

Is it Stress, Hyperthyroidism or Menopause?

Symptoms may overlap, but they are not the same

Thyroid disease comes in different forms: diseases of thyroid function, and nodules of the thyroid gland. For diseases of thyroid function, the gland can produce too much thyroid hormone, which is called hyperthyroidism, or too little, which is called hypothyroidism. Nodules on the thyroid gland can be cancerous or non-cancerous, and they rarely interfere with thyroid function.

Anyone can develop thyroid disease, but it is more common in women. Hyperthyroidism and hypothyroidism are almost always caused by autoimmune disease, and that, too, is more common in women.

Hyperthyroidism occurs in classic and subtle ways.

The classic hyperthyroid patient arrives in the doctor's office in late winter and says she has been nervous, fatigued, unable to sleep, and feeling stressed.

At first she thought she was stressed because she's just been through a divorce, had a death in the family, made a big move, or had another major life event. But that was months ago, so she can't understand why she still feels like there's a motor running inside her.

She still can't sleep. When she lies down at night, she has heart palpitations. She's hot all the time - not just at night like when she went through menopause, and there's no sweating. She fights with family members because she's turning down the thermostat while wearing a t-shirt and everyone else is freezing in their sweaters.

She used to have one bowel movement a day, and now she has three. She feels like she has consumed 10 cups of coffee, but in reality she's had none. Her blood tests reveal elevated thyroid hormone levels.

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Board Certified Endocrinologist Neil Ravin, MD points to a thyroid abnormality on an ultrasound image.

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Board certified endocrinologist Naaznin Lokhandwala, MD, medical director of the Steward Center for Endocrinology at Holy Family Hospital.

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Weight loss with hyperthyroidism and weight gain with hypothyroidism are not at all consistent. Thyroid hormone may play a role in weight control but dozens of other hormones play more important roles. Fortunately, we have the tools to treat low and high thyroid states. We also have technology to help distinguish benign from malignant thyroid nodules.

"Thyroid hormones, the universal ignition keys, turn on every cell in the body. Thyroid receptors are especially rich and dense on heart,

brain and muscle cells, so patients often have symptoms related to these tissues," said board certified endocrinologist Neil Ravin, MD, medical director of the Steward Center for Endocrinology at Merrimack Valley Hospital. "The hypothyroid patient feels slow, cold, tired and under water, which is just the opposite of the hyperthyroid patient, but fatigue is common to both.."

The vast majority of thyroid nodules are benign, and require no more treatment than a mole on your skin. It's estimated that 77 percent of residents in the United States have thyroid nodules, which are often too small to feel, but visible on today's sensitive ultrasounds. They are considered a disease only in the sense that we are not able to distinguish benign nodules from malignant nodules without diagnostic testing.

Though thyroid cancers are common, well over 90 percent can be cured with a combination of surgery and post operative radioactive iodine. For patients with the two most common types, papillary and follicular, life expectancy is generally normal.

Medullary carcinoma is more aggressive, but still most often curable if caught early.

Anaplastic carcinoma of the thyroid is rare, and one of the most aggressive cancers; the patient notes a rapidly enlarged, rock hard mass in the neck, which seems to be growing daily.

For an appointment with board certified endocrinologists Naaznin Lokhandwala, MD or Neil Ravin, MD please visit www.Steward.org and click on DoctorFinder™ or call 1-800-488-5959.