

restless with short attention span. This may lead to school difficulties and often parental frustration. Most thyroid disease seen in adults also occur in children. Although there are some differences in management, the principles remain the same and supervision of treatment by parents is of utmost importance.

Conclusion

Patients will not necessarily have all the symptoms of a specific thyroid disorder. Indeed, each person's experience of thyroid illness may differ and it depends on a number of factors. Thyroid disorders usually develop gradually and could be associated with emotional changes. Improved public awareness and understanding of thyroid disorders will enable patients to cope more effectively with the course of thyroid illness.

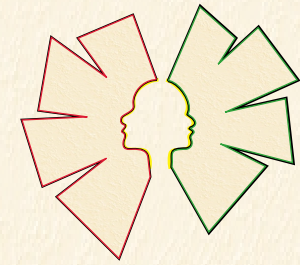
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Thyroid Patients Information Sheet

Endocrine Overview

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Thyroid disorders: Endocrine Overview

The thyroid gland is a small butterfly-shaped gland at the base of the neck which secretes hormones that are essential for life and have many effects on body metabolism, growth, and development. Abnormalities of the thyroid gland are common and affecting up to about 5% of the population. Thyroid disorders are much more common in women than in men. Disorders of the thyroid gland are usually treatable; however, untreated thyroid disease can produce serious results in other parts of the body. There are many types of thyroid disorders such as overactive thyroid, underactive thyroid, inflammation of thyroid (thyroiditis) and thyroid nodules which could be benign or malignant.

- too much thyroid hormone production called hyperthyroidism.
- too little thyroid hormone production known as hypothyroidism.

Symptoms of hypothyroidism

Slow hear beat	Slow mental processes and poor memory
Muscular weakness and constant fatigue	Constipation
Sensitivity to cold	Goiter (increased size of the thyroid)
Thick puffy skin and/or dry skin	Heavy menstrual flow

Laboratory tests are necessary for the confirmation of diagnosis. Hypothyroidism is treated by giving the patient thyroxine (thyroid hormone) while monitoring their thyroid function test. These tests should be done every two or three months until correct dosage has been determined. Once a correct dosage is determined, a yearly check-up is all that is necessary. Hypothyroid patients should not stop taking thyroid hormone or alter the dose without consulting their physicians. Some foods can alter the absorption of thyroid hormones therefore it is best to take thyroxine on an empty stomach and not eat for about an hour after taking thyroid hormone. Calcium, iron and other vitamin supplements can reduce the absorption of thyroid hormone and thyroid hormone should be taken up to four hours apart from these supplements

and high calcium containing foods. Diagnosis is confirmed by performing laboratory tests. Carbimazole and Propylthiouracil are the 2 drugs used for the treatment of hyperthyroidism.

Symptoms of hyperthyroidism

Rapid forceful heartbeat	Restlessness, anxiety and sleeplessness
tremor	profuse sweating and heat intolerance
Muscular weakness	Diarrhea
Weight loss inspite of increased appetite	Eye changes
Menstrual irregularities	Goiter (increased size of thyroid)

These drugs act to prevent the thyroid gland from manufacturing thyroid hormone, and thus the symptoms of hyperthyroidism will gradually subside, and patients usually will feel a difference by six weeks. Any fever or infection while taking an antithyroid drug should be reported to your doctor who will stop your antithyroid medication and check your white blood cell count. If normal, treatment can start again. Generally, patients are treated with these oral medications for a period of one to two years. Patients with hyperthyroidism need regular

monitoring of their thyroid function during treatment to guide their physicians in the management. Other treatment options for hyperthyroidism are surgery and radioiodine therapy. Thyroid disease in the elderly may mimic the symptoms and signs of aging or may manifest with atypical symptoms. Therefore, the clinical recognition of thyroid dysfunction in the elderly requires a high index of suspicion.

Thyroid disease in pregnancy

Thyroid hormones are necessary for the healthy development of the brain and nervous system of the fetus during the first three months of pregnancy and the baby depends on the mother's hormones during this period. However, around 12 weeks, the thyroid gland in the fetus begins to produce its own thyroid hormones. Women with pre-existing thyroid disorders should expect more medical attention during pregnancy to keep these conditions in control especially during the first trimester. Untreated thyroid diseases during pregnancy may lead to premature birth, preeclampsia (a severe increase in blood pressure), miscarriage, and low birth weight among other problems.

Thyroid Disease in Childhood

Hypothyroidism in babies is usually detected by neonatal screening, and treatment is started right away. If left untreated, it can be associated with defects in growth and brain development. Lifetime treatment with a daily thyroid tablet will prevent mental disabilities and will result in normal growth. Children with hyperthyroidism may be extremely restless with short attention span. This may lead to school difficulties and often parental frustration. Most thyroid disease seen in adults also occur in children. Although there are some differences in

