

So at the end of this encounter, I hope I gave my personal experience and research-driven approach in managing patients with hypothyroidism. Levothyroxine is the first line of treatment. It works very well. It is predictable. It is cheaper. And, with TSH, as a first line of monitoring of therapeutic efficacy.

My north star is looking at a normalization of thyroid hormone and the improvement of symptoms. I have a very frank discussion with patients on which symptoms they attribute to hypothyroidism. And irrespective of the modality of therapy, these symptoms are addressed at any encounter to see whether the patient is doing better, worse, or the same.

When patients inquire about alternative treatments to levothyroxine, I warn them that there is no immediate evidence and no a priori knowledge to which patients this therapy will be favorable. And I am completely agnostic in terms of approach. It can be either a substitution of some levothyroxine. This has the advantage that I can predict the changes in thyroid hormone levels.

Occasionally, patients are very much interested in what they define as a natural substitution. In that case, desiccated thyroid extracts is a potential. Irrespective of the strategy, the goal is maintaining the thyroid hormone levels within normal range. Patients who are on desiccated thyroid extracts can have lower or toward the low end of normal T3/T4 levels. And the T3 levels will tend to be within normal range. Again, it's absolutely necessary maintaining the TSH within target range. So normal levels. And usually, I discuss with the patients a timeline when to assess whether there is a response or not. The changes are measured just like levothyroxine, on six weeks interval. So to achieve a steady state.

And pregnant patients should not be taking anything else but levothyroxine.

And I'm very grateful for your patience in joining me in this session.