

---

# Hypothyroidism

---

Understanding an underactive thyroid, its treatment and your blood tests

## The essentials

An underactive thyroid makes too little thyroid hormone. Symptoms often develop slowly. A blood test helps confirm the diagnosis. Established hypothyroidism is usually treated with a daily tablet called levothyroxine.

## Call 999 now

If someone with thyroid disease collapses or becomes extremely drowsy, confused and unusually cold, seek emergency help. These symptoms can have several serious causes.

---

## What is hypothyroidism?

---

The thyroid is a small gland at the front of your neck. It makes hormones, including thyroxine, which help your body use energy and affect your heart, muscles, bowels, skin and thinking. Hypothyroidism means it does not make enough for your body's needs.



Thyroid gland

---

## What causes it?

---

- **Most often**, the immune system gradually damages the thyroid. This is called autoimmune thyroid disease or Hashimoto's thyroiditis.
- **Sometimes**, it follows treatment for an overactive thyroid, including surgery, radioactive iodine or medicines. Lithium, amiodarone and some cancer treatments can also cause it.
- **Less often**, the cause involves the pituitary gland, which controls the thyroid, or another thyroid problem. Your clinician can explain what is most likely in your case.

---

## What might I notice?

---

Symptoms may build up gradually and can have other causes. You may notice:

- **Energy and temperature:** tiredness, feeling cold or moving and thinking more slowly.
- **Skin, hair and bowels:** dry skin or hair, hair thinning, a hoarse voice or constipation.
- **Body and mood:** muscle aches, weight gain, puffiness, low mood or difficulty concentrating.
- **Periods and fertility:** heavier or irregular periods or difficulty becoming pregnant.

## What do the blood tests mean?

---

A thyroid function test usually starts with TSH, a signal from the brain telling your thyroid to work. Free T4 (FT4) measures the available thyroid hormone. A high TSH with a low FT4 usually confirms an underactive thyroid.

A slightly high TSH with a normal FT4 is called subclinical hypothyroidism. It does not always need tablets. We may repeat the test, ask about symptoms and sometimes check thyroid antibodies, which can suggest an autoimmune cause. Illness, medicines and supplements can affect test results. If the pattern is unusual, we may arrange further checks.

## How is it treated?

---

Levothyroxine replaces the hormone your thyroid is not making. Your dose is chosen for you, then adjusted using blood tests and how you feel. Improvement is usually gradual over weeks to months. Treatment is usually long-term for established hypothyroidism; milder or temporary problems may need a different plan.

If you have heart disease or more severe hypothyroidism, your clinician may start at a lower dose and increase it gradually. Do not change or stop the tablets because of one result or a few days of symptoms without advice.

## How do I take levothyroxine?

---

| 1 Take                                                                   | 2 Wait                                                                    | 3 Separate                                                                           |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Take your tablet with water on an empty stomach, usually in the morning. | Wait 30 to 60 minutes before food, tea, coffee or another caffeine drink. | Keep calcium and iron supplements about four hours apart. Ask about other medicines. |

Aim for the same routine each day. A phone reminder or pill box can help. Tell a pharmacist about all prescribed medicines, antacids, vitamins and supplements. Biotin can make thyroid blood-test results misleading.

### If you miss a dose

Take it when you remember unless it is nearly time for the next dose. If it is nearly time, skip the missed dose. Do not take two doses together to catch up.

## Blood tests and symptoms during treatment

---

After starting levothyroxine or changing the dose, TSH is usually checked about every three months until it is stable. Once stable, a check each year is usual. Pregnancy and some specialist conditions need a different schedule.

Too little thyroid hormone may leave symptoms unresolved. Too much can cause palpitations, sweating, tremor, diarrhoea, anxiety or poor sleep. If you develop troublesome symptoms, ask CHG for a review. A very fast or irregular heartbeat, faintness or severe confusion needs urgent medical advice.

## If treatment is not working as expected

---

Most people do well with whichever levothyroxine product the pharmacy supplies. If you feel unwell after a product change, or still feel unwell despite suitable test results, continue treatment and tell CHG. We can review the dose, your routine, other causes and whether a consistent product might help. Liothyronine (T3) is not routine locally; a specialist may advise in exceptional cases.

## Pregnant or planning pregnancy?

---

### Early thyroid review matters

If you are planning pregnancy, ask CHG for a thyroid blood test and a plan before conception if possible. If you become pregnant, keep taking levothyroxine and contact CHG promptly for thyroid tests and dose advice. Do not wait for your routine midwife booking appointment.

Pregnancy often increases the amount of thyroid hormone needed. Follow a written dose-change plan if your clinician has already given you one. If you do not have one, ask CHG for individual advice as soon as you know you are pregnant rather than guessing a dose. Your team will arrange closer testing and coordinate maternity care.

Levothyroxine is safe to take in pregnancy when needed. Good thyroid control greatly improves the chance of a healthy pregnancy. After birth, your dose and blood-test plan may change again. Ask your maternity or CHG team what to do.

## Other useful questions

---

**Do I need a special diet?** No special thyroid diet replaces treatment. Avoid kelp or high-dose iodine 'thyroid boosters', which can upset thyroid function. Tell a pharmacist before starting supplements.

**Can it run in families?** Autoimmune thyroid problems can. Relatives who have symptoms can ask their own GP whether a thyroid test would help.

**Are prescriptions free?** In England, people who need thyroid hormone replacement may qualify for an NHS medical exemption certificate. Ask CHG or a pharmacist before claiming free prescriptions.

## When and how to get help

---

**Contact CHG:** if symptoms persist or return, your tablets change and you feel unwell, you develop side effects, or a planned thyroid blood test is overdue.

**Online:** [cirencesterhealthgroup.co.uk/appointments/](https://cirencesterhealthgroup.co.uk/appointments/)

**Reception:** 01285 653122 or 01285 653184.

**Urgent:** If CHG is closed and you need medical advice that cannot wait, use NHS 111 online or call 111.

**Emergency:** Call 999 for the severe symptoms described on page 1, or another life-threatening emergency.

Ask reception if you need this information in another format or language.

**More information:** [NHS underactive thyroid](#) | [NHS levothyroxine](#)