



MESSAGE FROM THE PRESIDENT

Welcome to the Autumn issue of the BTA newsletter. I hope you have all managed to have some time off to recharge your batteries over the summer months.

I was delighted at both the high quality of the content of our Annual Meeting in May and also the unprecedented attendance for the virtual format. I am grateful for everyone who took the opportunity to contribute, but particularly for our UK colleagues with expertise in radiology and cytology, and our overseas guests all of whom gave excellent presentations, as well as the trainees. Once again, great credit goes to Dr Carla Moran who worked tirelessly on the logistics for the meeting and chaired the trainee sessions. She has performed a great service as BTA Secretary over the last 3 years and her excellent contributions will be missed.

While we are unequivocally planning a face to face BTA meeting in May 2022 ('variants' permitting; please see our Secretary's report for details), several members have expressed a preference for an online option in the future. This obviously has logistical benefits for people outside the South East of England, as well as for those with caring responsibilities at home, although we lose out on the important networking opportunities, and the collegiate and social aspects of the Association. If you have a strong view about the way forward on this

matter, please do let me, or one of the BTA Executive Committee know.

Surprises about levothyroxine use

Back in 2014, Peter Taylor and colleagues from Cardiff showed that between 2001 and 2009 around 6% of UK people who were newly treated with levothyroxine had a normal serum TSH measurement prior to initiation of thyroid replacement.¹ This finding was strongly echoed by this summer's publication from Juan Brito at the Mayo Clinic, showing that the corresponding figure in the US was 28%, between 2008 and 2018.² In a complementary fashion, a recent meta-analysis of 17 studies looked at whether people with a presumed diagnosis of hypothyroidism remained euthyroid if levothyroxine was stopped.³ This showed that of 1,100 patients whose levothyroxine was stopped, around 30% remained euthyroid. 'Return' of hypothyroidism was most likely if overt hypothyroidism or a TSH >10mU/L was present at diagnosis; whereas around 35% of those with a previous diagnosis of subclinical hypothyroidism and 50% of those where the indication for levothyroxine was unclear remained euthyroid. To my mind, these studies convey two important messages; primarily, that when we are consulted by patients who don't feel well while taking levothyroxine, our first action should generally be to stop the medication and reassess the diagnosis. Secondly, my

expectation that by-and-large doctors know how to investigate suspected hypothyroidism may be false. It is clear that we have a job of education, mainly with our primary care colleagues concerning the diagnostic work-up for hypothyroidism, and the need to repeat serum TSH measurements over time before starting levothyroxine in many patients. We also need to consider why some people without a thyroid problem appear keen to be started on thyroid hormone replacements. And part of this is related to the public acceptability of having a 'hormone problem' over alternative explanations for symptoms. The tagline of BTA to 'Promote the highest standards of research and clinical care' seems relevant in the context of the above issue and I hope we can all work together to achieve this. Perhaps success would look like a UK reduction in levothyroxine prescribing?

Simon Pearce, BTA President

From the Secretary

I am honoured and delighted to be writing for the first time as BTA secretary. I am grateful to my predecessor Dr Carla Moran for her support and guidance in the recent months to ensure a smooth transition of the role.

BES meeting 2021

I am looking forward to seeing many of you at the British Endocrine Societies (BES) conference, Edinburgh in November this year. There is an exciting thyroid programme at the BES this year, including Pitt-Rivers Lecture from Professor Heike Heuer.

BTA Annual General Meeting 2021

I wish to invite you to the BTA Annual General Meeting (AGM) during the BES

Citations

1. Taylor PN, Iqbal A, Minassian C, et al. Falling threshold for treatment of borderline elevated thyrotropin levels-balancing benefits and risks: evidence from a large community-based study. *JAMA Intern Med.* 2014; 174:32-9.
2. Brito JP, Ross JS, El Kawkgi OM, et al. Levothyroxine Use in the United States, 2008-2018. *JAMA Intern Med.* 2021:e212686.
3. Burgos N, Toloza FJK, Singh Ospina NM, et al. Clinical Outcomes After Discontinuation of Thyroid Hormone Replacement: A Systematic Review and Meta-Analysis. *Thyroid.* 2021;31:740-751.

conference on ***Tuesday 9 November 2021*** (Time: 14.00-15.00) at the Edinburgh International Conference Centre.

BTA Annual Meeting 2022

Next BTA annual meeting (face to face) will be held on ***Friday 20 May 2022*** at the Royal College of Pathologists, London. Further information including details of registration, programme and abstract submission will be published on the BTA website soon.

BTA Trainee Day 2022

Next BTA trainee day (virtual meeting) will be held on ***Friday 13 May 2022***. Further information including details of registration, programme and case submission for

presentation will be published on the BTA website soon.

Call for new BTA Ex-Com members

Professor Colin Dayan, Professor Graham Leese and Dr Vickie Smith will be completing their terms as BTA executive members after the BTA AGM in November

2021. If you are interested in joining the BTA executive committee, please contact me via email by **1 November 2021**.

Bijay Vaidya, BTA Secretary
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Update from the British Thyroid Foundation

We have produced **a new pocket-sized alert card** to warn patients taking antithyroid drugs on rare risks of agranulocytosis and serious liver injury. The alert card has been endorsed by the BTA and is available to order in bulk from our website. These can be given out to patients.

In line with recent research, NICE guidelines and patient feedback, we have revised our **guides to Hypothyroidism, Pregnancy and Fertility and Thyroid Function Test**. All our information can be ordered, free of charge from our website at <https://www.btf-thyroid.org/forms/bulk-leaflets-order-form>

We would like to thank the BTA for all their continued guidance and support in helping us produce our evidenced based, good quality literature.

We are committed to making information about thyroid disorders available to as many people as possible. Our **patient leaflets** are already available in Urdu, Polish and Arabic. We would now like to extend our translated leaflets to Mandarin. These will be available to download from our website shortly, along with our other translated leaflets at <https://www.btf-thyroid.org/Pages/Category/leaflets-in-other-languages>

Finally, we look forward to seeing you at the SfE BES in Edinburgh, where we'll have a stand in the exhibition hall. We have a wide range of resources for you to support your patients with thyroid conditions.

Julia Priestley & Cheryl McMullan, BTF

FUTURE MEETINGS (relevant links on BTA website)

- British Endocrine Societies Meeting, Edinburgh, UK, 8-10 November 2021
- British Thyroid Association Annual Meeting, London, UK, 20 May 2022
- European Congress of Endocrinology, Milan, Italy, 21 - 24 May 2022
- European Thyroid Association, Brussels, Belgium, 10-13 September 2022
- American Thyroid Association, Montreal, Canada, 19-23 September 2021