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| 1 | Levothyroxine (LT4) is the treatment of choice for Primary (Overt/Subclinical/Elderly) and Secondary Hypothyroidism | IV | Strong |
| **Subclinical hypothyroidism** |
| 2 | Treat patients with persistent elevations of the serum TSH level > 10.0 mIU/L as there is an increased risk of coronary heart disease (CHD) events and CHD mortality with increasing levels of TSH, particularly with TSH levels > 10.0mU/L  | 1A | Strong |
| 3 | Treatment of patients with persistent elevations of serum TSH 4.0–10 mIU/L is controversial. Treatment of patients with cardiovascular disease (CVD), increased risk for CVD, presence of thyroid peroxidase antibodies (TPO Abs), psychiatric illness, pregnancy, type 2 diabetes, dyslipidaemia or symptoms should be considered | IV | Weak |
| **Primary hypothyroidism** |
| 4 | The serum TSH level should be used to monitor adequacy of thyroid hormone replacement and should be assessed 4-8 weeks after any dosage change and until the goal TSH is reached and maintained | IIA | Strong |
| 5 | The serum TSH level target should be:1. within the reference range of a 3rd generation assay of a given laboratory
2. preferably between 0.5-3.0 mIU/L
 | IAIV | StrongModerate |
| 6 | Liothyronine (Tertroxin®) and other forms of thyroid hormone replacement should not be routinely used | IA | Strong |
| **Elderly** |
| 7 | Maintain a high index of suspicion for hypothyroidism in elderly patients (> 65 years) as they may lack the typical symptoms and signs | IV | Strong |
| 8 | The serum TSH level is higher for elderly individuals (> 65 years) and a higher target TSH level on LT4 replacement therapy of 4.0-6.0 mIU/L may be appropriate in those > 65 years old | IV | Strong |
| **Secondary hypothyroidism** |
| 9 | The serum TSH level should NOT be measured in the management of secondary hypothyroidism | IV | Strong |
| 10 | The serum fT4 level should be used to monitor adequacy of LT4 replacement therapy and should be assessed 4-8 weeks after any dosage change until the goal fT4 is reached and maintained | IIA | Strong |
| 11 | The fT4 target should be maintained within the upper half of the reference range of a given laboratory | IV | Moderate |

Table II: Recommendations for the management of hypothyroidism