Now, you've made the decision you're going to treat. There's a lot of options out there. But generally, we're going to start off treating for ATA guidelines of major thyroid organizations here in the United States and overseas, and we'll be talking more about that later. We can start off with levothyroxine monotherapy. That's T4 monotherapy, and that's where you start.

But no matter what you start, if you're going to start with levothyroxine, which you should in my estimation, but we can also-- we might go to combination therapy with T3. There's other options we'll be talking about. Before you even come up with any order of thyroid replacement hormone, there's things you got to keep in mind. Age. We need to know the age of the patient. We like to know are they pregnant if they're pre-menopausal women. You need to know how obese or skinny they are, makes a difference in dosing. You need to look at the site of the infection. Is it primary hypothyroidism? Is it in the thyroid gland? Or is it in the CNS or the brain, a hypothalamic-pituitary issue, a secondary issue? Makes a big difference.

We need to also look at the severity of fluctuation or alteration in that TSH, FAT4. So how off are those labs? And that's going to give you an idea how better to tailor your treatment. And understanding as we get older, we cannot focus on getting the T4, and TSH levels, and even T3 into a generic range that is a population range, which not everybody fits into. And as we get older, there's huge range wars going on. As you get older, that TSH point may be higher for that person or patients who have underlying [INAUDIBLE] that I should have mentioned as well if they have ischemic heart disease. We're going to be treating a little different, careful in over-treating because of the increased myocardial DAT, oxygen DAT. These patients, they have more angina.

So all these things keep in mind as we treat them. And then, we have to be an understanding that we can never say we've treated the patient fully by just getting those numbers into range, where we think by guidelines they should be in, without understanding to the patients, feel better, certain symptoms that are bothering them are improved. We need to get that elicited from them, and listen to our patients. It's for their benefit, and the long term for our benefit as well.