

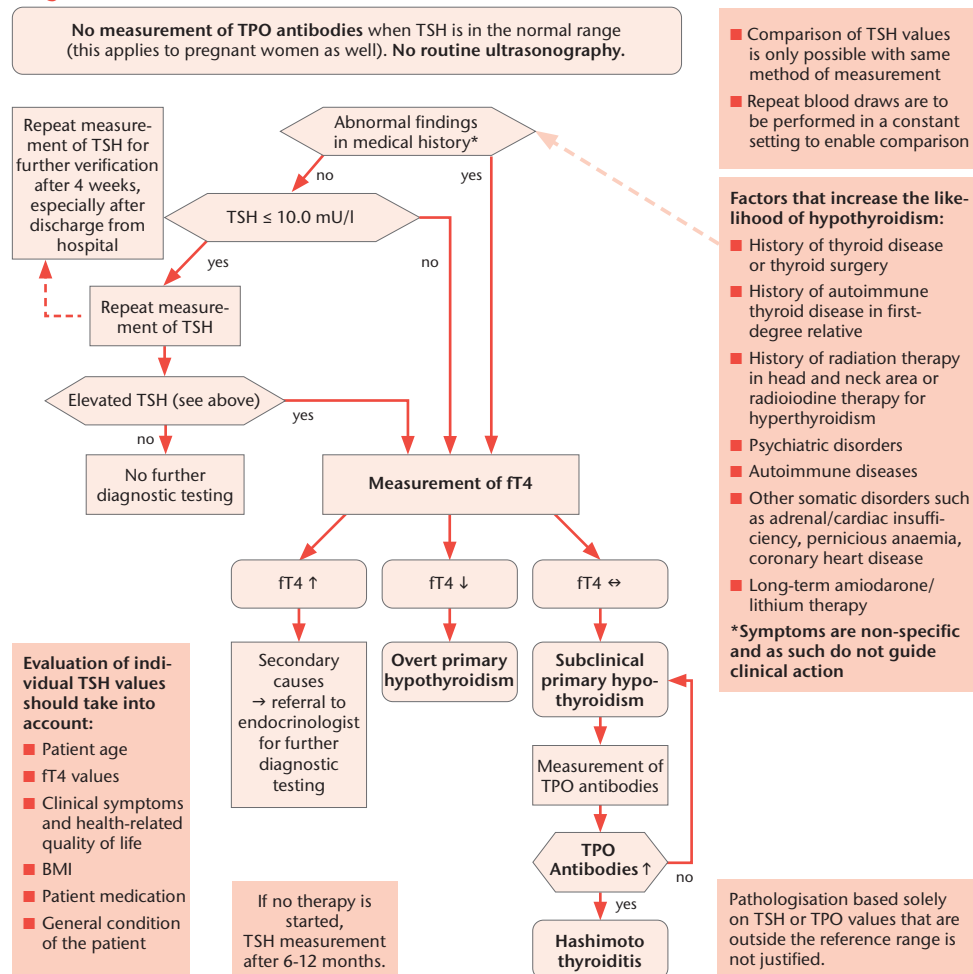
Definition of elevated TSH

18-70 Jahre: > 4.0 mU/l
> 70-80 Jahre: > 5.0 mU/l
> 80 Jahre: > 6.0 mU/l

No routine TSH screening in asymptomatic adults or in women without known thyroid disease who are pregnant or planning pregnancy.

Pregnant women (with or without known hypothyroidism): > 4.0 mU/l
 Pregnancy affects the metabolism: β -hCG binds to the TSH receptor, mimicking a weak effect. The upper limit of the normal TSH range in pregnancy is 0.5-1.0 mU/l below the upper limit for non-pregnant women. Due to the lack of evidence of benefit of therapeutic interventions, the normal TSH range in pregnancy has not been adjusted.

Diagnosis



Therapy

Indications: 1) **Overt hypothyroidism**
 2) **Subclinical Hypothyroidism, if:**
 TSH ≤ 10 mU/l: No thyroid hormone replacement
 TSH > 10 mU/l: ≤ 75 years → Begin replacement therapy
 Alternatively: Refrain from therapy until TSH < 20 mU/l
 > 75 years → Possible to refrain from therapy up to TSH < 20 mU/l

Prerequisite for refraining from hormone replacement therapy with TSH values > 10 mU/l:
 Regular monitoring of TSH and patient education about the potential dangers of TSH > 20 mU/l

Levothyroxin monotherapy → Goal: Achievement of euthyroid state
 It is important to educate the patient about hypothyroidism and potential consequences of lack of treatment, as well as the nature and intention of hormone replacement therapy.

Relative Contraindications

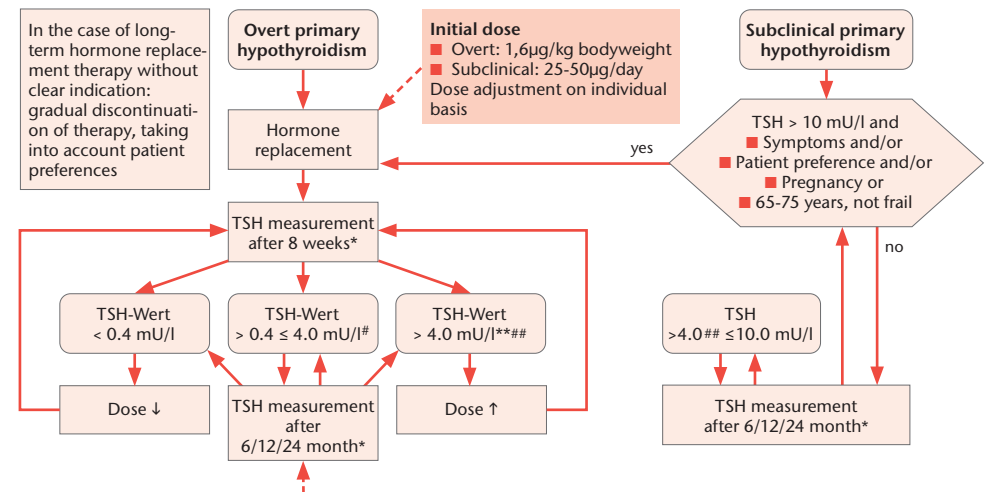
- Coronary heart disease
- Tachycardic arrhythmias

Dose administration

- Consistent intake at least 30 min before breakfast or in the evening before going to bed
- Intake at least 30 min before/after administration of cholestyramine, ferrous sulfate, sucralfate, calcium, antacids

An increase in TSH is to be expected without dose adjustment in pregnant women with pre-existing hypothyroidism under hormone replacement therapy.

A lack of increased need for levothyroxine during pregnancy should prompt critical reassessment of the indication for hormone replacement therapy postpartum.



The time interval can be adjusted based on clinical symptoms and patient preferences. **Prerequisite:** Comprehensive patient education

* At least once per trimester during pregnancy
 ** In the case of repeated TSH measurements > 4.0 mU/l → Assess therapy adherence, consider referral to endocrinologist
 # Age-adjusted: > 70 bis 80 Jahre: ≤ 5.0 mU/l; > 80 Jahre: ≤ 6.0 mU/l
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