

## Patient information

### What is Thyroiditis?

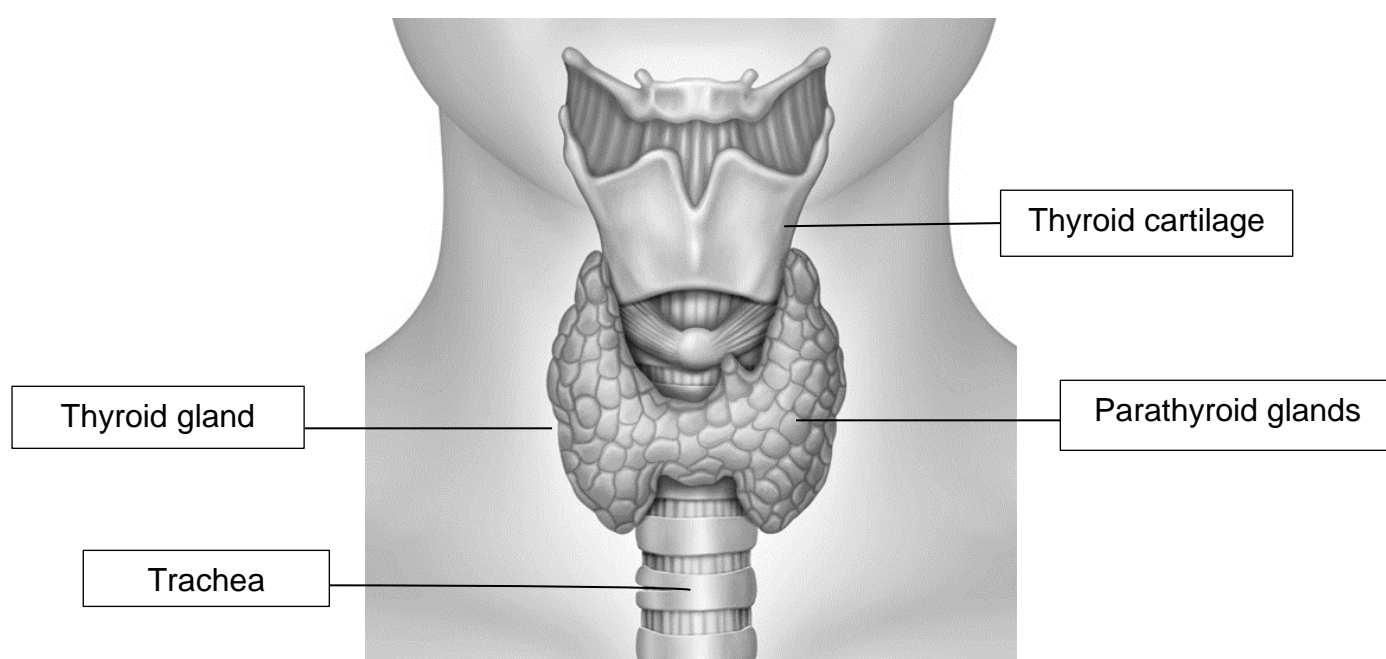
Diabetes and Endocrinology Department

#### What is thyroiditis?

Thyroiditis is the general term used to describe inflammation (swelling) of the thyroid gland. This inflammation causes damage to the thyroid cells, which leads to the release of the hormone thyroxine (T4) into the bloodstream.

#### What is the thyroid gland?

The thyroid gland is a butterfly-shaped gland that sits in front of your windpipe and gullet, just above your collarbone.



#### What does thyroxine do in the body?

Thyroxine is the hormone involved in the control of growth and metabolism (the process the body uses to build and maintain itself). In normal health, the gland produces enough thyroxine to keep you well.

Thyroxine is made by the thyroid gland in response to another hormone, Thyroid stimulating hormone (TSH) being produced by the pituitary gland. By stopping or releasing TSH the pituitary gland is able to maintain normal levels of thyroxine. Thyroxine and TSH levels are important indicators in determining how active the thyroid gland is.

## **How will having thyroiditis affect me?**

### **Thyroiditis may involve three phases:**

- Overactive phase – hyperthyroidism.
- Underactive phase – hypothyroidism.
- Return to normal.

### **Hypothyroidism**

In conditions where the thyroiditis causes slow and on-going damage to the thyroid cells, the supply of thyroxine is depleted, leading to symptoms of an under-active thyroid (hypothyroidism). Symptoms occur gradually and may not at first be recognised as an underactive thyroid.

#### **The symptoms of hypothyroidism may include the following:**

- Weight gain – even though your appetite may be normal.
- Tiredness and fatigue with a general slowing down.
- Sensitivity to the cold.
- Skin can become dry and rough.
- Hair may feel dry and brittle.
- Constipation.
- Depression.

### **Hyperthyroidism**

This is the term used to describe high levels of thyroxine in the blood and can occur when thyroiditis causes rapid damage to the thyroid cells, leading to the unregulated release of thyroxine into the bloodstream.

#### **The symptoms of hyperthyroidism often include:**

- Weight loss – even with a good appetite.
- Increased bowel movements, maybe even diarrhoea.
- Sweating and being unable to tolerate heat.
- A general feeling of nervousness or anxiety.
- Palpitations – a sense of skipped or irregular heartbeat.
- Shakiness.
- Hand tremor.

## **What are the causes of thyroiditis?**

Most cases of thyroiditis happen due to an auto-immune disorder. The immune system, which normally fights infections, produces antibodies that attack the thyroid gland. No one knows why certain people make these antibodies, although the condition tends to run in families. Auto-immune disease may also be associated with other conditions such as Addison's disease, diabetes or pernicious anaemia.

Thyroiditis can also be caused by a virus or bacterial infection, which can cause inflammation to the thyroid gland. Certain drugs, such as Amiodarone or Lithium can also cause thyroiditis.

## **How is thyroiditis diagnosed?**

Your doctor will listen to your symptoms and examine you. You will have blood tests arranged to check your TSH and T4 levels and to check for the presence of antibodies.

## **What types of thyroiditis are there?**

**The most common types of thyroiditis include:**

- **Hashimoto's thyroiditis**

- this is the most common form of thyroiditis
- caused by antibodies that attack the thyroid gland
- more common in women than men, generally occurring between the ages of 30-60 years
- you are more likely to develop symptoms of hypothyroidism – which may be permanent
- you may develop a small, painless lump in your thyroid, known as a goitre.

- **Post-partum thyroiditis**

- caused by antibodies which attack the thyroid after delivery of a baby (usually within the first six months)
- you may initially develop symptoms of hyperthyroidism which can last for several months
- you may then develop symptoms of hypothyroidism
- thyroid function returns to normal for most women 12-18 months after onset of symptoms.

**Not every woman with post-partum thyroiditis will go through both these phases**

- **Sub-acute thyroiditis (De Quervain's thyroiditis)**

- relatively rare condition, most commonly seen in females aged 20-50
- thought to be caused by a virus

- thyroid gland enlarges rapidly and your neck can be very painful and tender to touch
- the condition is usually associated with fever, general feeling of illness, difficulty swallowing and loss of appetite.
- around 50% of patients with this condition will initially develop symptoms of hyperthyroidism, followed by hypothyroidism
- for most patients, the symptoms of hypothyroidism normally improve within a few months
- however, the condition may result in permanent hypothyroidism.

- **Painless thyroiditis**

- caused by antibodies attacking the thyroid gland
- usually no major enlargement of thyroid gland
- you may experience symptoms of hyperthyroidism, followed by hypothyroidism
- for most patients, thyroid function returns to normal within 12-18 months after symptoms started.

- **Drug induced thyroiditis**

- caused by certain medications including amiodarone, lithium, interferons and a class of drugs to treat certain cancers (which include sunitinib), if these medicines damage the thyroid gland you may experience symptoms of both hyperthyroidism and hypothyroidism which are short lived and normally resolve after the drug treatment is stopped.

- **Radiation-induced thyroiditis**

- this may occur after treatment with radioactive iodine for hyperthyroidism or radiation therapy for certain cancers
- you may experience symptoms of hyperthyroidism for a short period
- most patients develop symptoms of hypothyroidism, which is usually permanent.

- **Acute thyroiditis**

- this condition is usually triggered by a bacterial infection
- symptoms may include generalized illness, pain in your throat and swelling of your thyroid gland
- you may have symptoms of mild hypothyroidism
- generally, the symptoms experienced with acute thyroiditis improve after treatment of the infectious cause – normally with antibiotics.

## **How is thyroiditis treated?**

Your treatment will depend on the type and phase of thyroiditis you have and on the symptoms you are experiencing.

**You may find your condition gets better on its own and the thyroid gland starts to work again normally without the need for any medical treatment.**

## **What treatments are available for the hyperthyroid phase of thyroiditis?**

As the hyperthyroid phase in thyroiditis tends to be short lived, medical treatment is rarely needed. However, your doctor may prescribe you a short course of beta blockers such as Propranolol to help with symptoms of palpitations, sweating, tremor and anxiety.

If you have drug-induced thyroiditis, you may initially be treated with tablets, called anti thyroid drugs.

There are two tablets which can be given Carbimazole or Propylthiouracil; both stop your thyroid gland from producing thyroxine.

Blood tests will be taken on a regular basis to check your thyroid level and the dose of the tablets adjusted in line with this.

**You may find it helpful to read our separate information leaflet on anti-thyroid medication (PIF 1577).**

## **What treatment will I be given for the hypothyroid phase of thyroiditis?**

If your hypothyroidism is mild and you have few, if any symptoms, medication may not be required. However, if your low thyroxine levels are causing you to have severe symptoms of hypothyroidism, you may be prescribed a tablet called 'Levothyroxine'. You would generally start treatment on a low dose of levothyroxine and build up to a maintenance dose over several months.

## **How long will I need to take levothyroxine treatment for?**

Treatment during the hypothyroid phase depends upon the severity of symptoms and how abnormal your hormone levels are. You may find that you only need to take levothyroxine for three to twelve months following which time the medication is stopped to see if your thyroid has returned to normal. If your thyroid condition causes you to have permanent hypothyroidism you will need to stay on levothyroxine for life.

**You may find it helpful to read our separate information leaflet on thyroxine replacement medication (PIF 504).**

## **What medication can I take for thyroid pain?**

Pain related to your thyroiditis can usually be managed with mild anti-inflammatory medications such as ibuprofen. If you have a goitre which has increased in size over a short period of time and is painful, you may be prescribed a short course of steroids.

**It is important to attend regularly for blood tests and for review in the medical /nurse-led clinic, so your condition can be monitored and to ensure you receive the correct dose of medication as required.**

### **What happens if I don't take the tablets?**

Conditions such as Hashimoto's thyroiditis may not be cured as the low levels of thyroid hormone are usually permanent. If not treated, hypothyroidism can increase your risk of developing heart disease, mental health problems and infertility.

Your thyroid gland may also enlarge, causing swelling in your neck which is known as goitre.

If you are pregnant you have an increased risk of developing complications including pre-eclampsia, placental abnormalities, miscarriage and postpartum bleeding.

In severe circumstances, an untreated underactive thyroid can cause a potentially life threatening condition called myxoedema coma and if left untreated can lead to death.

### **Feedback**

Your feedback is important to us and helps us influence care in the future. Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

### **Further Information:**

**Please feel free to contact the Endocrine Specialist Nurses with any questions you may have. There is an answer machine where you can leave your name and contact details. We will return all calls.**

**The Endocrinology Specialist Nurses**

**Tel: 0151 706 2417**

**Text phone number: 18001 0151 706 2417**

**There are also two very good patient support groups, which offer excellent advice via leaflets and telephone contact. They also hold local area group meetings.**

**They are:**

**British Thyroid Foundation  
Suite 12, One Sceptre House  
Hornbeam Square North  
Hornbeam Park  
Harrogate  
HG2 8BP  
Tel: 01423 810093  
[www.btf-thyroid.org](http://www.btf-thyroid.org)  
Email: [info@btf-thyroid.org](mailto:info@btf-thyroid.org)**

**Thyroid Eye Disease Charitable trust (T.E.Dct)**  
**PO Box 1928**  
**Bristol**  
**BS37 0AX**  
**Tel: 07469921782**  
**www.tedct.org.uk**  
**Email: helpline@tedct.org.uk**

**There is also advice available from the RNIB:**

**RNIB Helpline**  
**Tel: 0303 123 9999**  
**www.rnib.org.uk**

**Author: Diabetes and Endocrinology Department**  
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