What do you do with patients that are between four point five and 10-- that's where the controversy comes. And for those patients, what we do is we treat it on an individual basis. We have to address each patient differently because it will be-- the outcome-- it really requires a unique approach for each patient.

Number one, we should think about the age. The older we get, the higher we should tolerate elevated serum TSH. So an individual that's 65 or 70 that has a TSH of seven or eight, we should tolerate that really without problems if the patient has no symptoms. So we should not go straight ahead and say, well let's start therapy for this patient, because just the age group we know that serum TSH levels will increase.

The other thing that's important to think when we have-- we are not sure, is to ask for antibodies. Thyroid microsomal antibodies or TPO-- those are very important, because if a patient has a TSH that's borderline between four point five and 10 but has high levels, high titers of anti thyroid peroxidase, so that's telling me that there's an active autoimmune process going on in that patient's thyroid. And if the TSH is already slightly elevated, that will favor for me initiation of treatment and of course I'm going to discuss this with the patient and ultimately this decision should be combined between the patient and the physician.

What's the alternative to that? The alternative to that is saying, you know what, you don't have-- if you tell the patient, you don't have major symptoms. Come back in three months, come back in four months, we'll do another assessment of your TSH and T3/T4 and antibodies and we'll see what's going on. Is the TSH agent going up? It means that the active immunological process is destroying your thyroid, so you're moving towards having hypothyroidism. Or if you, after three or four months, you repeat the TSH and the patient still has the same TSH level or similar levels and symptoms are not evident, you should say, it's good that we waited, we should maybe wait three or four more months. Maybe I'll see you next year and we'll evaluate again. We should not rush to start treatment for patients. We should only start treatment for those patients that we are absolutely convinced that have hypothyroidism.