Adult thyroid disorder testing algorithm

Screening

1. Current evidence is insufficient for screening asymptomatic adults
2. Screening benefits high risk subgroups, eg, personal or family history of thyroid disorder, amiodarone, lithium treatment, autoimmune disease

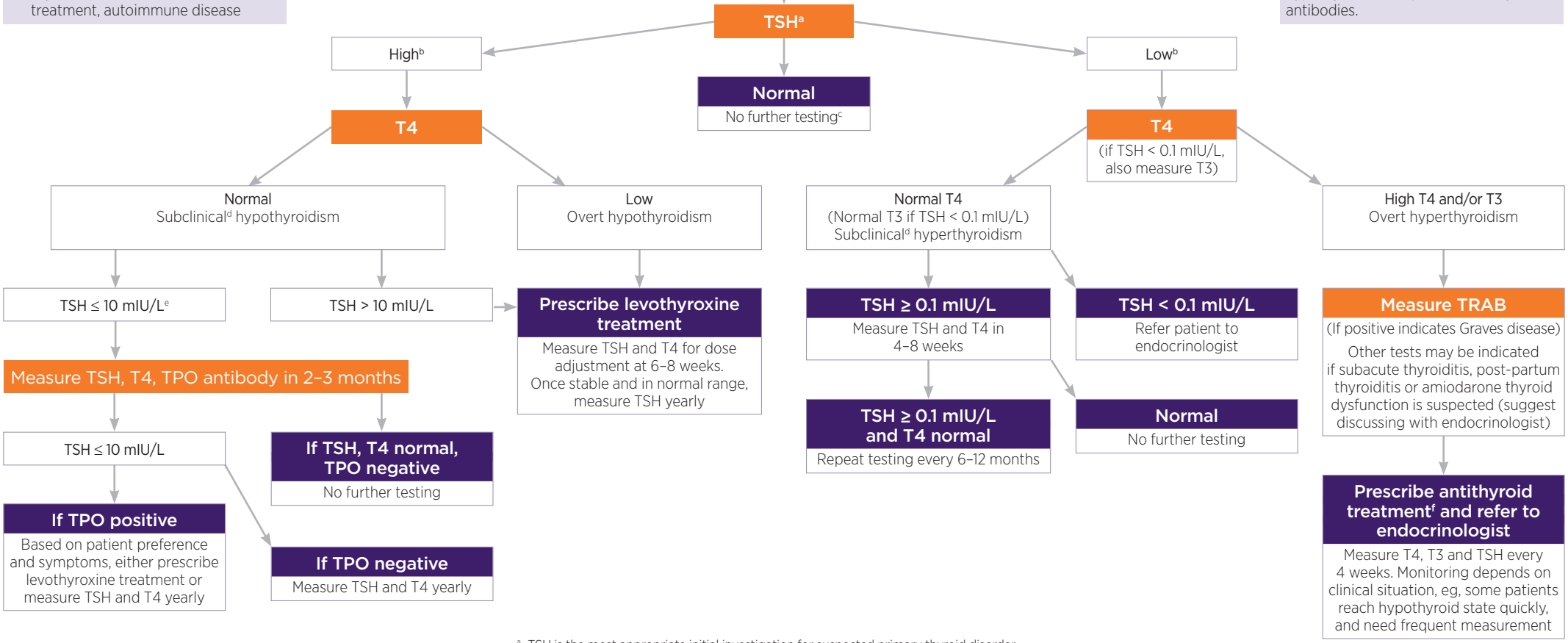
Symptomatic patients

Signs or symptoms suggestive of thyroid disorder include unexplained weight change, menstrual change, heat or cold intolerance, palpitations, subfertility, goitre, focal thyroid nodule

Thyroid ultrasound

Thyroid ultrasound is indicated to assess visible or palpable thyroid nodules or goitre found during clinical examination.

Ultrasound is **not** indicated to investigate hypothyroidism or positive antithyroid antibodies.



TSH = thyroid-stimulating hormone, T4 = free thyroxine, T3 = free triiodothyronine, TPO = thyroid peroxidase, TRAB = TSH receptor antibodies

Note: This algorithm does not apply in pregnancy. If results of thyroid tests do not match patient presentation, consider non-thyroid illness, recovery from intercurrent illness, interference by heterophile or other antibodies, or high dose biotin (with certain thyroid assays).

[a] TSH is the most appropriate initial investigation for suspected primary thyroid disorder. Free T4 and/or free T3 are not usually requested in isolation.

[b] If TSH is higher or lower than laboratory reference intervals, request free T4.

[c] If you suspect pituitary disorder, request both TSH and free T4 on laboratory form initially, as it is essential to interpret TSH in the context of a free T4 measurement.

[d] Subclinical thyroid disorder identified by testing requires careful clinical assessment of relevant symptoms, thyroid morphology and important comorbidities.

[e] If patient is symptomatic, offer a 3–6-month trial of levothyroxine treatment without any antibody testing.

[f] In subacute thyroiditis, antithyroid treatment is contraindicated.

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