Jill says, ‘This challenge felt like a daring plunge into the unknown. But it turned out to be a marvellous experience. I was accompanied by other walkers every step of the journey and the friendships I experienced on route were truly heart-warming. And we raised the public profile of thyroid illnesses and the work of BTF as we walked!’

www.justgiving.com/Jill-Liddington-2013

Steve Robb has completed an amazing eight half marathons and one marathon over the last couple of years and has raised nearly £1,500 so far. Steve’s inspiration has always been his daughter Eilidh who was born without a thyroid. Thanks to routine testing this was discovered early and she leads a normal life.

Steve says, ‘It is so crucial that we continue to fund research into thyroid conditions in children and help as many families as possible.’

His next challenge is the Aviemore Half Marathon in October.

www.justgiving.com/Stevenrobb79

Stephanie and Luke Stacey also have a daughter, Evelyn, who was born without a thyroid. They have made a pact to raise £1,000 for the BTF every year until Evelyn is 18. Stephanie has recently run the Edinburgh Marathon and raised over £500 and Luke completed a charity boxing match last year.

Evelyn’s condition was picked up at eight days so her prognosis for a normal life is good. Stephanie says, ‘The British Thyroid Foundation does a lot of work not only in regards to awareness raising and research but also produces a lot of child friendly information which will be invaluable when it comes to explaining things to Evelyn as she grows up.’

www.justgiving.com/Stephanie-Stacey

Jill Liddington - a member who has hypothyroidism - completed an ambitious three-week canal walk from Hebden Bridge in West Yorkshire to St Pancras, London throughout July and so far has raised nearly £3,000. In total she walked nearly 200 miles over 23 days.

Each day she was accompanied by a selection of supporters and was greeted by a welcoming crowd of family and friends including members of the London and Milton Keynes local BTF groups at the finishing line.

Jill says, ‘This challenge felt like a daring plunge into the unknown. But it turned out to be a marvellous experience. I was accompanied by other walkers every step of the journey and the friendships I experienced en route were truly heart-warming. And we raised the public profile of thyroid illnesses and the work of BTF as we walked!’

www.justgiving.com/Jill-Liddington-2013

More Fundraising News
These are just a few of our fantastic fundraisers. There are plenty more to read about on pages 5-7 and on the BTF website. We are grateful to all our fundraisers who raise money for the BTF and who help us achieve so much.
NEWS FROM BTF HQ

Congratulations to...

BTF Patron Jamie Borwick who has been elected to the House of Lords as a Conservative hereditary peer in a recent by-election. Lord Borwick defeated 20 hereditary peers including the front runner Lord Hailsham (Douglas Hogg) in the election to replace the late Lord Reay.

BTF Patron Clare Balding who was awarded a Special BAFTA Award for the year’s most important personal contribution on screen in factual television at the Arqiva British Academy Television Awards in May, in appreciation of her dedication to presenting across entertainment and sporting events including the Olympics and Paralympics. Clare was also made an Officer of the Order of the British Empire (OBE) in the 2013 Birthday Honours list in June for services to broadcasting and journalism.

BTF Patron Josef Craig who set a new S7 400m world record at the International Paralympic Committee (IPC) Swimming World Championships in Montreal in August. Josef won two gold medals, in the S7 100m freestyle and the S7 400m freestyle, and came second in the 50m freestyle.

Welcome to…

Fiona Maxwell who has joined the BTF office as a volunteer. Fiona has been a member of the BTF for a number of years and recently joined the newly formed Leeds/Wharfedale Support Group. The inspiring talks and questions and answers sessions at the meeting gave her the impetus to offer a day a week at our headquarters. Fiona said ‘I’m hoping it will also keep the grey matter turning’.

Order your BTF Christmas Cards

It seems a long way off, but Christmas is actually only a few months away. We have a great collection of contemporary and traditional Christmas cards that we are selling to raise funds for the BTF. We would be very grateful for your support.

You can order your cards now by filling in the flyer enclosed with this newsletter or by visiting the BTF website.

Join our members’ panel

The BTF members’ panel plays an important role in providing us with comments and feedback about projects, campaigns and other aspects of our work.

We are currently looking to update our members’ panel. If you are a member and would like to volunteer to join the panel please contact us at info@btf-thyroid.org and put ‘Members’ Panel’ in the subject line. It is essential that you have access to email as most of the correspondence will be sent electronically.

Volunteers sought for thyroid films

We are looking for volunteers with thyroid conditions to feature in a series of short online films.

We are developing this programme with Coast (www.coasthouse.com), a film company which has successfully worked with other charities to raise awareness around key health issues. You can see examples of Coast’s work at http://prostatecanceruk.org/get-involved/fathers-day/fathers-day-film and https://vimeo.com/63404688.

The aim of the films is to help inform and inspire people who are facing a diagnosis or starting treatment by telling positive stories.

We are especially interested in recruiting people initially who have been diagnosed and treated for hyperthyroidism, hypothyroidism and thyroid cancer, but we hope to expand the programme in due course to include other thyroid disorders, such as thyroid eye disease, children, and pregnancy.

To find out more about taking part, please email films@btf-thyroid.org.

What does a甲状腺 disease diagnosis mean for you?

...and others...
continued from page 3

competition run by the BTF in 2011, is a delightful alpine called Rhodohypoxis baurii and is available to buy on the RHS Plant Finder website: http://apps.rhs.org.uk/rhsplantfinder/. All profits will go to the BTF.

The British Thyroid Journal is the official scientific journal of the British Thyroid Foundation and the British Thyroid Association. It is a quarterly publication and is available for free to BTF members. Non-members can subscribe to the journal for a fee. The journal contains original research papers, reviews, and updates on thyroid disease.

The British Thyroid Foundation (BTF) is a charity based in the UK that supports people with thyroid disorders. The BTF aims to raise awareness of thyroid disorders, improve access to care, and provide information and support to those affected.

The BTF responds to feedback from many of its members by developing a care strategy to help improve the lives of those affected by thyroid disorders. The strategy includes a patient survey, a pilot project to distribute information to GP surgeries, and support for research into hypothyroidism assay methods and their application in individual medication.

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The BTF has submitted a response to a Department of Health consultation about thyroid disease screening in the elderly. The impetus for this consultation was the publication of an article in the Journal of Medical Screening describing a randomised double-blind cross-over trial investigating the efficacy of treatment for screen-detected adult hypothyroidism (Abu-Helalah et al 2010). This was reported by the BBC in January, 2011 - see http://www.bbc.co.uk/health/news/healthnews/12252813. The authors of this study concluded that ‘the results indicate that screening for hypothyroidism would be worthwhile. Approximately 1% of people screened would have a better quality of life if treated screening programmes for adult hypothyroidism are justified.’

In 2011 we responded to the Abu-Helalah et al study in a joint statement with the British Thyroid Association which recommended caution.

In February 2013 we were given the opportunity to review the Department of Health’s UK National Screening Committee (UKNSC) and invited our lay volunteers, medical advisors and trustees to comment on the document. The overall conclusions were in line with the UKNSC recommendation that the basis of the current evidence a national screening programme is inappropriate. We therefore submitted the following response which was endorsed by the British Thyroid Association:

‘We are at the very early stages of development but envisage a series of projects, which are likely to include a patient survey, a pilot project to distribute information to GP surgeries, and support for research into hypothyroidism assay methods and their application in individual medication.

‘We will of course consult members and representatives at every stage as it is critical that we base our work on evidence from the experience of thyroid patients.’

Updates on the strategy and related projects will be posted on the BTF website and featured in subsequent issues of BTF News. To find out more, contact vivienne.rivis@btf-thyroid.org.

Dh consultation on thyroid screening in the elderly - the BTF response

The BTF has submitted a response to a Department of Health consultation about thyroid disease screening in the elderly.

‘Our respondents agreed that on the basis of the current evidence a national screening programme is inappropriate. Only a small proportion of elderly people with elevated TSH will go on to develop symptomatic thyroid disease. We can see problems in treating biochemical results rather than people, and concern that TSH assays should be a confounder.

‘Several respondents pointed out some intrinsic weaknesses of the Abu-Helalah study in terms of the sample size and the length of the study.

‘We support the recommendation for further research into the iodine status in the UK.

‘We agree that the overall conclusions of the UKNSC are sound and that there is no need at the present time to modify the joint statement from the British Thyroid Association and the British Thyroid Foundation on Screening for thyroid disorders in the elderly (16 March 2011) which appears on the BTF website.’

We would like to thank our volunteers, medical advisors and trustees who took the time and trouble to respond.

IN THE MEDIA

BTF volunteer tells his story in RNB magazine

Peter Foley, a celebrated horticulturist and BTF telephone contact and a former BTF Trustee, has had his experiences of thyroid eye disease featured in AB Magazine (formerly New Beacon) - the magazine of the Royal National Institute for the Blind (RNB).

Peter was diagnosed in 2001. He tells the story of his journey through treatment to recovery in an article about treating thyroid eye disease, by Radhika Holstrom, who writes about the importance of early detection and new research into thyroid eye disease.

Peter is quoted as saying: ‘I’m now on the helpline for the British Thyroid Foundation and again and again, people say they need to talk to someone who knows what they are going through. I get a lot of calls from women who’ve been devastated by the changes to their appearance. It’s only when you’ve been through it that you understand.’

Also featured in the article is Dr Dan Ezra who is the research lead for thyroid eye disease at Moorfields Eye Hospital, London.

Reference
Radhika Holstrom Treating thyroid eye disease. AB Magazine 2013

FUNDRAISING AND DONATIONS

If you are involved in a fundraising event in aid of BTF please get in touch so that we can send you sponsorship forms, posters and other publicity materials. We can also supply BTF t-shirts or running vests, but please allow enough time for us to get the right size for you.

If you are employed, please check with your employer to find out whether it operates a match-funding scheme (matching all or part of what you raise).

Please send us any information about your event and include photograph(s) along with your permission to publish them on the BTF News (subject to space) and on the BTF website.

Funding success stories

As well as our featured fundraisers on the cover, we have had lots of dedicated supporters raising money for us in all kinds of ways.

Kieren Balkwill completed the BUPA Great Manchester Run in May and raised a fantastic £325. She said ‘I finished the race in 59 minutes 34 seconds; isn’t bad for a reasonably novice runner, aged 41 with a dodgy thyroid! I only started running last July and signed up for the 10K as a target. Training was suspended in the early part of the year as my over-active thyroid flared up again and I was told to rest. Once my levels were stabilised I was told it was ok to train if I took it easy (I might have slightly ignored the “easy” bit)...’

Nikki Brady, one of our trustees, took part in four of Jane Tomlinson’s 10k Run ‘All eyes on Hum, Burnley, Leeds and York over the summer. She has raised just over £250. She said ‘I chose to raise money for the BTF because the information it provides really helped me when I was diagnosed with an over-active thyroid in 2006 aged 23.’

Then I was over-active I found exercise hard and it was only after receiving radioactive iodine treatment that I felt good enough to take up running as a way of keeping myself fit and healthy.

‘Unfortunately there was a last minute issue with the route in Hull so the distance was reduced to 9K, which I completed in 55 minutes. Two weeks later I completed the very beautiful but very hilly Pennine-Lancashire 10K in one hour four minutes, and six weeks later I completed the Leeds 10K on a very hot July day, again in one hour four minutes. I completed my final run in York in one hour one minute – a personal best and a huge achievement for me.’

‘I’ve really enjoyed being a part of such fantastic events. Jane Tomlinson was a very inspirational woman who raised more than £1.85m by completing numerous gruelling challenges while battling breast cancer.

Sofia Albohaithi who suffers from hypothyroidism has successfully completed three runs for the BTF. She ran in the Madrid 10k in April and managed a personal best of 54 minutes and 42 seconds; the Edinburgh Half Marathon in May in one hour 54 minutes; and the Lakeland Trail Half Marathon in Coniston in July. She has raised a great £175 so far for the BTF.

Lauren during the London Nightrider 2013

Lauren who was diagnosed with a thyroid disorder as a child, said ‘The ride was tough, especially cycling up a steep hill at 2.30am into a headwind! There was a fantastic atmosphere throughout and the journey took us through some amazing parts of London - Piccadilly, Tower Bridge and Canary Wharf. I was pleased to finish in just below average time and I’m very grateful to all my sponsors.’

Sofia before the Madrid 10k run

Helen Clark ran in the BUPA London 10k and raised £220. Helen was diagnosed with hypothyroidism in 2000 and had struggled with her health, fitness and weight for a long time. Although she had previously considered running a 10k, she wanted to challenge herself to something bigger.

She said ‘The buzz of the event started as soon as we stepped out at Green Park station, being immediately swept up into a crowd of excited runners and their supporters.

‘It felt amazing crossing the finishing line! Not only had I beaten my target (one hour 29 minutes 58 seconds) but I had managed to run nine of the 10km, something I really had not expected to do. Mo Farah beat me but I can live with that!’
Liz Wall took part in three runs throughout the summer for the BTF: the Harrogate 10k on 21 July, the York 10k on 4 August, and the BUPA Great North Run on 15 September. She has raised £75 so far. Liz had a long and painful journey before being diagnosed with hyperthyroidism and says her reason for wanting to raise money for the BTF is to help promote a greater awareness of thyroid disorders amongst the general public and the medical profession and to raise funds for research.

Liz said ‘I really enjoyed the Harrogate 10k. Running in my home town was great - it was challenging at times but I loved every minute of it!’

Liz Wall auctioned off for £250. All the family are free. We also had a football donated by a woman, she had many friends and was her dearly. Always a great laugh - everyone misses her dearly.

She has raised £75 so far. Liz and the BUPA Great North Run on 15 September. She has raised £75 so far. Liz said ‘I really enjoyed the Harrogate medical profession and to raise funds for amongst the general public and the greater awareness of thyroid disorders. 

Keeley Jayne Kirkman’s memorial event

Raffle table at Keeley Jayne Kirkman’s memorial event with a picture of Keeley

Sophie (11), Tom (9) and George (7) Priestley raised £55 by selling their own home-made cakes outside their grandmother’s house in Corwall.

British 10k London Run

Six runners successfully completed the British 10k London Run on 14 July for the BTF despite the temperature hitting 30 degrees! They were:

Lucie Gaunt who managed the run in 54 minutes.

Lisa Jones who ran in just over an hour despite the conditions and raised £200.

Future fundraisers....

Sarah Jones is running the Bristol half Marathon for the BTF in September. She was diagnosed seven years ago with an under-active thyroid (hypothyroidism) at the age of 15.

www.justgiving.com/Sarah-Jones90

Bill Sharman and Bill’s step daughter Jess Ling are running in the Windsor Half Marathon this September to raise awareness of thyroid cancer after Bill’s wife Tina was diagnosed last year.

Bill Sharman - www.justgiving.com/Bill-Sharman

Jess Ling - www.justgiving.com/Jessica-Alice-Ling

Donations

Many thanks for your generous donations. We are grateful for them all, including those donated by members at the time of joining BTF or at renewal time, of which there are too many to list here.

Raymond Marsh kindly donated £50 for the BTF’s 21st anniversary.

Mrs Hewson left a legacy of £100.

Mary King donated £15 after receiving her BTF information pack.

The Notts/Derby BTF Local Group raised £120.33 through fundraising at its meetings.

FT3 in children

The BTF Research Award for 2011 was awarded to Dr Peter Taylor BSc MRCGP MRCP SCE (Dabl/Endo) who is a Welsh Clinical Academic Trainee - Diabetes and Endocrinology - at the Centre for Endocrine and Diabetes and Sciences, University Hospital Wales.

Dr Taylor has now completed his study entitled ‘Thyroid Function and Body Composition in Children: cause or effect? A study using Mendelian Randomisation’. The findings raise interesting implications about the role of FT3 as it was the children with higher levels of fat mass who had higher levels of FT3 - which is perhaps surprising given that higher levels of thyroid hormone are usually associated with weight loss.

Our results showed that there were key changes in one of the thyroid hormones, free tri-iodothyronine (FT3) over childhood, which varied considerably over time in the same individual, unlike free thyroxine (FT4) and thyroid stimulating hormone (TSH) which were more stable. Younger children also appear to have substantially higher levels of FT3 than adults, which merits further study.

Only FT3 was substantially associated with body composition and bone development in childhood. Surprisingly, FT3 was positively associated with fat mass. i.e. children with higher levels of fat mass had higher levels of FT3, which is perhaps counter-intuitive given that higher levels of thyroid hormones are usually associated with weight loss. Statistical and simple genetic analyses raised the possibility that fat mass was involved in the conversion of thyroid hormone; further genetic analyses and laboratory studies are required to clarify this. This relationship between fat mass and FT3 is integral to the relationship between FT3 and bone as the association between FT3 and bone was lost after accounting for an individual’s fat mass.

Furthermore we also found preliminary evidence that the genes which influence thyroid function are different in children and adults. This has two-fold relevance:

Firstly, genetic association studies of thyroid function are becoming increasingly common and children and adults should potentially be analysed separately.

Secondly, it also has important implications for our understanding of the role of thyroid hormone in childhood development, as thyroid hormone may influence developmental processes differently over childhood.

Overall, by following the same children from age seven to age 15 through the stored blood samples from the ALSPAC cohort, we have shown that FT3 levels are higher in pre-pubertal children and fall as

Peter Taylor writes: We were very grateful to receive the £10,000 research award from the British Thyroid Research Foundation in November 2011. This enabled us to perform 1,200 thyroid function tests in children in the Avon Longitudinal Study of Parents and Children (ALSPAC) using stored blood samples taken at ages seven and 15. ALSPAC is regarded as Europe’s premier observational study in children, and to our knowledge, it is the only cohort in the world, which has stored blood samples from early childhood and serial detailed measurements of body composition such as height and fat mass as well as key measurements of bone development throughout childhood. ALSPAC also has detailed information regarding the children’s genetic make-up and their environment (e.g. social class). Overall this project provided us with the unique opportunity to study the relationships between thyroid hormone levels, body composition and bone development at different stages of childhood development. A greater understanding of the impact of thyroid hormone on both body composition and bone architecture is essential in understanding future causes of adult ill health such as obesity, development of the metabolic syndrome and osteoporosis.

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MEET THE …

**BTF Research Award winners**

The British Thyroid Foundation Research Award was launched in 1997. Since then, there have been 17 awards made, totalling £155,000, for research into a wide range of topics in both basic and clinical thyroid research.

We asked some of the past award winners to revisit their research topic and to describe what the award has meant to them personally and how their research may benefit patients.

**2004/2008**

**Chris McCabe (University of Birmingham)**

(De McCabe received two awards in 2000 and 2008 on related topics)

**Plutary Tumour Transforming Gene (PTTG), PTTG Binding Factor (PBF) and Related Growth Factor Expression in Thyroid Cancer**

**Duncan Bassett and Graham Williams** (Molecular Endocrinology Group at Hammmersmith Hospital, Imperial College, London)

**Thyrotostimulin and TSH are novel skeletal paracrine factors that regulate bone turnover**

**BTF: What are you doing now?**

**DB:** Professor of Endocrinology at Imperial College, London. I am also a member of the Executive Committee of the British Thyroid Association.

**BTF: How do you think the award benefited you in your future career?**

**DB:** The grant funding from the BTF assisted in my career development.

**BTF: How do you think the award benefited patients?**

**DB:** The work from this study is currently being built upon which lies the understanding of thyroid hormone action and bone in which the benefit to patients in the future.

**2006**

**Salman Razvi (Newcastle University)**

Thirty-year follow-up study of the Whickham cohort (pilot study) (£10,000)

(The original Whickham Survey documented the prevalence of thyroid disorders in a randomly selected sample of 2779 adults which matched the population of Great Britain in age, sex and social class.)

**BTF: What are you doing now?**

**SR:** I received the BTF research award when I was a final year Specialist Registrar in 2006 to assess thyroid function and vascular outcomes in participants from the Whickham cohort. I have since joined the endocrinology team at the Queen Elizabeth Hospital in Gateshead as a consultant. As part of the Whickham normal referred to the Queen Elizabeth Hospital, this has helped us understand the need to follow up these participants.

**BTF: How do you think the award benefited you in your future career?**

**SR:** The BTF research award was the first ‘grant’ that I received. It has helped me to develop projects which I have been able to secure further funding from the National Health Service for other projects. In addition, I have been able to form a strong, dedicated research team that works very well in ensuring that we deliver research in a very high quality. In addition, I have been fortunate in forming strong links and collaborating with knowledgeable people such as Simon Pearce, Julia Weaver and Mark Vanderpump.

**BTF: How do you think the award benefited patients?**

**SR:** I have developed realistic research projects in the last number of years for which I am very lucky. I think that this has helped benefit patients by providing the information that is needed to develop new treatments and diagnostics for conditions such as thyroid disorders.

**About the BTF research award**

The award can be used to supplement existing projects or to develop new research ideas. In some years more than one award was made. From 2013 the amount of money awarded has been increased to £20,000.

The BTF is a National Institute for Health Research (NIHR) partner organisation in respect of its research awards funding stream. Studies funded through this funding stream are eligible for inclusion in the NIHR Clinical Research Network Portfolio and the researchers are therefore able to access NHS support via the NIHR Clinical Research Network Infrastructure.

We put out a call for submissions every year well in advance of the application deadline. A panel appointed by the BTF Trustees reviews the applications. The reviewers look at the applicant’s research record, the quality of their research proposal, the value for money, and how relevant the outcome of the research will be to the aims of the BTF.

**BTF: What are you doing now?**

**TC:** Consultant in Paediatric Endocrinology in Newcastle.

**BTF: How do you think the award benefited you in your future career?**

**TC:** It helped to keep a valuable research project running at a critical time. The peer reviewed funding also facilitated access to the NHS research infrastructure.

**BTF: How do you think the award has benefited patients?**

**TC:** The National Thyrotoxicosis Study finishes in 2015. Over eighty patients have been recruited which means that it is one of the largest studies of its kind ever. It will benefit patients by providing young people with thyrotoxicosis and their families with more information about the advantages and disadvantages of the different ways of using antithyroid drugs (block and replace or dose titration).
RESEARCH UPDATE
Iodine status in the UK

There has been considerable publicity in the media following the publication in May by Dr Sarah Bath and her colleagues in The Lancet of the results of the ALSIPAC study (Avon Longitudinal Study of Parents and Children).

Professor John Lazarus writes: Briefly, the authors of the ALSIPAC study showed that children aged nine from mothers who were known to have suboptimal urinary iodine concentrations in pregnancy performed significantly less well in various school subjects than their peers whose mothers had optimal urinary iodine concentrations in pregnancy.

This study provides further support for the importance of ensuring that pregnant women have optimal iodine intakes. This should be done before pregnancy to ensure the best brain development in the baby in the first trimester.

Currently there is no universal iodised salt in the UK nor is there any other constant source of iodine in the diet. Prospective mothers are therefore advised to take iodine supplements as well as their folic acid.

At about the same time much publicity was given to a study from Tasmania, Australia by Dr Kristen Hynes and colleagues which also found that even mild iodine deficiency during pregnancy can have long term adverse effects on subsequent school performance that are not prevented by adequate iodine intake during childhood. This study also supports the importance of adequate iodine nutrition in pregnancy.

The United Kingdom Iodine Status Strategy (UKISS) Group, of which BTF is a member, supports the importance of adequate iodine intake during pregnancy.

References


HAIR LOSS AND THYROID DISORDERS

Hair loss is a distressing condition which has many different causes. Some thyroid conditions can cause hair loss and it is one of the topics we are frequently asked about.

Our medical editor Dr Petros Perros (Consultant Endocrinologist at Newcastle upon Tyne Hospital Foundation Trust) together with Professor John Hunter (Emeritus Professor of Dermatology, University of Edinburgh) and Dr Mark Strachan (Consultant in Diabetes and Endocrinology, Western General Hospital, Edinburgh) has written this article to help people understand the different causes of hair loss and how to cope. The full text of this article is also on the BTF website.

Abnormal hormones are often blamed for loss of scalp hair though, perhaps surprisingly, they are responsible for just a small minority of instances of this distressing symptom. Many different conditions can lead to hair loss; some hair loss is part of normal life. Women after childbirth and at the time of the menopause can lose hair and almost every man will lose some hair by the time of reaching adulthood. Elderly males and females will develop baldness of various degrees, which is largely determined by genetic factors.

Human scalp hair does not grow continuously. Every follicle (the unit of hair production) undergoes phases of growth, during which hair lengthens, followed by a period of rest (the telogen phase). During the telogen phase, the hair is shed and replaced by a new hair. In some animals this process is synchronised which is why dogs lose a lot of hair at the same time or ‘moul’. Human hair growth is not coordinated in the same way, so at any one time different hair follicles are at different stages of their growth cycle. So, it is normal to have some ongoing continuous hair loss, which usually is balanced by new hair growth.

One of the commonest causes of hair loss is called telogen effluvium (TE). This can be triggered by any severe illness, for instance pneumonia or a major operation. The stress of the illness can cause the hair follicles to go into their resting phase and hair growth temporarily ceases. Because the human hair cycle lasts several months, the hair loss may not become apparent until the person has recovered from their illness. Such a temporary hair loss resolves with new hair beginning to regrow and therefore the hair loss is transient.

Hair loss associated with autoimmune thyroid disease

Most people with hypo- or hyperthyroidism have autoimmune thyroid disease. If someone has one autoimmune disease they are more likely than others to develop some other autoimmune condition.

Alopecia areata is an autoimmune condition that causes hair loss and occurs in people with autoimmune thyroid disease more often than expected by chance. Unlike the types of diffuse hair loss described above, alopecia areata causes, often circular, areas of hair loss. In most cases this is transient and does not progress, but unfortunately it can cause significant baldness.

There are other rare autoimmune conditions that can cause hair loss through scarring, such as lopus erythematosus, which are associated with autoimmune thyroid diseases.

Polycystic ovarian syndrome is also associated with autoimmune thyroid disease and may manifest as diffuse hair loss; other features are irregular periods, obesity and acne.

Investigations for hair loss

If you are experiencing hair loss and it is enough to cause concern, you should seek advice from your GP. It is unusual for thyroid disease to cause hair loss without other symptoms of an over- or under-active thyroid. Your doctor will decide if it is appropriate for you to have additional tests to exclude other causes of diffuse hair loss such as iron deficiency. There are also rarer causes of hair loss, which your GP may feel are worth excluding. Sometimes referral to a skin specialist is required in order to make an accurate diagnosis.

What can I do?

Most cases of scalp and eyebrow hair loss caused by thyroid disorders are temporary, but it may take several months for the medication to stimulate your hair to regrow. Try to be patient as regrowth can be unpredictable, and be aware that new hair may differ in texture and colour.

It helps to know you’ve not alone, and that it is usual to feel a psychological impact of hair loss. If you’ve lost your hair, even temporarily, life will be easier if you can accept that’s happened. Focus on all your positive qualities and, if necessary, enhance your altered appearance.

Continued on page 12
We welcome letters from our members but please note that letters may be edited at the Editor’s discretion.

Please address general letters to: the Editor, BTF News, The British Thyroid Foundation, 3 Devonshire Place, Harrogate, North Yorkshire HG1 4AA or by email to editor@btf-thyroid.org.

Please address medical queries to the Medical Enquiries Coordinator at the address above or by email to medical-query@btf-thyroid.org.

Remember to include your membership number.

Unless you state otherwise, we will assume that you consent to having your letter and reply published in the newsletter. Medical queries will be anonymised.

Medical questions, whether or not intended for publication, will normally be referred to one of our medical advisors, and you will receive a confidential reply. Please note that our advisors are not able to give you a written personal consultation and that their advice is provided for information only. For specific medical queries you should make an appointment with your doctor.

You should not alter the recommended treatment issued by your personal physician without their knowledge and agreement.

Low TSH with high T4

DT asks: I am a woman aged 72 taking 100mcg levothyroxine daily. My TSH has been subnormal since an endocrinologist diagnosed hypothyroidism and thyroid antibodies in 1997. My quality of life is best when the FT4 is in upper 20s, but 18 months ago an endocrinologist reduced my dose to 150mcg after my FT4 was 24.2 and 20.3 respectively. Between those two blood tests I was prescribed vitamin D3 and base my vitamin D level was low. I also took a multivitamin hoping it would make me feel better. By May my Vitamin D had risen to 85mcg and all other blood results were normal. I have stopped taking vitamins since my last blood test.

Although I always take vitamins five hours after levothyroxine, is it possible they affected the absorption of levothyroxine and raised or lowered my FT4 to drop four points in 16 weeks?

Our medical adviser replies: In answer to the first question, you should omit the levothyroxine on the day of the blood test, until the blood is taken. I think the fluctuation in FT4 level may likely reflect the different timings of the blood test in relation to the tablet (e.g. the drop in four points is because the blood test was later on the second day). The fact that the TSH remains suppressed (0.03 or 0.04) means that you are still probably being slightly overtreated. A small reduction in levothyroxine dose might be warranted (having said that, I wouldn’t insist on that given that you have hypothyroid symptoms, but the arterial fibrillation is concerning).

In answer to your second question, taking Vitamin D five hours after levothyroxine should prevent any possible interference in absorption. While a lot of people are Vitamin D deficient, if you eat a varied diet and get some sun (about 20 minutes a day exposed by sunscreen) then you may get all the Vitamin D you need from these sources.

What treatment should I have for my thyroid nodules?

BS asks: My thyroid was found to be enlarged with some nodules when I had a check up recently. I now have to decide what course of action to take. The doctor did not seem to think that this was an emergency, so she said I should consider treatment to reduce the size of my thyroid in due course.

I am very keen wherever possible to try homeopathy and similar methods of healing and have in the past had good results (acknowledged by my doctor) with this. I usually do this by way of self-treatment and have already found it very easy to try. But of course I don’t want to delay treating anything potentially more serious.

Our medical adviser replies: Watery eyes can be due to an over-production of tears or impaired drainage of tears, or both. After T4 it is very possible that thyrotoxic eyes are produced by some sort of thyrotoxic tears. There are ways to decrease tear production using drops initially, but if it fails it is a simple that a surgical procedure may be needed to increase tear drainage.

We suggest you ask your GP for referral to an Ophthalmologist experienced with Graves’ disease and TED.

Almost all watering in TED is reflex lacrimation (over-production of tears) due to eye surface irritation. Clearly, an underlying narrowing of the tear drainage pathways will only worsen any tendency to water if one is lacrimating.

In the acute (inflammatory) phase of TED, the presence of inflammatory substances within the eye tissues and ‘tear-lim’ probably also increases tear production further.

In the inactive phase, the eye surface irritation is almost always due to upper eyelid retraction. Lid retraction leads to incomplete blink cycles (the upper lid movement reversing direction before the sweep has contacted the lower lid margin). Inactive lid margin can be made worse when the blink rate drops, typically with concentrated work such as working with a computer, reading and concentrating on exciting films & TV.

Other factors that reduce tear drainage and tend to increase tear production are things like a swollen caruncle (the ‘cherry’ at the inner angle of the lids) and swollen conjunctiva that appears as a fluid ‘soggy’ over the whites of the eyes, mainly during the active phase of disease. Downward displacement of the lower eyelids due to exophthalmos increases the tendency for tear accumulation in the tear-lim and the tendency for tear spillage on downgaze.

Lid retraction is helped by deliberate manual eyelid closure during the day and concentrated work (a minute or two every hour) and frequent (preferably preservative-free) drops. At night-time it is recommended to use a gel lubricant (many prefer water-based gels, rather than oil-based that are hard to clean in the morning) and closure of the lid: closure is often effected by a ‘Cling-film’ or elastic tape that is rather sore on the skin and often will not stick.

In the long term, when the TED is at a stable level, a specialist may recommend that the upper lids should be dropped to their normal level. This is fairly straightforward and quite predictable in experienced hands.

Thinning and lethoxivory

Several people have commented that they have had problems with hair thinning but have not noticed any improvement after taking levothyroxine for a number of years.

Our medical adviser comments: Although hair loss may be a symptom of hypothyroidism it is important to check with a doctor for other causes such as anaemia as well. If you are found to be iron deficient you may benefit from iron supplements or by increasing your dietary intake of iron. Both of these are relatively inexpensive and have been found to be effective in improving hair growth.

It is important for people taking thyroxine replacement medication as well as iron tablets to ensure their iron levels are normal as copper leached apart as iron can reduce the absorption of levothyroxine.

The BTF Editor adds: See also the article ‘Thyroid disorders and hair loss’ on page 11.
Thyroid conditions and the armed forces

We recently had a phone call from a mother on behalf of her 18-year-old son who has his heart set on joining the Royal Marines. He was diagnosed with hypothyroidism about a year ago. He has never had any symptoms but a series of tests following a serious assault picked it up. She asked for advice as the recruiters at the Ministry of Defence (MOD) were concerned about his condition.

We approached the MOD on her behalf and have edited this version of her response.

The current MOD guidance on thyroid conditions states:

3.9.4. Hypothyroid disease.

Successfully treated hypothyroidism poses little health risk from short-term failure to take medication, its association with a number of health risks in the longer term and the requirement for continuous medication and regular monitoring would normally result in a grading of P2. However, after consultation with a single Service consultant occupational physician responsible for the selection of recruits, candidates may be graded P2 if they are euthyroid on a stable dose of medication for at least 1 year and following exclusion by a consultant endocrinologist of associated autoimmune conditions.

3.9.5. Hyperthyroid disease.

Candidates with a hyper-active thyroid may be accepted as P2 following successful definitive treatment with radioactive iodine (RAI) or surgery, provided at least a year has elapsed and the candidate is euthyroid without therapy.

The speaker will be Professor Mark Strachan (Consultant in Diabetes and Endocrinology, Western General Hospital, Edinburgh). Dr Nicholas Zammit (Consultant Physician, Department of Endocrinology, Edinburgh Royal Infirmary), Dr Eleanor Halloran (Consultant in General Adult Psychiatry, NHS Lothian) and Janis Hickey (Director, BTF).

This is a free event and is open to people both within and outside the Edinburgh/Lothian area.

To reserve a place or for more information contact Margaret at email: m2mgregor@aol.com or Tel: 0131 664 7223.

The event, to be held at the Chancellors Building, Edinburgh Royal Infirmary, will start at 1pm (with registration from 12.30pm) and will finish at 5.30pm.

Speakers will include Professor Mark Strachan (Consultant in Diabetes and Endocrinology, Western General Hospital, Edinburgh), Dr Nicholas Zammit, (Consultant Physician, Department of Endocrinology, Edinburgh Royal Infirmary), Dr Eleanor Halloran (Consultant in General Adult Psychiatry, NHS Lothian) and Janis Hickey (Director, BTF).

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Hypoparathyroidism (HPTH) UK
Butterfly Thyroid Cancer Trust
Thyroid Cancer Support Group Wales
HPTH Helplines 01342 316315 (South) and 01623 750330 (North)

Our local coordinators organise meetings but will also be happy to take calls on thyroid disorders that they have experienced. Please see the key below.

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<th>Key</th>
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