Thyroid conditions impact daily life

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AHEALTHY thyroid gland is crucial for good quality of life as it has a major role in all bodily functions.



Conditions affecting the thyroid are classified into functional, structural or a combination of both, says Pantai Hospital Ayer Keroh (PHAK) general surgeon Dr Lai Jun Han.

Functional issues (thyroid dysfunction) include hypothyroidism and hyperthyroidism. In hypothyroidism, the gland is underactive, producing inadequate thyroid hormones,

while hyperthyroidism means it is overactive.

Structural conditions include thyroid nodules, goitres, cancer and thyroiditis.

In Malaysia, thyroid problems affect approximately one in 50 people, and are more common in women.

"lodine deficiency is a contributing factor for goiter which especially affects people living in rural or mountainous areas, where iodinerich food is scarce."

Thyroid problems are also observed in certain communities with high consumption of cassava. Cassava is a goitrogenic food, similar to broccoli, cauliflower and cabbage. Excess consumption inhibits production of thyroid hormones.

While iodine is essential for a healthy thyroid gland, some thyroid diseases can be aggravated by excessive iodine intake, so balance is key.

Chronic stress can also impact the thyroid gland, causing it to work harder and resulting in problems.

"Hypothyroidism generally affects the older population while hyperthyroidism is seen more in people between 20-40 years."

Thyroid cancer, meanwhile, can happen at any age. Its risk factors are radiation exposure, family history of thyroid malignancy and long-standing iodine deficiency.

In the early stages of thyroid dysfunction there are no symptoms and it can only be detected through a blood test.

"Don't wait until symptoms develop. Thyroid dysfunction can cause heart failure. It's good to have routine health screenings as a thyroid function test can pick up functional thyroid problems, thus timely treatment may be initiated."

Patients with thyroid cancer usually presents with lump in the neck. In advanced cases, they may have bone pain, hoarseness of voice, difficult swallowing or breathing. Unfortunately, no blood test can diagnose thyroid cancer. All thyroid nodule should be assessed thoroughly by ultrasound and fine needle aspiration cytology. These investigations are essential for appropriate treatment planning.

For hyperthyroidism, patients will be prescribed anti-thyroid medicines and beta-blockers. If these fail, they may need radioactive iodine therapy. A common long-term consequence of this therapy is the development of hypothyroidism, which needs lifelong thyroid hormone replacement. If hyperthyroidism is caused by a hot (hyperfunctioning) nodule, thyroid surgery or radioactive iodine will be the choice of treatment.

The treatment for hypothyroidism is thyroid hormone replacement. Some conditions may need this therapy for life, such as Hashimoto's thyroiditis. Surgery is the first line of treatment for thyroid cancer. In low-risk or small cancer, the thyroid gland may be removed partially, while in highrisk cancer, the entire gland must be removed. The patient would subsequently require radioactive iodine therapy and lifelong thyroid hormone replacement.