

Now, another point that's interesting is let's say a patient has a-- we are treating that patient and the TSH is 2.5, well within the normal range, but the patient has symptoms. And symptoms are vague, and they can't put the finger. Is it worth increasing the dose of levothyroxine and say, oh, yeah, let's bring this TSH down to 1, let's bring this TSH down to 0.7? Because that's also within the normal range. Is it worth doing that exercise?

And I don't think we have lots of clinical studies that address this, clinical trials. There are some studies that show that this is really not very helpful. I can tell you that from my personal experience in my office some patients respond very well to a change in TSH from 2.5 to 0.75. Other patients couldn't care less.

Now, whether or not that's a placebo effect, just because the patient is taking that extra half a tablet on Sunday morning, and if that makes a difference, or it's the placebo. Is it the extra thyroid hormone that we are giving? I don't know the answer to that. However, it shows that you care, for the doctor to be interacting with the patient and say, I hear you, I see that you have a problem, you're complaining. And there is something I can do. I can give you a little bit more of levothyroxine or whatever replacement therapy, and I can reduce safely your TSH, because it's still within the normal range.

I think patients appreciate that, appreciate that the doctor is taking ownership and is trying to help. Again, whether this is actually a biological effect that's triggered by the slightly elevated dose of thyroid hormone or if it's a placebo effect, I don't know. But that helps in many cases. But in other cases, it really is not helpful.