





Quality of life, activities of daily living, symptoms and satisfaction with treatment and care in treated hypothyroid patients vs controls

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INTRODUCTION

- Hypothyroidism is a common disease
- Levo-thyroxine (I-T4)
- Residual hypothyroid complaints,
 - despite I-T4 treatment and
 - 'normalized' plasma values for TSH and FT4, according to Dutch NHG standards

METHODS

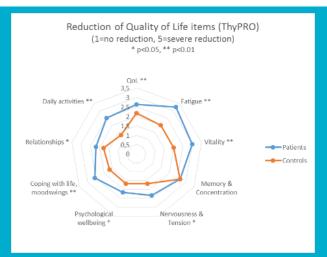
- On-line survey (Lime Survey)
- Diagnosed hypothyroid patients >18 yrs, >6 mths treatment
- Control persons (without thyroid disease, >18 yrs)
- Recruited by emails of patient organizations, posters, twitter/facebook.
- Respondents volunteered to enter the study

1. Quality of life in hypothyroid patients

Hypothyroid patients (n=1030) showed a significant decrease in quality of life compared to control persons (n=214).

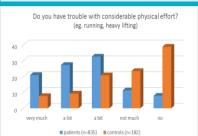
Preliminary Results

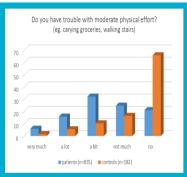




2. Activities of daily living in hypothyroid patients

Hypothyroid patients (n=835) in this study appeared to have more difficulties with activities of daily living (control persons, n=182).





3. Symptoms related to hypothyroidism

Patients (n=1029) reported significantly more often and/or intense symptoms related to hypothyroidism than control persons (n=155)

• such as feeling cold, losing hair, painful joints, constipation, edema, muscle pain and cramps, being overweight, etc.

In this cohort of hypothyroid patients:

- 77% says to experience complaints despite thyroid medication, and with TSH and FT4 values within normal ranges.
- 73% whishes better treatment of their condition.

4. Satisfaction with thyroid medication

Hypothyroid patients were moderately satisfied with generic I-T4 and Thyrax.

 the highest satisfaction with the natural animal derived products. Patients were moderately to fairly satisfied about the health care provided.

Less satisfaction around diagnosis, on information about thyroid disease/treatment, and on how seriously they were taken by the doctor.



Preliminary Conclusions & Implications



Persisting residual complaints are present
 in these treated hypothyroid patients and
 despite 'normal' TSH and FT4 plasma values.

Why does I-T4 not always establish recovery?

There is a call for better treatment of hypothyroidism, eg.

Aiming for improved therapy

- Sustained release T3 preparation?
- Treat underlying autoimmune condition?
- Reference ranges: One size fits all?

Width of reference TSH, FT4, FT3 ranges

- Caring for hypothyroid patients:
 - More information about hypothyroidism and treatment,
 - Address the fact that many patients don't feel taken seriously.

I'd like your input! ☺

See you at the poster session! ©

Disclosure belangen spreker



| (potentiële) belangenverstrengeling | Geen |
|---|--|
| Voor bijeenkomst mogelijk relevante relaties met bedrijven | Geen |
| Sponsoring of onderzoeksgeld Honorarium of andere (financiële) vergoeding Aandeelhouder Andere relatie, namelijk | geen Salaris HU niet niet |