

When we make a decision to move from levothyroxine to other forms of treatments for hypothyroidism, it's very important to have a frank discussion with the patients. And I always start saying that I have no idea whether it's going to work. And I personally create a sort of contract with the patients.

So what we're looking for are changes that are beneficial to the patients in the boundaries of thyroid hormones. And my personal approach with patients is giving a timeline and say, you know, we're going to get the therapeutic levels measuring your thyroid hormone within six weeks, one month, three months.

And then after we get to that point, let's give it three months and see how you're doing. And tell me what it's worth to you or not? Because I'm asking you to do stuff. And it can be costly. Definitely it takes time. It takes effort. And we need to have a Frank discussion whether it's worth going forward or not.

Anecdotally my patient population and I have-- I usually work as a specialist and/or referrals from other specialists. So my patient's population tends to be a bit selected.

And among these patients in which I do embark on a normally orthodox in therapy, roughly one third do really well on combination therapy. Another third not sure about, and one another third really has zero improvement.

And the patients that do well are really happy with that. Patients who had some marginal improvement, we really need to ask hard questions to ourselves. And again, is it worth or not? How is it worth your time? And just let me know, and I'm here to help.

Again, as far as I'm concerned, as long as the patient is safe, as long as the thyroid hormone levels are within normal range, there is really no particular concern with the exception of a female that can be pregnant. In that case, the discussion needs to be extremely clear that ending levothyroxine therapy is not acceptable during pregnancy.