



EDITORIAL

What is the best treatment for hypothyroidism?

In any clinical practice it is clear that some hypothyroid patients may continue to complain of symptoms they attribute to hypothyroidism, even after being on what is considered adequate therapy. This leads some patients to switch physicians multiple times and to use unconventional/alternative therapies. Indeed, the ongoing clinical challenge in treating hypothyroidism is the many nonspecific symptoms which may be caused by multiple other non-thyroid-related disorders.

To address these issues, and to review the current state of hypothyroidism evaluation and management, the American Thyroid Association (ATA) held a symposium entitled *Hypothyroidism — Where are we now?* in the spring of 2017. In the two months before the symposium, patients with hypothyroidism were invited to complete the online ATA Hypothyroidism Treatment Survey that was created by the program committee members. The survey was posted on the ATA website, emailed to patients in the ATA database, distributed to members of the *Alliance for Thyroid Patient Education*, and further distributed on the websites and social media of multiple patient advocacy groups that are members of the ATA Alliance for Thyroid Patient Education. The preliminary results of the survey were presented and discussed with a panel of patients with hypothyroidism at the symposium. The final analysis of the survey results will be published in the June issue of *Thyroid* and Drs. Angela Leung and Eric Stevens summarized the paper for a future issue of *Clinical Thyroidology*. In this issue, Dr. Sarah Peterson, the lead author of this important paper, has provided a summary of the paper for *CTFP* in advance of its' publication. In the interest of full disclosure, I am also an author of this paper, and the full list of authors is included in the summary.

The ATA Hypothyroidism Survey confirmed that dissatisfaction with treatments and doctors does affect a significant group of hypothyroid patients. In addition, the vast majority of respondents rated that living with hypothyroidism has a major effect on their life and that the development of additional hypothyroidism treatment options is vitally needed. In terms of the current therapeutic options, animal-derived desiccated thyroid extract (DTE) appears to be preferred by the survey respondents over T_4/T_3 combination therapy and T_4 monotherapy. However, even the DTE group reported continued symptoms attributed to hypothyroidism. I am sure that this paper will be illuminating, and controversial, as hypothyroidism is considered by many physicians to be a medical disorder that is rather straightforward to treat.

It is important to realize that this was a voluntary survey and respondents may not represent the majority of the >10 million individuals in the U.S. with hypothyroidism. Indeed, the majority of hypothyroid patients appear to do well on levothyroxine monotherapy. While physicians will often ascribe symptoms persisting despite “adequate” thyroid replacement therapy to non-thyroid causes, some recent studies suggest that there may be some genetic influences on the ability to respond to levothyroxine therapy. In any event, the ATA Hypothyroidism Survey does make clear that more research is needed in this area and that future studies on the optimal management of hypothyroidism are necessary.

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