



## **Concerned about changing treatment from Liothyronine (T3) to thyroxine ?**

### **Answering Patients' frequently asked questions**

This frequently asked questions (FAQ) sheet has been produced for patients who are on treatment with Liothyronine (L-T3) and are concerned that they may be required to switch to thyroxine. On our website you will find a similar FAQ sheet for GP's. If you believe the GP sheet would be useful to your own GP kindly print it and take it with you to your appointment.

#### **Do I have to switch from T3 to thyroxine**

If you are receiving T3 and are satisfied that you are deriving benefits from it then you do not have to stop it. You should let your GP know that you wish to continue taking T3. If the GP is not happy prescribing it they should seek the opinion of an endocrinologist.

#### **I have been on T3 a long time. Is there any problem with switching me to thyroxine?**

A change in treatment can result in some instability in thyroid status which can take some time to correct.

#### **Is there any problem in switching to thyroxine from combined T3 plus thyroxine treatment or from T3 treatment alone?**

It is safe to switch from combined T3 plus thyroxine treatment or from T3 treatment alone to just thyroxine. This switch has to be made gradually with the aim of avoiding under-replacement or over-replacement. Any information about previous thyroxine dosage will be a useful guide. Gradual reduction of T3 starting at the same time as

introducing thyroxine may be a reasonable approach. This switch should be carefully monitored by an endocrinologist.

**Can I be switched from T3 to thyroxine if I have been diagnosed with thyroid cancer?**

T3 is sometimes prescribed for patients with thyroid cancer who are preparing for special tests and treatments. In such cases it is important to stick to the treatment as prescribed. Substituting T3 with thyroxine in this context is inappropriate and is strongly discouraged.

**Are there any other particular patient groups which merit extra caution?**

If you are over the age of 60, or you have heart disease, additional care is required to avoid over-replacement. Combination therapy with T3 plus thyroxine or treatment with T3 alone is not recommended if you are pregnant or likely to become pregnant.

**Is there a resource to which I can refer with regard to the use of T3?**

Yes there is a 2015 BTA Statement on the Management of Primary Hypothyroidism on our website – [www.british-thyroid-association.org](http://www.british-thyroid-association.org). A patient summary of the guideline is available from the website of the British Thyroid Foundation – <http://www.btf-thyroid.org/>. The BTA statement recommends that thyroxine is the standard treatment for hypothyroidism and that treatment with T3 should only be considered in exceptional cases.

**For further professional information [www.british-thyroid-association.org](http://www.british-thyroid-association.org)**

**Patient information can be found on [www.btf-thyroid.co.uk](http://www.btf-thyroid.co.uk)**

December 2016