

# Presentation Checklist

- Review all materials in this presentation resource kit.
- Customize slides into your own PowerPoint® presentation.
- Make a list of potential presentations locations, such as hospitals, community organizations, etc.
- Check with the location accommodations.
- Contact the AACE office for media contacts. AACE will distribute media alerts to the appropriate markets.
- Contact the Public & Media Relations department at AACE. They will distribute press releases to the appropriate media outlets.
- Follow up with the media for any potential interest.
- Make a copy of the Participant Questionnaire for each audience member. Distribute and collect at the end of your presentation.
- After your presentation, fill out and send project evaluation to AACE Public and Media Relations Department. Also send the participant questionnaires to the AACE PR Department. These may be mailed (1000 Riverside Avenue, Suite 205, Jacksonville, FL 32204) or faxed (904-353-8185). Make sure you leave enough time at the end of your presentation for participants to fill out the questionnaires.

Documents found at [www.aace.com](http://www.aace.com), [www.powerofprevention.com](http://www.powerofprevention.com) or [www.thyroid.org](http://www.thyroid.org) include:

- Promotional flyer
- PCP letter
- Slide show in PowerPoint®
- Press release
- Thyroid fact sheet
- Editorial background
- Member questionnaire
- Participant questionnaire

Please contact AACE Public and Media Relations Department at (904) 353-7878 to request a CD with the materials or to receive assistance with implementation of the materials.

# Reaching Patients

Delivering a presentation is an effective way to communicate your important role in thyroid care. To reach patients, you will need to build relationships with local organizations, ranging from women's groups and churches to retirement communities. Potential partnerships may also come from state and local medical societies, other area hospitals and your local health department. Specifically speaking to groups and organizations reaches target audiences that are concerned about thyroid, and also extends the reach of your message to their memberships at-large.

Following is a step-by-step guide to help you reach outside groups and organizations and coordinate speaking engagements.

1. Research support organizations for older adults, women and thyroid sufferers, as well as church groups and retirement communities in your area. You may already know of groups in your area, or you can check the phonebook and the Internet for additional groups.
2. Contact state and local medical societies, other area hospitals, and your local health department for potential partnership opportunities.
3. Place introductory phone calls to discuss speaking opportunities. The best person to speak with may vary by organization, but asking for the person in charge of patient or group education is a good start.
4. Share copies of background materials included in this kit to generate interest and awareness.
5. Maintain consistent communication to reinforce your relationship with the group contact and members.

# Promotional Flyer

Strategic placement and distribution of flyers can help you reach a large number of people in your community. A sample flyer is included in this kit and at [www.thyroidawareness.com](http://www.thyroidawareness.com)

**Flyer:** Distributing flyers is an easy and cost-efficient way to spread the word about your presentation and increase attendance. You can display flyers on bulletin boards around your hospital and in your office waiting area. You also can contact local groups and organizations to offer flyers that they can distribute to their members.

To create a flyer, simply add your information and make copies of the advertisement. Color copies will stand out.

## **Preparing your flyers**

1. Open file from the website.
2. Insert date, time and place for your scheduled presentation
3. Insert your contact information
4. Print



- As many as 27 million Americans live with a thyroid condition.
- More than half of all people with thyroid disorders are undiagnosed.
- Fatigue, weight changes and mood swings are just some of the symptoms.

*Learn more about your thyroid and its affect on your entire body. If your thyroid doesn't work properly, neither do you!*

When: [Insert date]

Time: [Insert time]

Where: [Insert location]

For more info: [Insert name and practice]

# Reaching Physicians

Communicating directly with your local primary care physicians is an important step in reaching targeted audiences. Sharing background information about Thyroid Awareness Month and the endocrinologist's role in thyroid management may broaden opportunities to promote referrals from general practitioners treating thyroid patients.

Enclosed, you will find a letter that you can customize and send to local physicians. It includes information on thyroid health and your role in thyroid care and provides additional information about endocrinologists.

Along with the letter, you also can share materials from this kit (i.e., patient brochure and fact sheets) with fellow physicians to help them better understand the thyroid and your role in its diagnosis and management.

Following a referral, consider sending a brief hand-written thank you note to the referring physician. This gesture will build goodwill and encourage additional referrals.

## USE YOUR LETTERHEAD

**(Insert Date)**

**(Insert Name)**

**(Company)**

**(Address 1)**

**(Address 2)**

**(City), (State) (Zip Code)**

Dear Dr. **(Insert Last Name)**,

As many as 27 million Americans may have overactive or underactive thyroid glands, but more than half remain undiagnosed. I am sure you are aware of the impact of thyroid disorders and may also treat a number of patients who suffer from the disease. As an endocrinologist and member of the **(Insert American Association of Clinical Endocrinologists or American Thyroid Association)**, I am writing to share information that may benefit your patients who have been diagnosed with or may be at risk for thyroid disease.

Thyroid Awareness Month, which is sponsored by American Association of Clinical Endocrinologists in cooperation with the American Thyroid Association (ATA), highlights the importance of thyroid health every January. This year's theme, "Treating Your Thyroid: It Deserves the Best Care," is specifically geared toward encouraging women who are considering pregnancy or are already pregnant to have their thyroid checked. Doing so can help ensure the safe delivery of a healthy child.

This year's Thyroid Awareness Month will offer patients online tools to help them know their numbers. The information can be found at [www.thyroidawareness.com](http://www.thyroidawareness.com)

- AACE's "Neck Check™" Card – A simple method for patients to see if they may have a thyroid condition
- Thyroid Patient Brochures – These pamphlets focus on six different areas of thyroid health including hypothyroidism, Hyperthyroidism, Hashimoto's Thyroiditis, Thyroid Carcinoma, Radioiodine Therapy, Thyroid Nodules, the thyroid, pregnancy and infancy.
- Thyroid Tip Sheet – Includes advice on how patients can take control of their own thyroid health by monitoring their numbers

AACE members developed Medical Guidelines for Clinical Practice for the Evaluation and Treatment of Hypothyroidism and Hyperthyroidism in 2002. Updated guidelines are due to be released in 2008. I encourage you to view these guidelines at [www.thyroidawareness.com](http://www.thyroidawareness.com) to learn more about the effective and efficient methods of thyroid diagnosis and management.

I would be pleased to offer insight and/or partner with you to provide the best care for your patients. Please contact me at xxx-xxx-xxxx if you have any questions or comments.

Respectfully yours,

**(Insert Name)**

**(Insert Practice)**

# Delivery Tips

This presentation will help you educate the public about the thyroid and its importance to everyone's well being. The entire program should last about thirty minutes. The slides provided can be arranged in any order to suit your specific audience.

To ensure a successful presentation, follow these simple steps for preparation and execution:

1. Call ahead to check on the accommodations.
  - What is the availability of a projection system and screen?
  - Will they provide a laptop computer or do you need to bring your own?
  - If you are using their laptop, do they have the PowerPoint® program on the computer?
  - Where are the electrical outlets and light switches?
  - Are there other rooms where outside interference could disrupt your presentation?
2. Review the documents provided in this resource kit.
3. Allow yourself time to test the projection system and your computer.
4. Distribute Questionnaires
  - Distribute participant questionnaires. Be sure to collect the questionnaires prior to leaving.

# PowerPoint® Presentation Tips

## Preparing your presentation

1. Save the presentation to your hard drive. **You must have PowerPoint® installed on your computer to run this presentation.**
2. Open the presentation. Review all the slides to determine what you wish to use in your personalized presentation. You do not have to use all the slides provided. Once you have determined your slides, prepare speaker notes so you can check the flow of the presentation. Keep your audience in mind when preparing your presentation.

## Presentation set-up

1. Connect the external display port on the laptop computer to the projection system. (For information about connecting external devices, see the instructions for your laptop computer.)
2. Open the PowerPoint® presentation.
3. On the **Slide Show** menu, click **Set Up Show**.
4. Click **Project Wizard**.
5. Follow the instructions in the **Wizard** to set up the presentation for the type of projection system you are using.

## Slide show controls

To advance to the next slide

Press N, ENTER, PAGE DOWN, RIGHT ARROW, DOWN ARROW or the SPACEBAR (or click the mouse)

To return to the previous slide

Press P, PAGE UP, LEFT ARROW, UP ARROW or BACKSPACE

# Tips to Generate Media Attention

When giving a public presentation, generating media coverage is an essential way to spread the word about Thyroid Awareness Month. The following materials/suggestions are designed to help you successfully generate coverage in your area. If you need assistance please contact the AACE media and public relations department @ (904) 353-7878.

1. **News release:** Enclosed is a news release template that can easily be customized to include information about your practice. The press release should be printed on your letterhead and mailed to reporters. In addition to the press release, you can provide reporters with copies of the enclosed fact sheets to help facilitate story development. Read all documents carefully so you have a thorough understanding of the material you are sending to the media.
2. **Media contact list:** To develop a contact list, call the AACE, public and media relations department. They will determine the appropriate media contacts in your area.
3. **Follow-up:** Two or three days after the press release and fact sheets are sent, AACE will call the reporters on the list to determine interest in a story. At this time, AACE will recommend you as a thyroid expert for planned or future media coverage. Please keep in mind that not all reporters will want an interview – some may write an article directly from the press release, and others may choose not to develop a story at all. This could also be a great photo opportunity for the metro section of your local paper or filler at the end of the evening news. When an interview is scheduled, make sure both you and the reporter agree upon the time and location of the interview. If the interview is done at a hospital, check with the hospital public relations department.
4. **Interview preparation:** Prior to interviews, it is helpful to familiarize yourself with all the materials in the kit. These resources, especially the “Tips for Working with the Media” sheet, can help you prepare for your interview. *Please notify the AACE Public and Media Relations Department if you’ve generated any media attention..*
5. **Ongoing contact with reporters:** Contact reporters with any updates or timely angles. It is also a nice gesture to send a personal note after a story appears.

AACE PR Department will work with national media to cover this patient awareness initiative. If you would like assistance with your local media efforts, contact us at (904) 353-7878.

# Tips for Working with the Media

When speaking with reporters, being prepared will help you communicate more effectively and ensure an accurate story. Effective media outreach can greatly heighten the visibility of your practice in the community. Each interview in which you participate is a golden opportunity to position your practice as a community resource.

## Preparation is key

When arranging an interview with a reporter, be sure to ask the reporter what the subject of the interview will be. Prepare for the interview by reviewing key messages about thyroid disorders and your role in thyroid care. Key messages are three to four major points about your subject that can be summarized in a few sentences. (For your convenience, a list of key messages is included in this kit.) You will feel most comfortable if you review and practice key messages prior to an interview. Refer back to these messages when answering questions during the interview.

Education is the message. DO educate - Do NOT debate. Some reporters may want to bring out recent controversies, but this program is designed to educate the public and not debate current treatment and diagnosis. Make sure to use only the scientific facts and standards of treatment.

## Key Messages

During an interview, it's best to stick to a few key points to help disseminate your message accurately and concisely. Here are a few:]

- People with a family history of thyroid disease and women over 40 should be tested yearly.
- Patients can easily manage their condition by taking their medication as prescribed and having their blood tested at regular intervals.
- Know the symptoms of an over- and underactive thyroid and talk to your doctor if you're not feeling well.
- For those with thyroid medication, remember to be consistent. If you've been prescribed, take it at the same time every day. Staying on the same brand and dose of thyroid medicine prescribed by your doctor is critical for optimal disease management.
- Make sure your doctor checks your TSH (Thyroid Stimulating Hormone) level regularly to ensure you are in the normal range.

## Interview do's and don'ts

*Before you answer questions:*

- **DO** listen to the question and construct a direct response.
- **DO** incorporate key messages into your response.
- **DO** choose your words carefully.

**For television interviews:**

- **DO** begin your response by repeating the question.
- **DO** wear dark clothing (navy works best).
- **DO** wear clinical attire (lab jacket, stethoscope); in the right settings, they add credibility.
- **DON'T** wear busy clothing – clothes without patterns are ideal.
- **DON'T** wear large jewelry.
- **DO** wear a light colored shirt other than white – a white shirt will reflect into the camera.
- **DO** make sure you cross your legs all the way without showing the bottom of your shoe.

**As you answer questions:**

- **DO** address the interviewer by name, if appropriate, as you start your answer.
- **DO** tell the truth – even a minor misrepresentation can damage your credibility.
- **DO** be yourself – it is okay to speak in a conversational manner.
- **DO** speak in clear language and use concise, compelling statistics.
- **DO** incorporate key messages into your response.
- **DO** watch the reporter for non-verbal cues – head-nodding usually means to go on, while finger tapping and weight-shifting can indicate boredom.
- **DO** be enthusiastic with your answers – if you are not excited by the topic, the reporter and audience won't be excited either.
- **DO** assume that your audience has no information; approach the interview from the public's viewpoint.
- **DON'T** use jargon or technical language the audience is unlikely to understand.
- **DON'T** repeat a negative message stated in the question.
- **DON'T** make any comments that you don't want to be part of the story – nothing is “off the record.”
- **DON'T** make jokes or sarcastic comments – they can easily be misconstrued.

**Increasing the Mention of AACE to the Media:**

- Information about AACE's thyroid guidelines can be found at AACE Online [www.thyroidawareness.com](http://www.thyroidawareness.com) This website also provides patient-friendly information on thyroid disease.
- **DO** distinguish why AACE's information is important to the audience and the story being written, and you'll increase the chances of AACE getting mentioned. The reporter's job is to get the latest information from as many sources as possible. Some reporters feel that a simple mention of AACE is a commercial plug.
- **DO** make sure the reporter knows AACE's involvement in the particular subject. It's not enough to just mention that you are an AACE member. For example, tie-in AACE guidelines and what they mean to the reporter's audience.
- **DO** offer tips to the reporter on how patients can better take care of themselves. If the guidelines provide a recommendation, use phrases like “AACE recommends...”
- **DO** use phrases like “AACE has been a catalyst in thyroid awareness. Here is what AACE believes should be done.”
- **DO** refer the reporter to the Thyroid Awareness website, [www.thyroidawareness.com](http://www.thyroidawareness.com).

**After the Interview:**

- **DO** ask to double-check facts and quotes with the reporter – make sure the reporter has proper spellings of all names, titles, products, etc.
- **DO** thank the interviewer for his/her time and interest.
- **DO** offer to provide background information that will be beneficial for better understanding of the topic.
- **DO** encourage the reporter to call if they need clarification or more information.
- **DO** ask when the story will appear/air and request a transcript.
- **DON'T** ask the reporter to read their story to you prior to publication/broadcast, as nearly all newspapers have a policy prohibiting such a practice.

**And Always Remember:**

- **DON'T** let your guard down before or after the interview – act as if everything is “on the record” from the time the reporter arrives to the time they leave the premises.

## USE YOUR LETTERHEAD

**For Immediate Release**

**Contact:** Doctor's name  
Doctor's number

### **Expectant and Pregnant Mothers: Get Your Neck Checked** *Local Endocrinologist to Highlight January's Thyroid Awareness Month*

[Your city, State] (Month XX, 200X) – Pregnancy can be an exciting, joyous and rewarding time for a woman. It is also the time a thyroid condition may surface or become more difficult to control in an expecting or pregnant mother. To highlight the importance of a healthy thyroid during Thyroid Awareness Month this January, thyroid expert Dr. [Insert Name] of [Insert practice] will speak at [Insert location], [Insert day] at [Insert time].

January is Thyroid Awareness Month, and the American Association of Clinical Endocrinologists (AACE) are encouraging women who are considering pregnancy or are already pregnant to have their thyroid checked. Doing so can help ensure the safe delivery of a healthy child.

AACE, in observance of January's Thyroid Awareness Month: "Treating Your Thyroid: It Deserves the Best Care," has developed an important list of "Things Every Mother Should Know" that is critical for the health of a newborn child. More information is available at [www.thyroidawareness.com](http://www.thyroidawareness.com).

- **Importance of adequate iodine intake in pregnancy**
  - Thyroid hormone is necessary for normal brain development. In early pregnancy, babies get thyroid hormone from their mothers. Later on as the baby's thyroid develops it makes its own thyroid hormone. An adequate amount of iodine is needed to produce fetal and maternal thyroid hormone. *The best way to ensure adequate amounts of iodine reach the unborn child is for the mother to take a prenatal vitamin with a sufficient amount of iodine. Not all prenatal vitamins contain iodine, so be sure to check labels properly.*
- **Hyperthyroidism & pregnancy**
  - Hyperthyroidism, if untreated, can lead to stillbirth, premature birth, or low birth weight for the baby. Sometimes it leads to fetal tachycardia, which is an abnormally fast pulse in the fetus. Women with Graves' disease have antibodies that stimulate their thyroid gland. These antibodies can cross the placenta and stimulate a baby's thyroid gland. If antibody levels are high enough, the baby could develop fetal hyperthyroidism, or neonatal hyperthyroidism.

A woman with hyperthyroidism while pregnant puts her at an increased risk for experiencing any of the signs and symptoms of hyperthyroidism. And unless the condition is mild, if it is not treated promptly a woman could miscarry during the first trimester; develop congestive heart failure, preeclampsia, or anemia; and, rarely, develop a severe form of hyperthyroidism called thyroid storm, which can be life threatening.

- **Hypothyroidism & pregnancy**

- Thyroid hormone is critical for the brain development of a fetus, because it depends solely on its mother for its thyroid hormone for most of the first trimester of pregnancy. When deprived of thyroid hormone, a baby is at an increased risk for neural development, which may lead to mental retardation.

Most women who develop hypothyroidism during pregnancy have mild disease and may experience only mild symptoms or sometimes no symptoms. However, having a mild, undiagnosed condition before becoming pregnant may worsen a woman's condition. A range of signs and symptoms may be experienced, but it is important to be aware that these can be easily written off as normal features of pregnancy. Untreated hypothyroidism, even a mild version, may contribute to pregnancy complications. *Treatment with sufficient amounts of thyroid hormone replacement significantly reduces the risk for developing pregnancy complications associated with hypothyroidism.*

- **Miscarriage and thyroid disorders**

- A woman with untreated hypothyroidism is at the greatest risk for a miscarriage during her first trimester. Unless the case is mild, women with untreated hyperthyroidism may miscarry during the first trimester.

- **Care of a child with congenital hypothyroidism**

- All newborns in the United States are routinely tested for congenital hypothyroidism. Children with this condition are deficient in thyroid hormone, which is critical for the development of the nervous system. Untreated, congenital hypothyroidism can lead to mental retardation and stunted growth. Thanks to testing, every child born with congenital hypothyroidism is promptly treated with thyroid hormone, allowing them to develop normally and go on to live a normal, healthy life.

- **For those taking thyroid hormone, what to do before becoming pregnant**

- How much and which thyroid hormone to take before conception
  - Levothyroxine sodium pills are completely safe for use during pregnancy. They are prescribed in dosages aimed at replacing the thyroid hormone the thyroid isn't making. Once a woman begins taking this medication, she will be monitored to ensure TSH levels have normalized. After normalization, a doctor will want to check these levels every six to eight weeks until normalization and less frequently thereafter. They may also counsel women to take thyroid hormone pills at least one-half hour to one hour before or at least three hours after taking iron-containing prenatal vitamins or calcium supplements, which can interfere with the absorption of thyroid hormone.

High levels of thyroxine (T4) appear to be required for normal brain development early in the pregnancy. A combination of T4 and T3 (triiodothyronine) as well as desiccated thyroid hormone do not provide an adequate amount of T4 and therefore should be avoided in a woman planning pregnancy or a woman that is already pregnant.

- How to achieve and maintain excellent control throughout pregnancy
  - For a woman being treated for hypothyroidism, it's imperative to have her thyroid checked as soon as the pregnancy is detected so that medication levels may be adjusted. TSH levels may be checked one to two weeks after the initial dose adjustment to be sure it's normalizing. Once the TSH levels drop, less frequent check-ups are necessary during the pregnancy they tend to stabilize by the middle of pregnancy. Although thyroid hormone requirements are likely to increase throughout the pregnancy they tend to eventually stabilize by the middle of pregnancy. The goal is to keep TSH levels within normal ranges which are somewhat different than proper levels in a non-pregnant woman. After giving birth, the doctor should adjust dosage to the preconception level.
- **Role of the endocrinologist**
  - An endocrinologist is a physician or medical scientist who researches and treats patients with diseases relating to the endocrine system. Their advanced and specialized training make them experts in the care of endocrine disease, such as thyroid disorders.

**[Insert short bio]**

About AACE

*AACE is a professional medical organization with nearly 6,000 members in the United States and 85 other countries. Founded in 1991, AACE is dedicated to the optimal care of patients with endocrine problems. AACE Clinical Endocrinologists advanced, specialized training enable them to be experts in the care of endocrine disease, such as diabetes, thyroid disorders, growth hormone deficiency, osteoporosis, cholesterol disorders, hypertension and obesity. For further information about AACE visit [www.aace.com](http://www.aace.com). For more information about the AACE Thyroid Awareness Month, visit [www.thyroidawareness.com](http://www.thyroidawareness.com).*

About ATA

*Founded in 1923, the ATA is a professional society of 900 U.S. and international physicians and scientists who specialize in the research and treatment of thyroid diseases. The ATA is the North American professional society for physicians and researchers specializing in diseases of the thyroid gland. The ATA promotes excellence and innovation in clinical care, research, education, and public advocacy.*

*Thyroid Awareness Month is sponsored by AACE and supported through an unrestricted educational grant from Abbott Laboratories.*

# **“Treating Your Thyroid: It Deserves the Best Care”**

## **Fact Sheet**

### ***The Thyroid Gland***

- The thyroid gland is the small, butterfly-shaped gland found just below the Adam’s apple.
- The thyroid gland produces hormones that influence essentially every organ, tissue and cell in the body. In short, if the thyroid doesn’t work properly, neither do you.
- If left untreated, thyroid disease can cause serious health consequences such as elevated cholesterol levels, an elevated risk of heart disease, osteoporosis, infertility, muscle weakness, osteoporosis and, in extreme cases, coma or death.

### ***Who Has Thyroid Disease***

- As many as 27 million Americans may have overactive or underactive thyroid glands but more than half remain undiagnosed.
- More than eight out of ten patients with thyroid disease are women.
- Women are five to eight times more likely than men to suffer from hypothyroidism (underactive thyroid).
- Fifteen to 20 percent of people with diabetes and their siblings or parents are likely to develop thyroid disease (compared to 4.5 percent of the general population).

### ***Hypothyroidism and Pregnancy***

- Nearly 1 out of 50 women in the U.S. have hypothyroidism during pregnancy.
- Six out of every 100 miscarriages are associated with thyroid hormone deficiencies during pregnancy.
- Five to ten percent of women develop postpartum thyroiditis. Of those, approximately one quarter will develop permanent hypothyroidism.
- There is an increased risk to the child if the mother is left untreated
- The best way to ensure adequate amounts of iodine reach the unborn child is for the mother to take a prenatal vitamin with a sufficient amount of iodine.
  - Not all prenatal vitamins contain iodine, so be sure to check labels properly.

### ***Thyroid Disease & Children***

- One out of every four thousand babies born in the U.S. has hypothyroidism.
- Undiagnosed hypothyroidism in children can lead to permanent mental deficiencies and short stature if not treated properly.
- Undiagnosed hyperthyroidism can lead to accelerated growth in children, and when it affects infants, can be fatal.

## ***Things Every Mother Should Know***

- *Importance of adequate iodine intake in pregnancy*
  - Thyroid hormone is necessary for normal brain development. In early pregnancy, babies get thyroid hormone from their mothers. Later on as the baby's thyroid develops it makes its own thyroid hormone. An adequate amount of iodine is needed to produce fetal and maternal thyroid hormone. *The best way to ensure adequate amounts of iodine reach the unborn child is for the mother to take a prenatal vitamin with a sufficient amount of iodine. Not all prenatal vitamins contain iodine, so be sure to check labels properly.*
- *Hyperthyroidism & pregnancy*
  - Hyperthyroidism, if untreated, can lead to stillbirth, premature birth, or low birth weight for the baby. Sometimes it leads to fetal tachycardia, which is an abnormally fast pulse in the fetus. Women with Graves' disease have antibodies that stimulate their thyroid gland. These antibodies can cross the placenta and stimulate a baby's thyroid gland. If antibody levels are high enough, the baby could develop fetal hyperthyroidism, or neonatal hyperthyroidism.

A woman with hyperthyroidism while pregnant puts her at an increased risk for experiencing any of the signs and symptoms of hyperthyroidism. And unless the condition is mild, if it is not treated promptly a woman could miscarry during the first trimester; develop congestive heart failure, preeclampsia, or anemia; and, rarely, develop a severe form of hyperthyroidism called thyroid storm, which can be life threatening.

- *Hypothyroidism & pregnancy*
  - Thyroid hormone is critical for the brain development of a fetus, because it depends solely on its mother for its thyroid hormone for most of the first trimester of pregnancy. When deprived of thyroid hormone, a baby is at an increased risk for neural development, which may lead to mental retardation.

Most women who develop hypothyroidism during pregnancy have mild disease and may experience only mild symptoms or sometimes no symptoms. However, having a mild, undiagnosed condition before becoming pregnant may worsen a woman's condition. A range of signs and symptoms may be experienced, but it is important to be aware that these can be easily written off as normal features of pregnancy. Untreated hypothyroidism, even a mild version, may contribute to pregnancy complications. *Treatment with sufficient amounts of thyroid hormone replacement significantly reduces the risk for developing pregnancy complications associated with hypothyroidism.*

- *Miscarriage and thyroid disorders*
  - A woman with untreated hypothyroidism is at the greatest risk for a miscarriage during her first trimester. Unless the case is mild, women with untreated hyperthyroidism may miscarry during the first trimester.
  
- *Care of a child with congenital hypothyroidism*
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- *For those taking thyroid hormone, what to do before becoming pregnant*
  - How much and which thyroid hormone to take before conception
    - Levothyroxine sodium pills are completely safe for use during pregnancy. They are prescribed in dosages aimed at replacing the thyroid hormone the thyroid isn't making. Once a woman begins taking this medication, she will be monitored to ensure TSH levels have normalized. After normalization, a doctor will want to check these levels every six to eight weeks until normalization and less frequently thereafter. They may also counsel women to take thyroid hormone pills at least one-half hour to one hour before or at least three hours after taking iron-containing prenatal vitamins or calcium supplements, which can interfere with the absorption of thyroid hormone.

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- How to achieve and maintain excellent control throughout pregnancy
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different than proper levels in a non-pregnant woman. After giving birth, the doctor should adjust dosage to the preconception level.

- *Role of the endocrinologist*
  - An endocrinologist is a physician or medical scientist who researches and treats patients with diseases relating to the endocrine system. Their advanced and specialized training make them experts in the care of endocrine disease, such as thyroid disorders.

### ***Hypothyroidism & Aging***

- Incidence of hypothyroidism (underactive thyroid) increases with age.
- By age 60, as many as 17 percent of women and nine percent of men have an underactive thyroid.

### ***Common Signs and features of Hyperthyroidism***

- Heat intolerance, sweating
- Weight loss
- Alterations in appetite
- Frequent bowel movements
- Changes in vision
- Fatigue and muscle weakness
- Menstrual disturbance
- Impaired fertility
- Mental disturbances
- Sleep disturbances
- Tremors
- Thyroid enlargement

### ***Common Features of Hypothyroidism***

- Fatigue
- Forgetfulness
- Depression
- Heavy menses
- Dry, coarse hair
- Mood swings
- Weight gain
- Hoarse voice
- Dry, coarse skin
- Constipation

# Editorial Background

## **Endocrinology and the Endocrinologists**

The endocrine system is made up of glands throughout the body, which regulate the function, growth and development of tissues and organs by secreting hormones directly into the bloodstream. When endocrine disorders develop, too much or too little hormone is secreted by a specific gland because the gland does not function properly. This may be the result of illness, surgical removal, medications, and natural or other causes.

For example, thyroid dysfunction occurs when the thyroid gland, a small, butterfly-shaped gland at the base of the neck, produces either too much or too little thyroid hormone therefore impacting metabolism. The clinical endocrinologist diagnoses subtle and overt thyroid disease and then treats it by regulating the hormone production or levels with medication or other treatments.

Clinical endocrinologists are physicians with special education, training and expertise in the complex disorders of the endocrine system. These physicians devote their clinical practices to providing the highest standard of diagnosis and care to patients with endocrine disease, including diabetes, thyroid disease, reproductive disorders, obesity, osteoporosis, hypertension, cholesterol and lipid abnormalities as well as pituitary, parathyroid and adrenal conditions.

Because of the complex nature and variability of many endocrine disorders, comprehensive evaluations and extended follow-up care are often necessary. This, plus the long-term nature of many endocrine illnesses, makes the patient-physician partnership essential to quality endocrine care.

In addition to providing patient care, endocrinologists are also at the forefront of medical research, playing an important role in many major health issues, including diabetes, infertility, hypertension, cholesterol disorders, osteoporosis, growth and geriatric disorders. Due to the critical role of the endocrine system throughout the body, endocrinologists play an integral part in maintaining the total health of countless patients.

## **About AACE**

AACE is a professional medical organization with nearly 6,000 members in the United States and 85 other countries. Founded in 1991, AACE is dedicated to the optimal care of patients with endocrine problems. AACE Clinical Endocrinologists advanced, specialized training enable them to be experts in the care of endocrine disease, such as diabetes, thyroid disorders, growth hormone deficiency, osteoporosis, cholesterol disorders, hypertension and obesity. For further information about AACE visit [www.aace.com](http://www.aace.com). For more information about the AACE Thyroid Awareness Month, visit [www.thyroidawareness.com](http://www.thyroidawareness.com).

## **About ATA**

Founded in 1923, the ATA is a professional society of 900 U.S. and international physicians and scientists who specialize in the research and treatment of thyroid diseases. The ATA is the North American professional society for physicians and researchers specializing in diseases of the thyroid gland. The ATA promotes excellence and innovation in clinical care, research, education, and public advocacy.

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