

# Thyroid Disorders: The Hidden Health Threat

By Dina Roth Port, *Babytalk*

When my daughter, Samantha, was 4 months old, I started to experience overwhelming fatigue. I'd wake up from a full night's sleep (Samantha blessed us with a whopping eight hours) and still feel wiped out. I'd tell myself that this was normal. I was a new mother -- I was supposed to be tired all the time. But exhaustion wasn't my only symptom. I had also hit a major weight-loss plateau and started feeling blue -- with the new precious addition to my family, my life was better than ever, yet something just didn't seem right. Again, I chalked it up to the demands of motherhood. "It's the toughest job in the world," friends told me. "It's supposed to be difficult." The turning point was the next month on Christmas morning. While the rest of my family was opening presents, I was lying under the tree, barely able to keep my eyes open. My husband suggested that I see a doctor, so right after the holidays I went through a series of blood tests, including ones to determine whether I had a normal thyroid.

The thyroid is a butterfly-shaped gland located in the middle of the lower neck. It secretes hormones that control body metabolism and, in turn, one's mood, weight, and energy levels. Levels of these hormones -- namely thyroxine (T4) and triiodothyronine (T3) -- are controlled by thyroid-stimulating hormone (TSH). When levels of T3 and T4 are low, the pituitary gland secretes extra TSH to signal the thyroid to increase its production of them. If the production doesn't increase, the body secretes even more TSH in an attempt to kick the thyroid into gear.

The doctor suspected that was the culprit, and he was right -- my TSH level was more than 20 times what it should have been. I was shocked by the news but equally thrilled to have an answer. I didn't have to live like this! Simply taking a synthetic thyroid replacement drug would, and within weeks did, reverse my symptoms. But I was lucky -- many women live with my same or worse symptoms, thinking there's nothing they can do.

According to the American Thyroid Association, as many as one in ten women experience postpartum thyroid disorders. And for women with a family history of thyroid dysfunctions or previous autoimmune problems, the rate can be as high as 25 percent.

I was diagnosed with postpartum thyroiditis, the most common postpartum thyroid condition. Other thyroid disorders, however, such as Graves' disease and Hashimoto's thyroiditis can also be triggered by hormonal changes during and after pregnancy. Here's a breakdown of each:

## Postpartum thyroiditis

**The lowdown:** Under normal circumstances, the immune system fights foreign matter in the body. During pregnancy, however, genetic material from the father is foreign, so the immune system is suppressed to protect the fetus, explains Alex Stagnaro-Green, M.D., professor of internal medicine and obstetrics and gynecology at the New Jersey Medical School in Newark. Postpartum, the immune

system rebounds, becoming stronger than usual. In certain predisposed women, this change can cause the body to attack and inflame the thyroid.

Classic postpartum thyroiditis, which can happen after any pregnancy, even one that ends in miscarriage, typically manifests in two phases: The initial hyperthyroid phase (when the thyroid is overactive) first occurs within four months after delivery and usually lasts one to three months. Symptoms during this period—which are often so mild they go undetected—include anxiety, heart palpitations, weight loss, insomnia, and fatigue. Usually, the inflammation resolves itself. Sometimes, however, this overactivity can cause the thyroid to release all of its stored hormone. The result is a period of hypothyroidism (an underactive thyroid), symptoms of which usually last 3 to 12 months and include fatigue, depression, sensitivity to cold, hair loss, decreased libido, poor exercise tolerance, and inability to lose weight.

**Possible treatments:** The hyperthyroid phase is typically not treated, as symptoms tend to be short-lived. If necessary, medication can be prescribed to slow down heart palpitations and reduce tremors. The hypothyroid phase is often treated with a synthetic thyroid replacement drug called levothyroxine (commonly known as Levothyroid or Synthroid), which restores thyroid hormones to normal levels.

Though thyroid function in 80 percent of women with this condition will self-regulate in 6 to 12 months, some women (such as myself) need medication indefinitely. Also, women who have experienced postpartum thyroiditis are more than ten times as likely than other new moms to develop hypothyroidism later, so be sure to get your thyroid checked at least once a year. And if you're planning another pregnancy, note that there's about a 70 percent chance you'll develop postpartum thyroiditis again.

**What new moms should consider:** The symptoms of postpartum thyroiditis are coincidentally the same ones that many new moms face. That could be why most cases go undiagnosed, says Dr. Stagnaro-Green. "Women and their doctors possibly too often attribute such changes to being a new mother and don't think of thyroid dysfunction as a probable cause," he explains. The key, experts say, is not to ignore your health -- a simple blood test can make all the difference.

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## Graves' disease

**The lowdown:** Graves' disease is one of the most common causes of an overactive thyroid. It occurs when the immune system produces antibodies that stimulate the thyroid to produce too much thyroid hormone. This can accelerate your body's metabolism -- sometimes by as much as 60 to 100 percent—leading to symptoms such as sudden weight loss, fatigue, a rapid heartbeat, sweating, nervousness, increased sensitivity to heat, more frequent bowel movements, and an enlarged thyroid gland, which may appear as a swelling at the base of your neck. Graves' disease can also cause ophthalmology problems, including swollen or bulging eyes. Without enough protection from the eyelid, excessive tearing, light sensitivity, blurry vision, and even damage to the optic nerve (in serious cases) can result.

**Possible treatments:** In some cases, anti-thyroid medication called propylthiouracil can regulate thyroid levels. It's generally considered safe to take while breastfeeding. Radioactive iodine, which causes the thyroid to become inactive, is another common treatment, though it can't be used if you're nursing or pregnant. Surgical removal of the thyroid is another option. In the latter two cases, you'll likely need thyroid replacement medication for the rest of your life. As with postpartum thyroiditis, regular monitoring is essential.

**What new moms should consider:** If you're diagnosed before or during a pregnancy, you may find that your symptoms flare after delivery as your immune system rebounds and you'll need to have your medication readjusted. Moms who develop hyperthyroidism postpartum should be certain that their doctor does the right tests to differentiate between postpartum thyroiditis and Graves' since the treatments are different.

If you've been treated for Graves' disease (with radioactive iodine or surgery) and are no longer hyperthyroid, it's still crucial to notify your doctor that you were in the past if you become pregnant. She'll probably want to check your thyroid-stimulating immunoglobulin levels (TSIG) and your baby's development, since you might still have antibodies in your blood that can cross the placenta and affect your baby's thyroid. After birth, be sure that your pediatrician is aware of the situation so she can continue to monitor it. Keep in mind that if severe hyperthyroidism is left unchecked, you have a higher risk for heart and bone problems, in addition to pregnancy problems, such as infertility, preeclampsia, miscarriage, and preterm labor.

## Hashimoto's thyroiditis

**The lowdown:** The most common cause of an underactive thyroid is Hashimoto's, an autoimmune disorder that causes your immune system to attack the thyroid and slowly destroy it. The result is that the gland produces too little thyroid hormone, causing symptoms that can include weight gain, sensitivity to cold, depression, fatigue, constipation, dry skin, and hair loss.

**Possible treatments:** When you're diagnosed with a hypothyroid disorder, your doctor will likely prescribe a synthetic thyroid replacement drug and, after your thyroid levels have stabilized, will monitor you annually -- or more often if you become pregnant (see below).

**What new moms should consider:** If you plan on having more children, know that your body has an increased need for levothyroxine during pregnancy. "If you have a thyroid disorder when you're pregnant, it's crucial to notify your doctor so he can adjust your medication dosage," says Erik Alexander, M.D., assistant professor of medicine at Harvard Medical School and a thyroid expert at Brigham and Women's Hospital's division of endocrinology in Boston. Thyroid levels should also be checked often in the first half of pregnancy to maintain thyroid function -- since untreated maternal hypothyroidism appears to be related to poor motor and verbal performance and a decreased IQ in the child, says Dr. Alexander. There's also an increased risk of maternal respiratory problems, preeclampsia, miscarriage, and stillbirth.

Postpartum, you'll probably return to your prepregnancy dose of levothyroxine and should have your TSH level checked six weeks later to determine that your thyroid is functioning normally. If you plan to breastfeed, rest assured that thyroid replacement medication poses no risks to your baby. "The beauty of thyroid disorders is that they're treatable," says Sethu Reddy, M.D., former chairman of endocrinology at the Cleveland Clinic. "If monitored carefully by your regular doctor and an endocrinologist, the chances of having a healthy pregnancy and a healthy baby are very high."