

Well, thank you for the opportunity of discussing hyperthyroidism. Hypothyroidism is a very complex and different disease in the sense that we have an immense range of presentation of the disease. And also, an immense difference in burden between patients and between patients populations.

What I mean is that probably the bulk of the population that is currently diagnosed and treated for hyperthyroidism is a group of patients with what's called subclinical hypothyroidism. Meaning they diagnosis is often incidental. Often secondary to a specific symptoms, and usually driven by a TSH which is above normal range, while the thyroid levels are completely or within normal range.

And that poses a major question to begin with, what is the burden of a chronic disease or a chronic change in the thyroid hormone stages, and how is it responsible for the patient's symptoms and presentation? This is very challenging and requires an honest discussion between the provider and the patients in order to assess what would be a realistic goal, and what would be a realistic therapeutic approach, and if needed the escalation of therapy.

This is not to deny the existence of symptoms while patients are in the subclinical hypothyroid stage. But at the same point it's also very important recognizing that there is major overlap between general a specific symptoms that can be attributed, that can be caused by a larger amount of comorbidities, or life stressors for all intents and purposes.

And in that case, how the therapy can change is a matter for debate. Conversely, subclinical hypothyroidism is also being associated with a clearer evidence of increase in cardiovascular risk. And to some degree with other comorbidities, which in a mechanistic studies have been improved by the treatment with thyroid hormone replacement.

So this is one major point of interest that we need to consider when we are approaching a patient, when we are initiating therapy, and when we have a discussion with the patient about whether the therapy is working or not. And we need both in the research arena some good understanding on how to peg our treatment options and measurements. And on the patient provider interaction, how we can establish a relationship with that. Then I can move forward as we walk through this part of treatment.