

Preface

I am a thyroid specialist and should think “thyroid” every day, right? Maybe not? A few years ago, our dog, Duffy, a 12-year-old West Highland terrier, seemed to be lying around more than usual. My wife complained that Duffy was not acting right. I told her that the dog was just getting old. When we came back from a vacation, the dog seemed even more lethargic. I told my wife that he was tired after 2 weeks in the kennel. Two days later she called me at the office with a tinge of panic in her voice. She said: “the dog is lying in his bed shivering. I think he is dying.” My best advice was to take him to the vet.

The vet examined the dog and told my wife that Duffy was probably hypothyroid. Sure enough, a serum T4 was less than 1. The dog was probably close to myxedema coma. Needless to say, I was a bit embarrassed that I had missed the diagnosis. The good news is that he began to perk up after several weeks of thyroxine therapy. I guess we all have to be reminded now and again to THINK THYROID.

Primary care physicians (PCPs) are faced with a large number of patients every day with nonspecific complaints. Although many of these complaints are related to minor illness, anxiety, and stress at home or at work, some of these patients may have more serious underlying problems such as thyroid disease. The PCP has the very difficult job of sorting out the patients with minor illness from the patients with more serious underlying disease. This is particularly difficult in the thyroid area because most thyroid symptoms are nonspecific. Therefore, many patients with thyroid dysfunction go undiagnosed or misdiagnosed for months or even years. This is unfortunate because good treatment is available for most thyroid problems.

The goal of *Thyroid Disease: A Case-Based and Practical Guide for Primary Care* is to help primary care doctors and other nonendocrinology specialists diagnose and manage patients with thyroid disease in the office. It is very clinical and practical and will, I hope, be helpful to physicians in finding patients with thyroid problems and caring for them. It includes real cases from my endocrinology practice to illustrate the problems and a discussion of how to go about testing, arriving at a diagnosis, initiating treatment, and followup evaluation.

I have had the opportunity to work closely with PCPs as a colleague and endocrine consultant over many years. As a general endocrinologist in a medium-sized city, I have practiced in the “front lines” of patient care medicine. I have had the opportunity to see what type of support and practical clinical advice and education PCPs need and request to help in the care of their patients. This book is an expansion of a case-based approach that I have used for many years in continuing medical education lectures and the writing of a nationally distributed newsletter for PCPs, “Think Thyroid.” I used to note the following in my newsletter, and it is worth repeating: These cases are for teaching purposes only. The physician must evaluate each patient individually.

Thyroid Disease: A Case-Based and Practical Guide for Primary Care is divided into two parts. In Part I, I present and discuss cases illustrating the more common thyroid problems seen in practice. A brief discussion of thyroid physiology and testing is also included. Part II covers some more difficult and challenging thyroid problems, and include my views on some controversial issues in the management of the thyroid patient. Chapter 13, discusses four patients who presented diagnostic and therapeutic challenges and were learning experiences for me. Chapter 14 is a discussion of my personal views on treatment of Graves’ disease and includes several interesting case vignettes. Chapter 15 reviews a problem that is extremely difficult for the physician to manage, iatrogenic hyperthyroidism.

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Thyroid Disease

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