HYPOTHYROIDISM

Clinical symptoms suggestive of hypothyroidism

Serum TSH

Normal

No further testing

Elevated TSH

Do FT4

Normal but TSH > 10

Consider sub-clinical hypothyroidism

Repeat FT4 and TSH

If TSH persistently elevated and patient symptomatic consider treating as for hypothyroidism

Decreased FT4

Overt hypothyroidism

Start thyroxine 50ug/day for 2 weeks. Then 100ug/day. In elderly and patients with cardiac disease use lower dose thyroxine.

Monitor TSH and FT4 every 3 months for first year, then annually.

Chronic disease list algorithms

The new Medical Schemes Act requires that chronic diseases be diagnosed and managed according to the prescribed therapeutic algorithms for the condition, published by the Minister of Health.


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Glossary

- TSH – Thyroid stimulating hormone
- FT4 – Free thyroxine

Applicable ICD 10 Coding:

- E01.8 Other iodine-deficiency-related thyroid disorders and allied conditions
- E02 Subclinical iodine-deficiency hypothyroidism
- E03 Other hypothyroidism
- E03.0 Congenital hypothyroidism with diffuse goitre
- E03.1 Congenital hypothyroidism without goitre
- E0.3.2 Hypothyroidism due to medicaments and other exogenous substances
- E0.3.3 Postinfectious hypothyroidism
- E0.3.4 Atrophy of thyroid (acquired)
- E0.3.5 Myxoedema coma
- E0.3.6 Other specified hypothyroidism
- E0.3.9 Hypothyroidism, unspecified
- E89.0 Postprocedural hypothyroidism

Note:

1. Medical management reasonably necessary for the delivery of treatment described in this algorithm is included within this benefit, subject to the application of managed health care interventions by the relevant medical scheme.

2. To the extent that a medical scheme applies managed health care intervention in respect of this benefit, for example clinical protocols for diagnostic procedures or medical management, such interventions must –
   a. not be inconsistent with this algorithm
   b. be developed on the basis of evidence-based medicine, taking into account considerations of cost-effectiveness and affordability; and
   c. comply with all other applicable regulations made in terms of the Medical Schemes Act, 131 of 1998.

3. This algorithm may not necessarily always be clinically appropriate for the treatment of children. If this is the case, alternative paediatric clinical management is included within this benefit if it is supported by evidence-based medicine, taking into account considerations of cost-effectiveness and affordability.