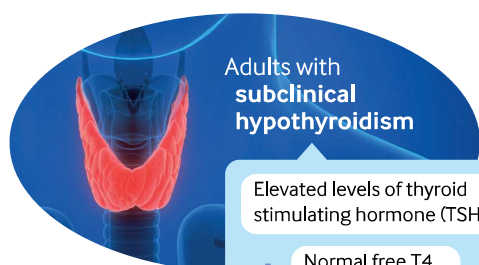


## RAPID RECOMMENDATIONS

## Visual summary of recommendation

## Population



## Including:

- ✓ Patients with no symptoms (diagnosed after screening)
- ✓ Patients with non-specific symptoms

## May not apply to:

- ? Patients with severe symptoms
- ? Young adults (such as <30 years)

## Does not apply to:

- ✗ Women who are or trying to become pregnant
- ✗ Patients with TSH above 20 mIU/L

## Interventions compared

## No thyroid hormones



or

Thyroid hormones  
Levothyroxine

## Recommendation

Strong

Weak

Weak

Strong

We recommend against thyroid hormone therapy for patients with subclinical hypothyroidism

## Key practical issues

## No thyroid hormones

Regular visits and blood samples to monitor progression or resolution

## Thyroid hormones

Long-term regular visits and blood samples to monitor hormone levels

Daily oral medication, normally tablets, often long-term treatment

Overdosage can lead to hyperthyroidism symptoms

Should be taken 4 hours apart from any products containing calcium or iron

## TSH levels and symptoms

TSH levels may vary with stress, transient disease or with age. Elevated levels thus often revert to normal without treatment

There is no clear evidence on how to reliably attribute symptoms to subclinical hypothyroidism

## Values and preferences

The panel expects little variability in how patients weigh the lack of benefit against the possible harms

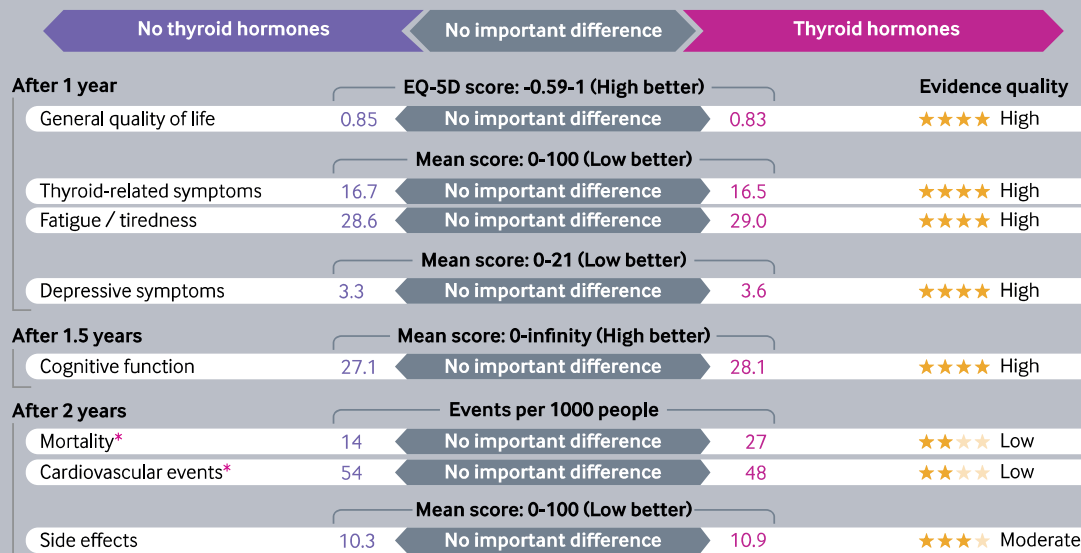
Potential harms, and in particular risk of dying, may be valued differently by patients depending on their age, quality of life and comorbidities

## RAPID RECOMMENDATIONS

## Comparison of benefits and harms

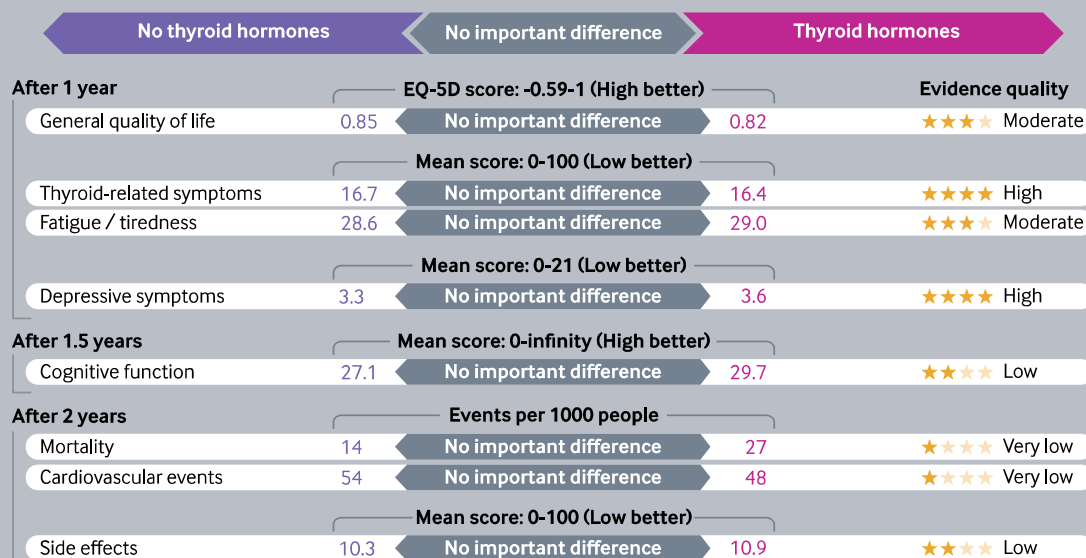
## For the elderly - about 65 years and older

Includes all the evidence, including from the largest TRUST trial conducted among an elderly population with comorbidities (see Figure 2)



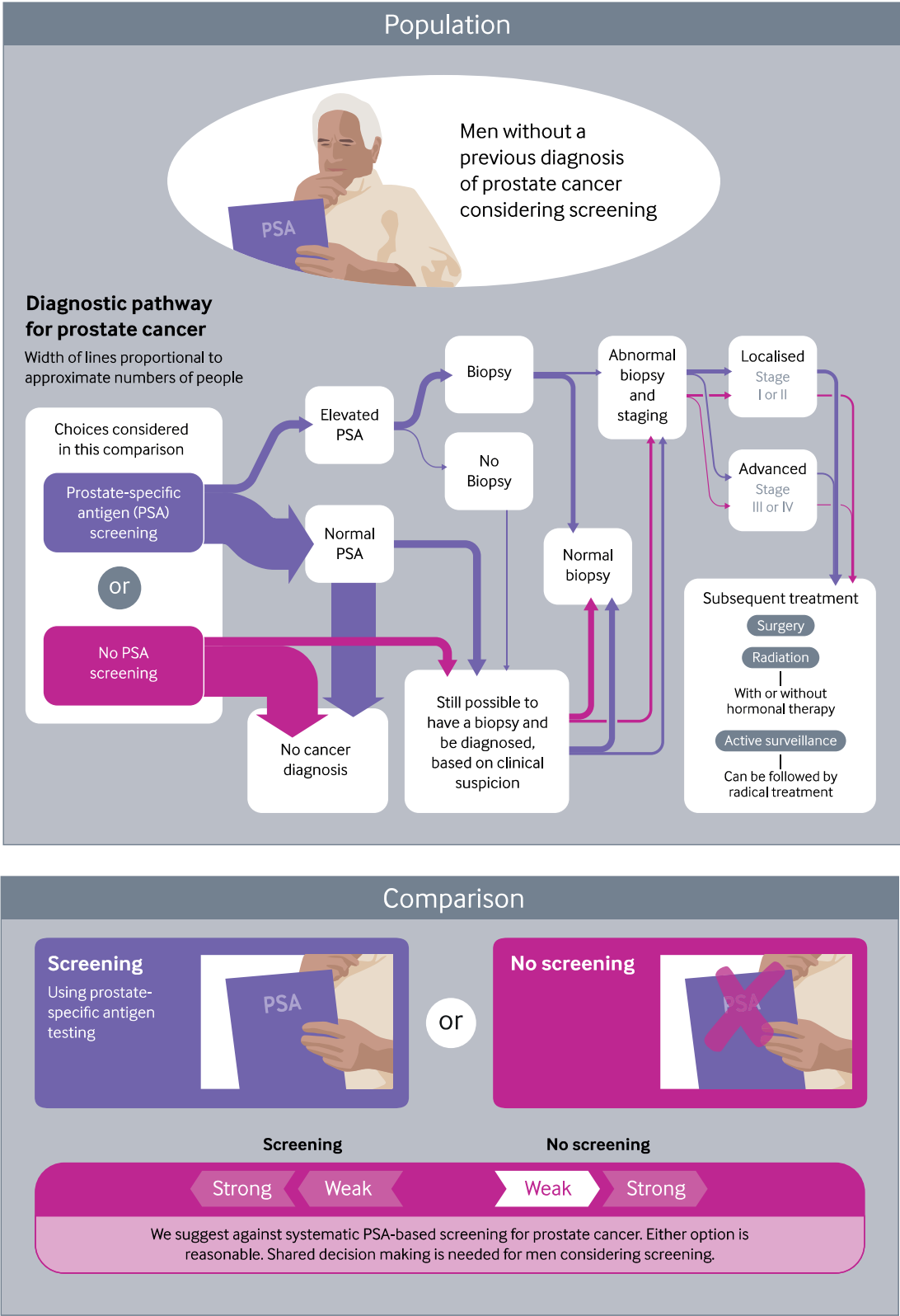
## For younger people (such as 65 and younger)

The results of the systematic review were dominated by the large TRUST trial, conducted among the elderly. Therefore, the panel examined the evidence without this trial whenever possible. However, TRUST was the only study reporting on harms.



\* Only a few deaths were observed, in a single trial. For mortality, we are 95% confident that the difference is between 5 fewer to 62 more deaths per 1000 patients taking levothyroxine. For cardiovascular events, we are 95% confident that the difference is between 28 fewer to 62 more events per 1000 patients taking levothyroxine

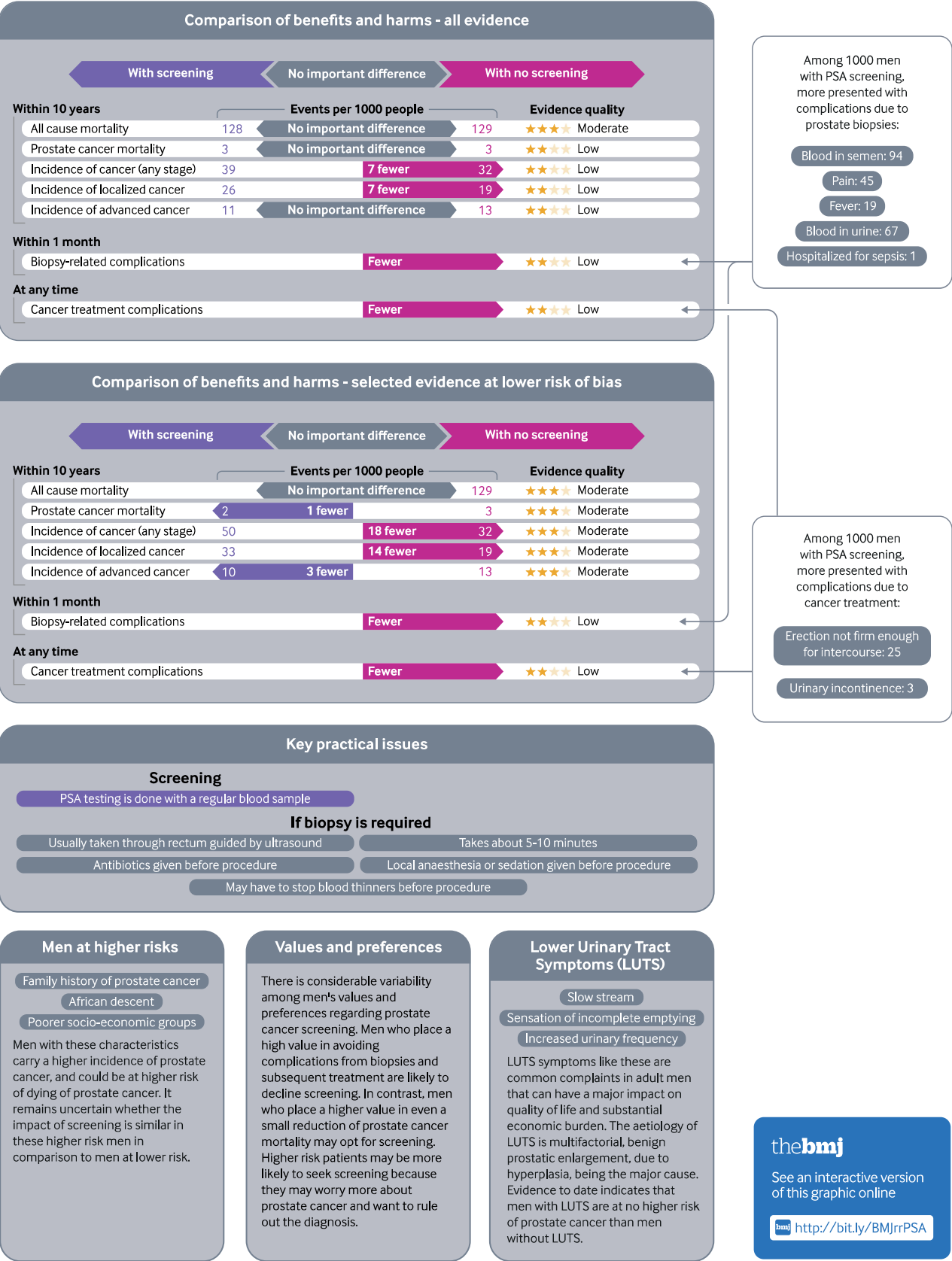
RAPID RECOMMENDATIONS



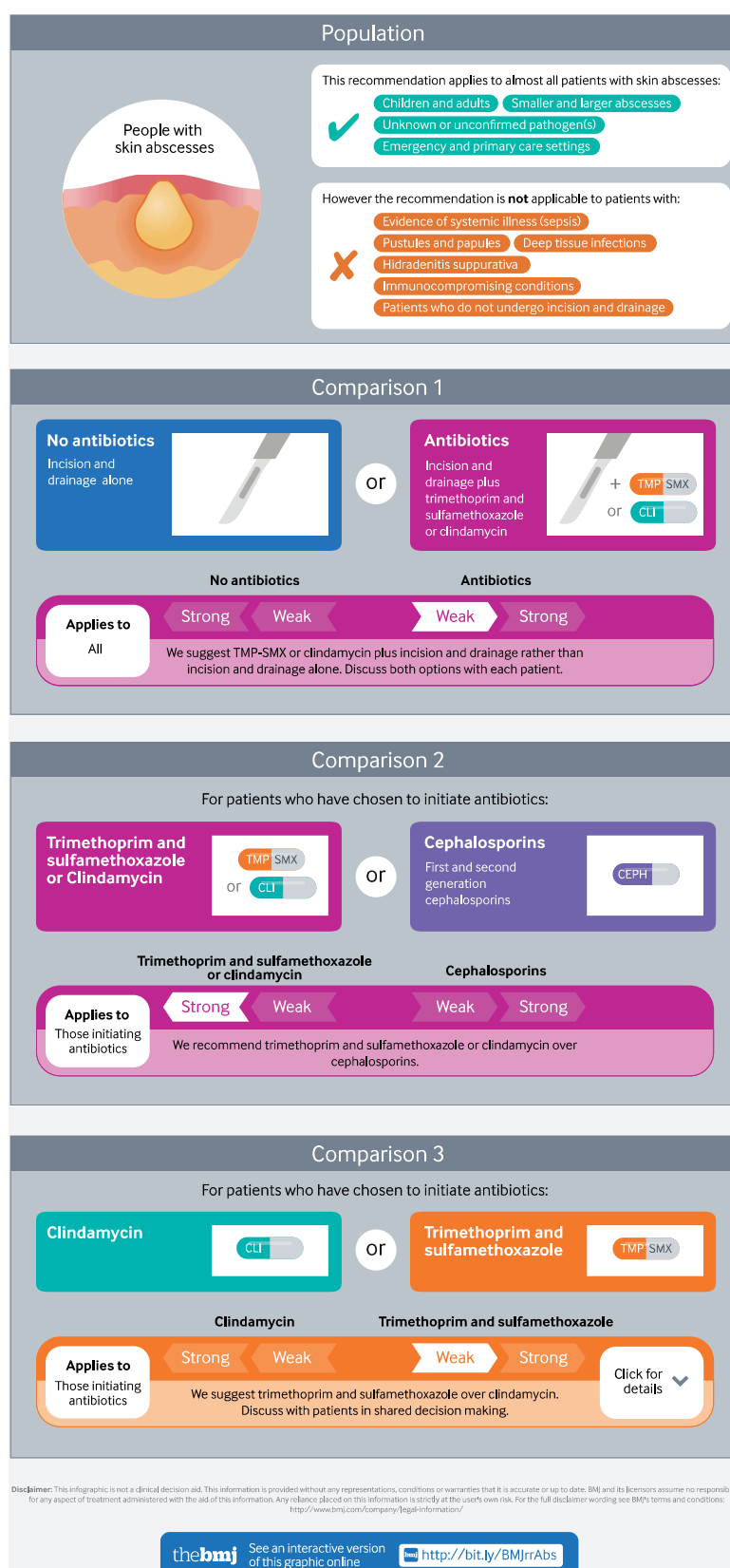
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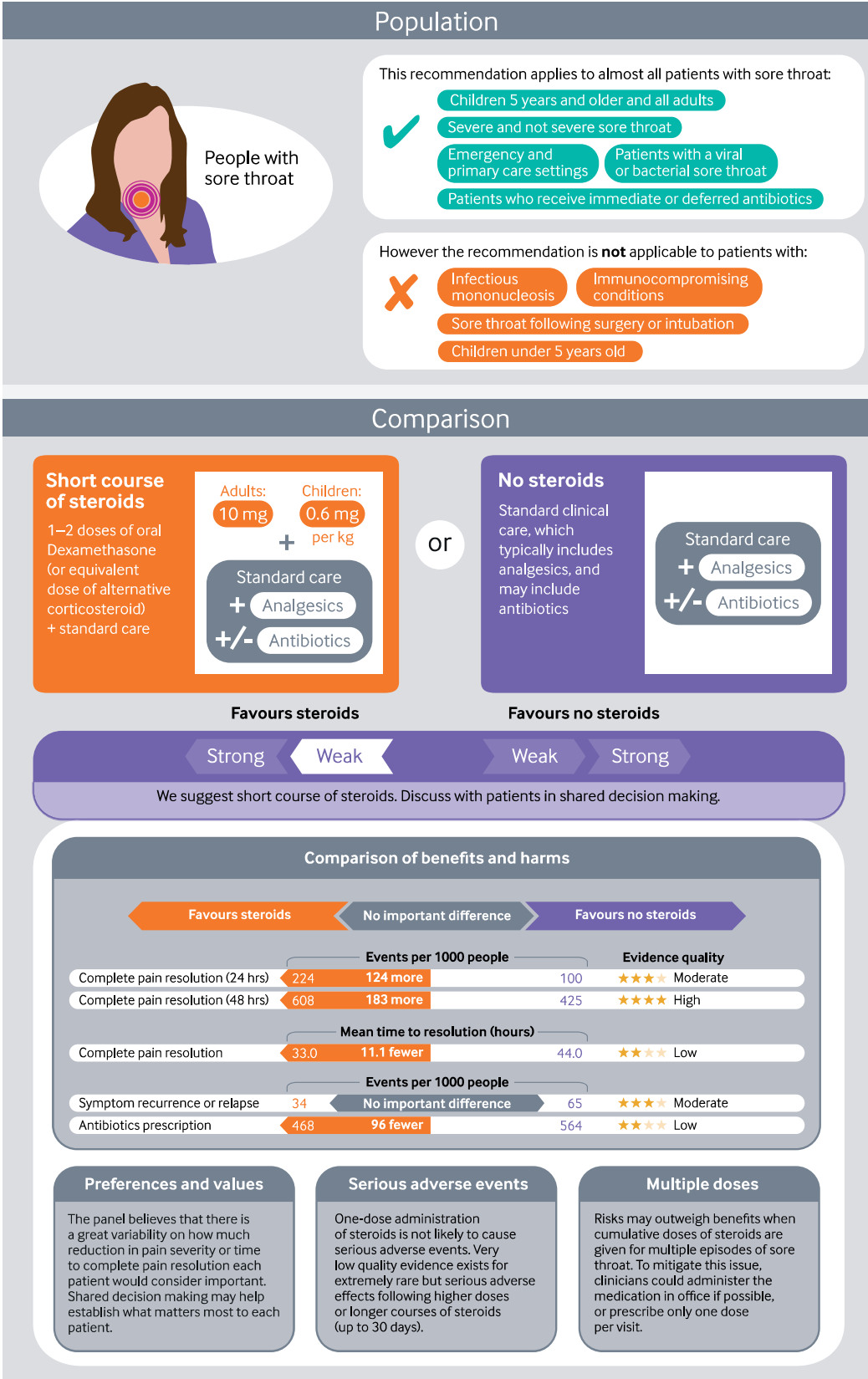


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