

Some providers use a very low dose of desiccated thyroid extracts in Association with levothyroxine. There's lethal experimental evidence behind this approach about that as long as the thyroid hormone levels are maintained within normal range, there is really no specific concern.

I should point out that all the formulations that contain T3 should be avoided in patients who are pregnant, who are planning to become pregnant. And the reason is that the placenta is extremely exceedingly able to metabolize T3, so the fetus or the embryo may be exposed to too low levels of thyroid hormone and that could be theoretically detrimental.

In terms of therapy monitoring of non-levothyroxine only therapy, and I'm referring to combination therapy, levothyroxine, liothyronine, or desiccated thyroid extracts. And potentially a combination levothyroxine, desiccated thyroid extracts.

Usually the recommendation is not only limiting the measurement to TSH and normalization of TSH, but it might make sense monitoring T3 and T3/T4 levels. The expectations on combination therapy is again maintaining the thyroid hormone levels within normal range. And ideally observing an increase in T3 levels compared to baseline.

Again, since we're looking at steady state levels so, I tend to recommend to measure the T3 levels before the assumption of liothyronine or desiccated thyroid extracts. In some cases, I might want to assess the peak levels of T3, and in that case I would ask the patient to take the tablet of liothyronine, or take the tablet of desiccated thyroid extracts, and then measuring the thyroid hormone levels three hours after the tablet. Which represents the peak in serum level of T3.

This is honestly more from the scientific, from the researcher standpoint. As I approach patients, I really don't have any evidence that these values have any direct effects or modulation on the patient's symptoms.