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Flowchart for TFTs

(GP)

TSH = Normal

No further action required. Only repeat requesting TSH and fT4 (FAO Rob Lord / Bob Ellis) if clinically indicated.
Consider discussion with Biochemistry if patient has symptoms suggesting thyroid disease but TSH = normal

All samples get a TSH

Free T4 automatically requested if -

TSH outside normal range
Pituitary disease
Pregnant
On amiodarone

TSH = ↑ / fT4 = ↓ = Hypothyroid
TSH = ↓ / fT4 = ↑ = Hyperthyroid

TSH = ↑ / fT4 = normal
(with TSH being < 10)

Re-check TFT in 6-8 weeks

TSH = ↑ / fT4 = normal

Re-check TFT together with TPO

Consider thyroxine therapy if

- TPO positive
- patient symptomatic
- other disease assoc with hypothyroidism

Aim to titrate therapy such that TSH towards lower end of range (0.1-2.0) or lower still if patient requires it and fT3 still in normal range

TSH = ↓ / fT4 = normal

?Non thyroidal Illness - check TFT again in 6-8 weeks

?Subclinical hyperthyroidism
- drugs - steroids / anticonvulsants
- Hx of thyroid disease
- Goitre / thyroid eye disease
- Pregnant (1st trimester)
- TPO positive

Check

- TPO (= thyroid antibodies)
- Refer for possible thyroid scan if low TSH persistent

Refer to Endocrinologist if unsure