Review of: "[Short Communication] Advisory caution message on retail packaging of Levothyroxine and its significance in the treatment of hypothyroidism"

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Potential competing interests: No potential competing interests to declare.

The topic of the Communication is a very topical issue also in my Country too, because GP often initiate therapy with levothyroxine in subclinical hypothyroidism without specialist visit.

In lines 16-23 (of PDF) you write “During the treatment of chronic subclinical hypothyroidism patients in India, most of the consulting general medical practitioners (GP) kept on increasing levothyroxine doses to an upper limit of 300µg/day or even more, up to 500µg/per in some isolated cases, to keep TSH within the standard pathological limits, irrespective of the T3 and T4 levels. More strangely, the treatment is governed by the pathological test for TSH alone, whereas it has been found that, in some isolated cases, T3 and/or T4 go beyond the recommended limits while TSH remains within recommended limits. ” According to my experience, main problem is not only the habit to increasing levothyroxine accounting only TSH and not fT4/fT3, but also the wrong habit to titrate therapy in few weeks, while we need 6-8 weeks of stable therapy before have a reliable TSH level. About fT3 and fT4 levels, they depends by timing of assumption of levothyroxine and are less stable than TSH during the day. Another wrong habit is not considering comorbidities and age of patient for establish the target range of TSH.

In line 34 you write “subclinical hyperthyroidism (SCH)”, maybe you mean hypothyroidism?

Lines 58-59: “physical exercises coupled with suitable medication for a limited time”: which kind of medication you mean?
This paragraph in general is not so clear (lines 56-59).

Finally, according to my opinion a better format for the Advisory Caution may be “Not strictly racommended for patients with normal T3/T4 and TSH below 10 mU/L” for not create a controindication because there are some patients than can benefit from LT4 in SCH.