PRACTICAL PEARLS: Thyroid Screening

INTRODUCTION	• Autoimmune thyroiditis is the most common cause of acquired hypothyroidism in children. • Clinical features of moderate to severe hypothyroidism are insidious in onset and include growth failure, goiter, fatigue, cold intolerance, constipation, sleep disturbance, and even obstructive sleep apnea; subclinical and mild hypothyroidism are usually asymptomatic. • Obesity is NOT a sign of hypothyroidism; however, mild weight gain (<10% of the BW) despite decreased appetite is characteristic of severe hypothyroidism. • Review articles: http://contemporarypediatrics.modernmedicine.com/contemporary-pediatrics/content/thyroid-testing-when-worry-not-often-and-when-reassure-0http://www.ncbi.nlm.nih.gov/pubmed/20628588
INITIAL EVALUATION AND MANAGEMENT BY PRIMARY CARE	• Signs and symptoms, especially goiter and poor linear growth are strong indicators for screening lab work. • Screening should include TSH with reflex free T4; a thyroid ultrasound is NOT indicated unless a nodule is present. • If TSH is <6, then hypothyroidism has been ruled out. • A TSH of 6-10 suggests subclinical hypothyroidism, which is common and often resolves, so repeat TSH in 6 months with thyroid anti-microsomal antibody • If TSH >10, consider referral
WHEN TO REFER	• TSH >10 for thyroid hormone replacement
HOW TO REFER	• (413) 794-KIDS
WHAT TO EXPECT FROM BAYSTATE CHILDREN'S HOSPITAL VISIT	• Thorough history and examination • Initiation of treatment with follow-up • Counseling and education for the patient and family

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