

Diagnosis: Hypothyroidism & Hashimoto's

What is it?

Hypothyroidism:

Also known as “underactive thyroid disease,” this is a condition in which the thyroid gland doesn't produce enough thyroid hormone.

Hashimoto's Disease:

Also known as chronic lymphocytic thyroiditis, this is an auto-immune condition in which your immune system attacks your thyroid. Inflammation from Hashimoto's disease can cause a deficiency of thyroid hormones. Hashimoto's is the most common cause of hypothyroidism. Hypothyroidism/Hashimoto's affects people of all genders, but cis women are five to ten times more likely to have the diagnosis.

Unfortunately, there is no data on rates among trans and non-binary people, but it is known that hormone therapy for gender transition can trigger Hashimoto's in those with a genetic predisposition. For those who had Hashimoto's prior to beginning their transition, the condition can change to be more or less severe. There is research that suggests that trans women with fully blocked androgens may benefit from supplementation with DHEA to block the development.

Symptoms

Major symptoms can include fatigue, cold sensitivity, constipation, pale dry skin, puffy face, brittle nails, hair loss, enlargement of the tongue, muscle aches/tenderness/stiffness, joint pain and stiffness, muscle weakness, excessive/prolonged menstrual bleeding, depression, memory lapses, and unexplained weight gain.

Health Impacts

Lack of thyroid hormone can impact heart rate, body temperature, and all aspects of metabolism. Other complications can include goiter, heart issues, mental health issues, myxedema, and birth defects.

Weight Stigma in Diagnosis & Treatment

Because hypothyroidism and Hashimoto's can cause weight gain, healthcare practitioners can

often become hyper-focused on, or distracted by, body size. This can result in prescribing diets to change body size rather than investigating the cause for the weight gain. While there is nothing wrong with being fat for any reason, treating thyroid hormone deficiency is important for the health of people of all sizes.

Conversely, in the past, healthcare practitioners have tended to be too quick to prescribe or over-prescribe thyroid medication to fat patients, hoping to trigger weight loss. For this reason some higher-weight patients experience difficulty receiving treatment and/or adequate levels of treatment due to a backlash from this practice.

Diagnosis

Hypothyroidism is diagnosed based on symptoms and via blood tests that measure the level of thyroid stimulating hormone (TSH) and the level of thyroxine. TSH is released by the brain which stimulates the thyroid gland to release thyroid hormone. When the thyroid is not functioning properly, the brain tries to compensate by releasing more TSH (subclinical). Eventually the thyroid is no longer able to keep up and T4 is low (clinical). Most people won't experience symptoms when subclinical. Also, subclinical can be transient whereas clinical tends not to be.

Hashimoto's is diagnosed via the same blood tests as well as a blood test to determine if there are an abnormal number of TPO antibodies.

Treatment Options

If you have Hashimoto's but there is no evidence of hormone deficiency / you are subclinical, your healthcare practitioner may suggest a wait-and-see approach with regular testing.

If you are experiencing a hormone deficiency / are symptomatic, then treatment typically involves synthetic levothyroxine, which is identical to thyroxine, the natural version of this hormone made by your thyroid gland. This is an oral medication that restores hormone levels and reverses the symptoms of hypothyroidism. In some cases when the body doesn't respond to levothyroxine, Armour Thyroid may be recommended. This medication is made from a porcine thyroid gland that has been dried and powdered for medical use.

Typically, your healthcare provider will start you on a dose based on your current symptoms and health situation. For example, if you have coronary artery disease or your hypothyroidism is severe, your HCP may start you on a lower dose to allow your heart to adjust.

They will determine a time to re-check hormone levels and continue this process until the dose that normalizes your thyroid is determined. At that point yearly tests will likely be recommended.

Overtreatment can lead to heart rhythm disorders and can exacerbate osteoporosis.

Levothyroxine and Armour thyroid cause virtually no side effects when used in the appropriate dose.

While there is a range of what is considered “normal” hormone levels, the correct level for you is individualized, and should be worked out with your healthcare provider based on your symptoms and situation. Some people do better at a “high normal” hormone level, while others do better in a “low normal” range, etc.

Higher-weight patients may need to be vigilant to make sure that their healthcare practitioners are dosing their medication based on actual symptoms and hormone levels, rather than in an effort to manipulate body size.