



The International Hormone Society

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The Royal College of Physicians

The Royal College of Physicians
11 St Andrews Place
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Brussels, April 10, 2009

Dear President of the Royal College of physicians,

Concerns: Royal College of Physicians' Guideline on the Diagnosing and Management of Primary Hypothyroidism

I represent the **International Hormone Society (IHS)**¹, of which I am the president and which is to my knowledge currently the third largest hormone society in the world with over the 2300 physicians as members, and open to physicians of all medical specialties. The IHS's specialty in endocrinology and hormone therapy is a 400-hour advanced postgraduate program for physicians under my supervision. The **International Hormone Society** (www.intlhormonesociety.org) has established its reputation for scientific integrity by supporting all position papers and guidelines with extensive references from the scientific literature.

As international physician society, we are regularly contacted by many patients and physicians of the U.K. for help they seem not to have in their country. As I have intervened as an expert in medical council court trials in the U.K., I have personally acknowledged conditions where U.K. thyroid experts have committed important scientific errors on thyroid testing and therapy not supported by evidence and used as arguments against UK doctors at the detrimental of U.K. patients.

As the honorable Royal College of Physicians is elaborating a new guideline on thyroid diagnosis and treatment, may I suggest to include in the guideline the practical application of the increasingly growing body of evidence that

- **Diagnosis of thyroid deficiency:** A patient may have *hypothyroidism* with values of *thyroid tests within the reference range* reflecting a state of clinical mild thyroid failure that may require thyroid treatment. Optimal values for thyroid tests adapted for each patient are necessary. That the optimal levels of a hormone may be different from one patient to the other is supported by evidence that healthy ranges for thyroid tests such as those for the TSH test are two to three times narrower for an individual than the generally used population

reference ranges². The need for optimal thyroid test ranges is even more pressing in consideration of the many studies that show that people with plasma levels of thyroid hormones in the lower half, third or quarter of the reference range and/or TSH serum levels within the upper half, third or quarter of the reference range, have an increased risk of disease or even mortality. Laboratory reference ranges are pure statistical reference ranges, not health ranges, and are not sufficient to diagnose each degree of thyroid deficiency. For each thyroid test, 95 % of all patients who do the test will have a level by definition within the reference interval, only 2.5 % of patients will have a level below the lower reference range. For more information, please see our hormone therapy consensus 9 on thyroid treatment, signed by more than 1000 physicians, and its references.³

- **Thyroid treatment:** double blind studies on the use of thyroxine or thyroxine-triiodothyronine have for most of them not shown statistical differences in efficacy between the thyroid treatments. This fact alone should incite us to recommend in a thyroid guideline next to the traditional thyroxine the choice of thyroid preparations containing both thyroxine next to triiodothyronine (synthetic T3-T4 combinations or desiccated thyroid). In the same double blind placebo – controlled studies when the question was asked 'with which preparation do you feel better' almost invariably the majority of patients indicated the T3-T4 preparation.⁴ Older studies have shown better efficacy of T3-T4 combinations, in particular desiccated thyroid, on various biological parameters, including cholesterol and joint pains, reinforcing the necessity to have to have thyroxine-triiodothyronine and desiccated thyroid preparations on the UK market for at least some patients.⁴

For more information, please see our hormone therapy consensus 1 on thyroid treatment, signed by more than 1700 physicians, and its references.⁵

Conclusion: It is the suggestion of the **International Hormone Society** to the **ROYAL COLLEGE of PHYSICIANS** to include in its guidelines for diagnosis and treatment of primary hypothyroidism the above-mentioned research, presenting in its guidelines the possibilities of hypothyroidism with laboratory tests still within reference range, and the possibility for a need for certain hypothyroid patients for thyroid treatments other than pure thyroxine alone.

Kindest regards

Sincerely yours,



Thierry Hertoghe M.D.

President, **International Hormone Society**