



Understanding
hypothyroidism
in older adults

Although hypothyroidism can affect anyone, it is more common in older adults than younger ones. This brochure will help you better understand hypothyroidism, its relationship to aging, and how it can be managed. Use this brochure as a guide to help you talk to your doctor about hypothyroidism.

Quick facts about hypothyroidism

Hypothyroidism occurs when the body cannot produce enough of the thyroid hormone thyroxine. This is the opposite of hyperthyroidism, in which the body produces too much thyroxine. When the thyroid becomes inflamed or damaged, it is less able to produce the correct amount of this hormone.

Your chances of developing hypothyroidism increase as you age, and it is more common in women than in men.¹ Another thing to note is that hypothyroidism symptoms and treatment may look a little different for older patients, as many symptoms common with hypothyroidism are also common challenges the elderly face.²

What can cause hypothyroidism?

The number one cause of hypothyroidism is Hashimoto's disease, a chronic autoimmune disease that causes the thyroid to become inflamed and unable to produce thyroid hormones.

Other causes of hypothyroidism include certain medications, radiation therapy for head and neck disease, previous injury to the thyroid, removal of the thyroid gland, and changes in reproductive hormones, as during menopause.¹

Signs and symptoms of hypothyroidism

Symptoms of hypothyroidism can vary from person to person. You may notice few or no symptoms, or may misinterpret them as possible signs of aging.

Some of the most common signs and symptoms of hypothyroidism are¹:

- Depression
- Inability to concentrate
- Puffy face
- Loss of hair, or hair becoming coarse
- Voice becoming hoarse
- Muscular pain
- Brittle nails
- Feeling cold all over
- Abnormal cholesterol levels
- Fatigue
- Mental impairment
- Goiter
- Slow heartbeat
- Dry or yellow skin
- Constipation
- Delayed reflexes
- Weight gain from fluid retention

Notify your healthcare provider right away if you are experiencing any of these symptoms. With an examination, he or she can detect any other symptoms that you may not be noticing, like slowed heart rate or goiter.

If you suspect you may have hypothyroidism, it's important to get a proper diagnosis as soon as possible.

How is hypothyroidism diagnosed?

Communicate your symptoms to your healthcare provider, and share whether you have an autoimmune disease, such as type 1 diabetes or rheumatoid arthritis, as well as any family history of hypothyroidism. Having a close relative, like a brother, sister or child, with hypothyroidism may be important in helping your doctor make a diagnosis. Your healthcare provider will use this information, plus the results of a thyroid-stimulating hormone (TSH) test, to determine if you have hypothyroidism.

TSH is produced by the pituitary, a small gland in your brain. TSH is a hormone your body naturally produces if it senses that your thyroid is not releasing enough thyroxine. A healthy thyroid receives the message and responds by producing more thyroxine. This helps to keep your hormone levels within a normal range. A TSH test can help determine if your thyroid is underperforming, and if you may have hypothyroidism. It is recognized as the most reliable test of its kind.¹

Depending on the ratio of TSH to thyroxine in your body, hypothyroidism can be diagnosed in two different severities, mild or overt.

- **Mild hypothyroidism** is when your TSH levels are elevated, but your thyroid is able to compensate. It just works harder than normal to produce more thyroxine.¹
- **Overt hypothyroidism** is when your body is not able to produce enough thyroxine. This means your TSH levels continue to rise while your thyroxine levels fall below normal range.¹

Your doctor may also request further testing, like a thyroid scan. This image of your thyroid can help your doctor determine whether it is functioning correctly, and can help detect any possible swelling.

Treating hypothyroidism

The good news is, hypothyroidism can be effectively managed and treated. Your healthcare provider may prescribe a medication that replaces the thyroid hormones your body needs but is not producing. Be sure to tell your doctor about any other medications you may be taking, or if you start or stop a medication, as thyroid replacement therapy may interact with other drugs or supplements.

With older patients, a healthcare provider may start slow on medication so your body can adjust. It will often take time before you are prescribed the full replacement therapy dosage. In particular, a history of heart disease, stroke or dementia generally means a healthcare provider will begin treatment with a small dose.²

Once on treatment, it is important to keep taking your medication as prescribed by your healthcare provider. If you are getting too much of the medication (over-replacement), you could be at a higher risk of osteoporosis.¹ If you are getting too little of the medication (under-replacement), you could experience fatigue or depression, or not feel as sharp mentally.

Even after you have reached your full thyroid replacement dosage, your healthcare provider will carefully monitor your TSH levels regularly. Over time, treatment strength may need to be adjusted.^{1,2} This is normal for patients of all ages.

Keep in mind that it can take time for symptoms to improve.

5 tips for taking your medication

- 1. Make your medication part of your daily routine.** Thyroid replacement medication must be taken at the same time every day, exactly as your doctor prescribed. By associating your pill with a part of your everyday routine, such as making morning coffee or walking the dog, you are more likely to remember to take it on time.
- 2. Refill your prescription early so you don't run out.** Plan ahead to ensure you don't miss a dose. Missing doses can cause changes in your thyroxine level.
- 3. Continue to take your medication as your doctor prescribed, even if your symptoms go away.** Unless explicitly instructed by your doctor, it is important to consistently take your medicine as your doctor prescribed.
- 4. Notify your healthcare provider if you start or stop any other medications.** Some thyroid hormone replacement treatments can interact with other drugs. Your doctor should always be informed if there is a change in any other medications you may be taking. This includes any over-the-counter medications or vitamin supplements.
- 5. Check your pills at the pharmacy.** Always check your pills to be sure they are what your doctor prescribed.

The bottom line

Hypothyroidism can often be managed with one pill a day and regular visits to your doctor.

References: 1. Baskin HJ, Cobin RH, Gharib H, et al; for the American Association of Clinical Endocrinologists. American Association of Clinical Endocrinologists medical guidelines for clinical practice for the evaluation and treatment of hyperthyroidism and hypothyroidism. *Endocr Pract.* 2002;8:457-469. 2. Papaleontiou M, Haymart MR. Approach to and treatment of thyroid disorders in the elderly. *Med Clin North Am.* 2012;96:297-310