

Many physicians don't know how to prescribe DTE, because DTE has been not used for a couple of generations of physicians. Myself when I started thinking about hypothyroidism more seriously, I actually had to go and read about all this, because we don't get to learn all that in medical school.

Now, there are tables of conversion. If a patient wants to convert to DTE or convert out of DTE, you can google tables of conversion. But you will always look at that 38 micrograms of T4, 9 micrograms of T3 to guide you what to do.

I think that a mixture of levothyroxine and cytomel is as good as giving DTE to patients, and vice versa. Even though I don't think we have a lot of studies comparing this, I would assume that when you talk about combination therapy, and you talk about DTE or a combination of levothyroxine and cytomel, it should be the same with the caveat that DTE contains a little bit more T3 than you actually would like to give your patient.

I like the combination therapy that you make with levothyroxine and cytomel, because you can actually stop at 7.5 micrograms of T3, because then you are sure that you're not going overboard. DTE, we should be extremely careful, because the ratio 4 to 1 is a little bit too much to what-- we could have a ratio like 6 or 8 to 1. I think that would be easier to use on a regular basis. But if you're careful and if you do the monitoring, it should be fine.