

Endocrinology Clinic

Fax: 504.903.1605

Fax this form with the Endocrinology Master
Referral form when requesting an appointment.

Patient Label/Stamp

Appendix: HYPOTHYROIDISM

Indications for Specialty Care Referral:

- In general, patients with hypothyroidism are easily diagnosed and treated. They will not require subspecialty care.
- Certain patients, i.e., those who appear unresponsive to replacement therapy or those with unusual forms or manifestations of hypothyroidism may require referral.
- Patients must be referred for assessment from their primary care providers.

1. Usual Dosing: Usual Replacement dose of levothyroxine is approximately 1.6 mcg/kg/day and consider lower dose (1.0 mcg/kg/day) for the elderly.

2. Compliance: Carefully review adherence to medication. Advise the patient to buy a pill box or to develop a routine to increase compliance.

3. Drug Interaction / Absorption Issues: The following drugs are known to commonly cause drug interaction and absorption issues: **Iron Sulfate, Calcium Tablets, Multivitamins, and Antacids.** Advise the patient to take thyroid hormone replacement separate from other medications by at least 2 to 3 hours.

4. Congestive Heart Failure (CHF) OR Coronary Artery Disease (CAD) : “Start low and go slow.” Start with 12.5 to 25 mcg and increase every 4 weeks with repeat testing until TSH is within range.