- Associated symptoms

Investigations Required

- TSH, free T4 and T3
- Thyroid autoantibodies if primary hypothyroidism
- Thyroid ultrasound or other thyroid imaging is not generally useful in primary or secondary hypothyroidism

Fax Referrals to

GP Plus Marion	7425 8687	GP Plus Noarlunga	8164 9199

Red Flags

- Pregnancy – established or planned
- Severe primary hypothyroidism (TSH >100 mU/L)
- Altered conscious state
- Hypothermia Temp < 35.5C
- Hyponatraemia <125 mmol/L
- Congestive heart failure or major fluid overload
- Possibility of secondary hypothyroidism
- Bradycardia < 50 beats/min

Suggested GP Management

- Severe hypothyroidism with altered mentation or hypothermia - discuss with on-call registrar
- If pregnant or planning pregnancy, aim to keep TSH< 2.5 mU/L. Refer to Obstetric Medicine clinic.
- Refer urgently if suspected or confirmed secondary hypothyroidism (do not start thyroxine until hypocortisolaemia is ruled out)

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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