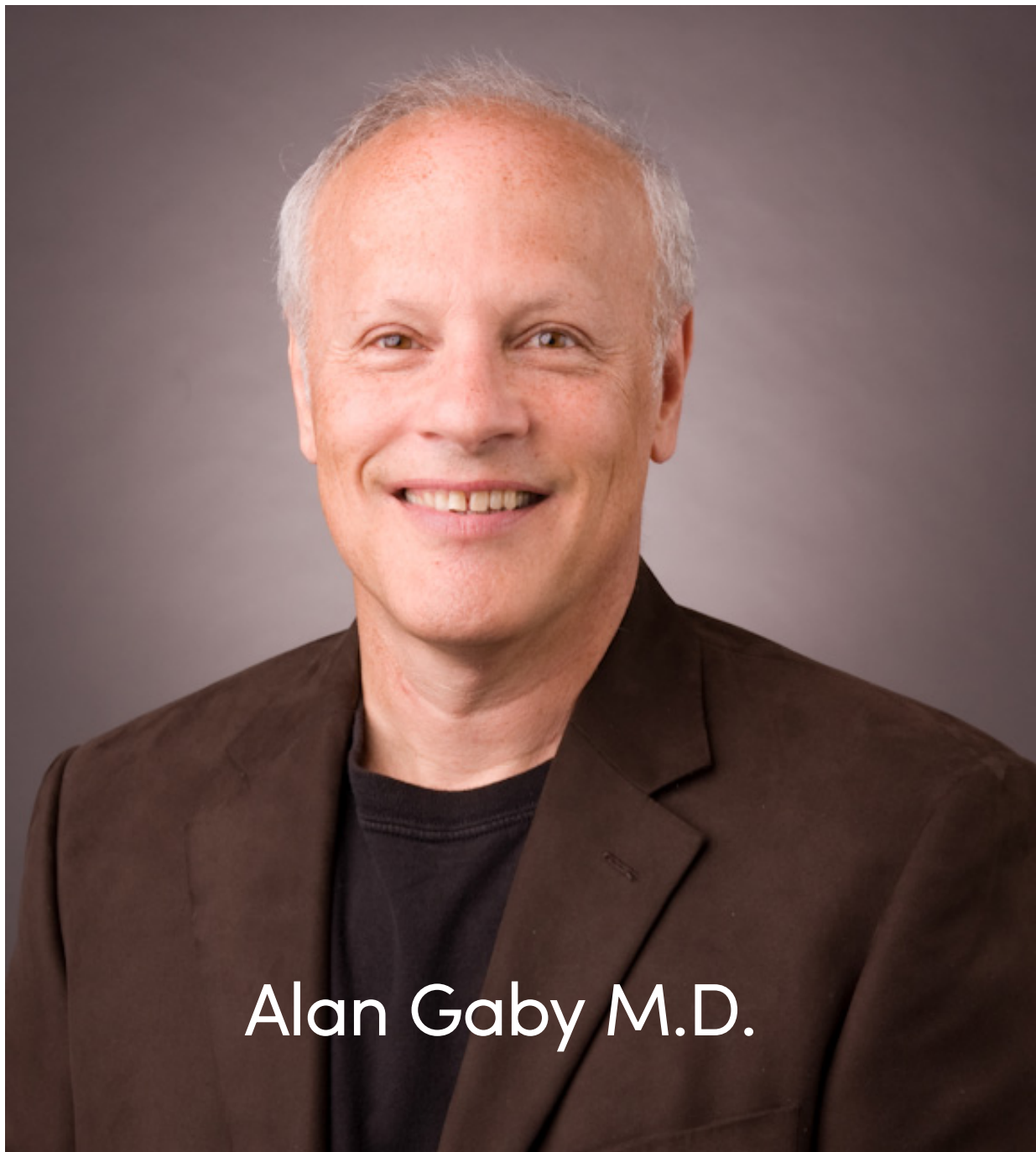


# Rx of Hypothyroidism



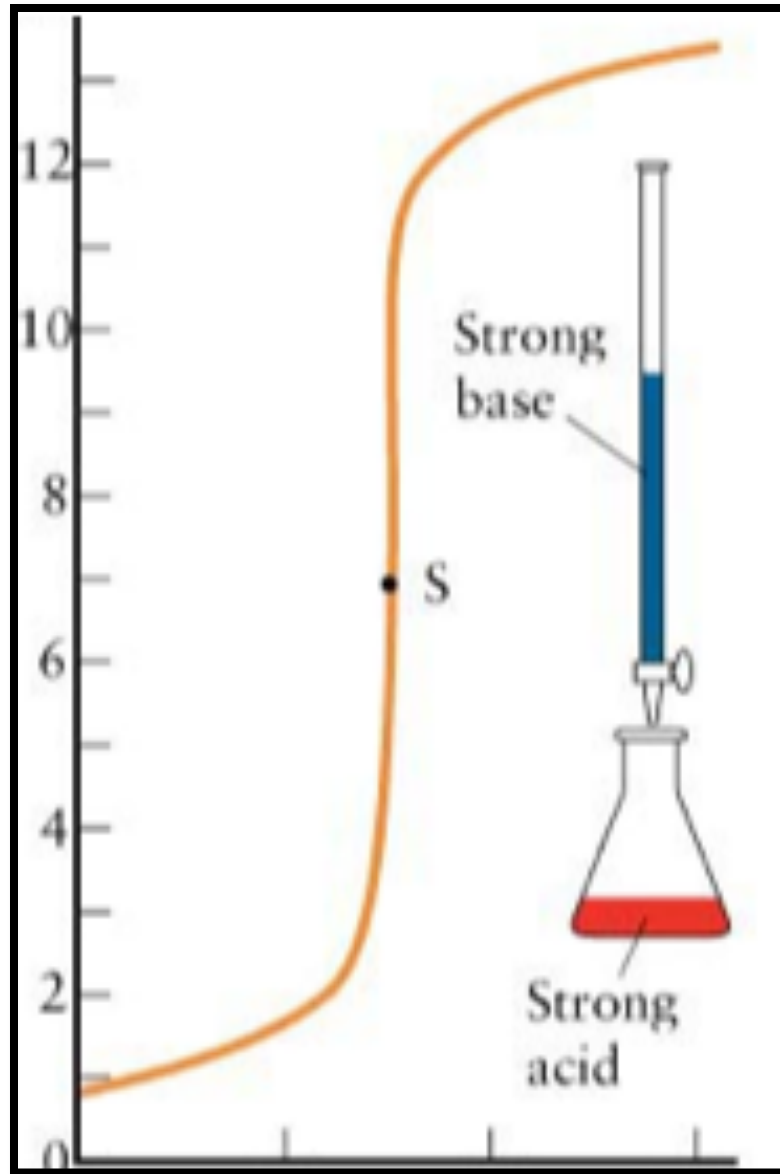
Alan Gaby M.D.

# Dose Determination by Discovery

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# Titration: A Method to Determine Dosage



# Dose Determination

Start with a lowish dose

Gradually increase to a hormone dose  
adequate to alleviate

Symptoms of Insufficiency

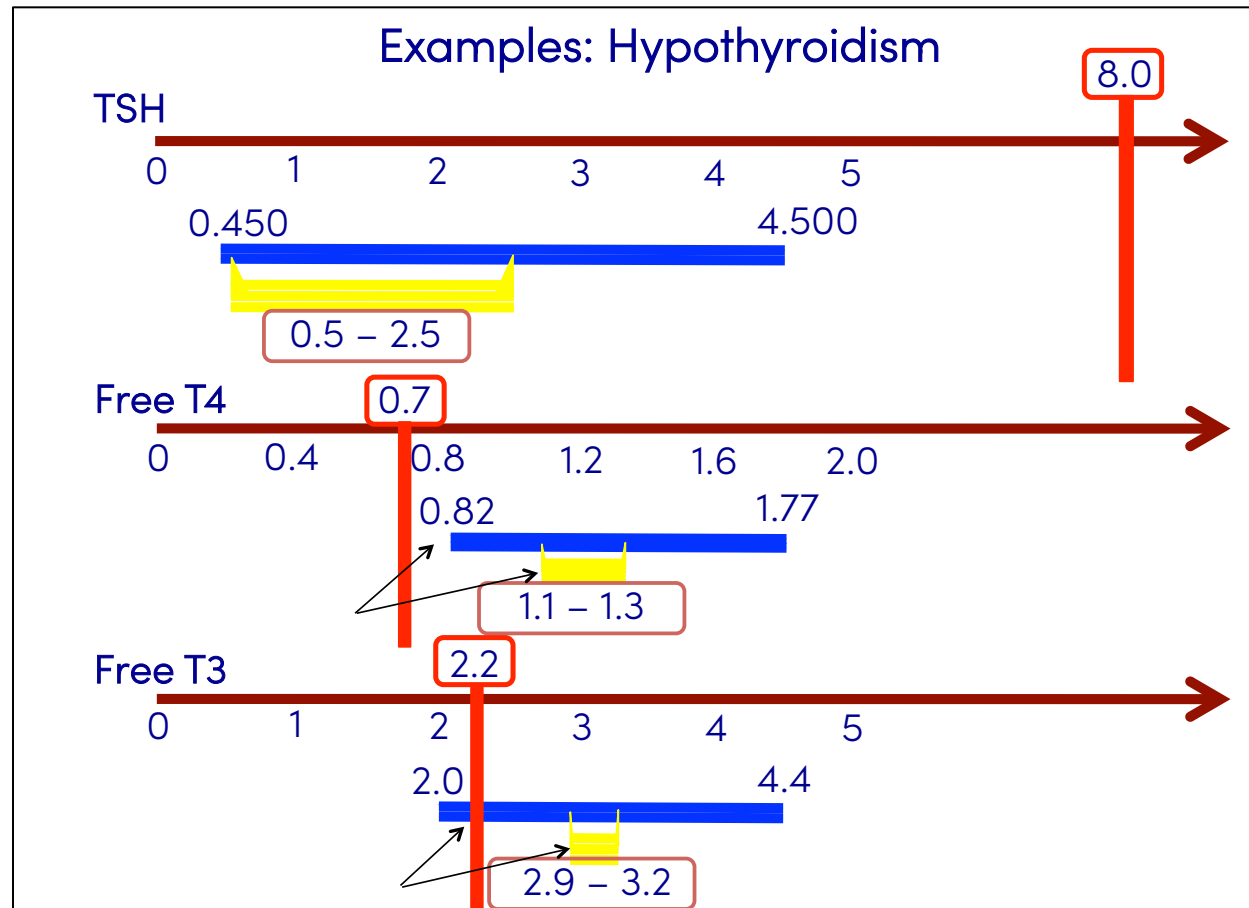
While falling shy of, or, backing down from

Symptoms of Excess

# My Thyroid Rx protocol:

Rx with Levothyroxine, T4

If test results suggest patient is a decent “converter”



Levothyroxine (generic), Synthroid, Levoxyl et.al.  
are bio-identical.....

rainbow colors



# My Thyroid Rx protocol:

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I only use 50mcg T4 (white)

Scored  
tablets



Levothyroxine [generic] 50mcg



Synthroid 50mcg



Levoxyl 50mcg

I start titration with 50 mcg

I increase by 25 mcg q 10 days

Max: 125 or 150 mcg if no tremor, palpitations

PR increase, anxiety, etc

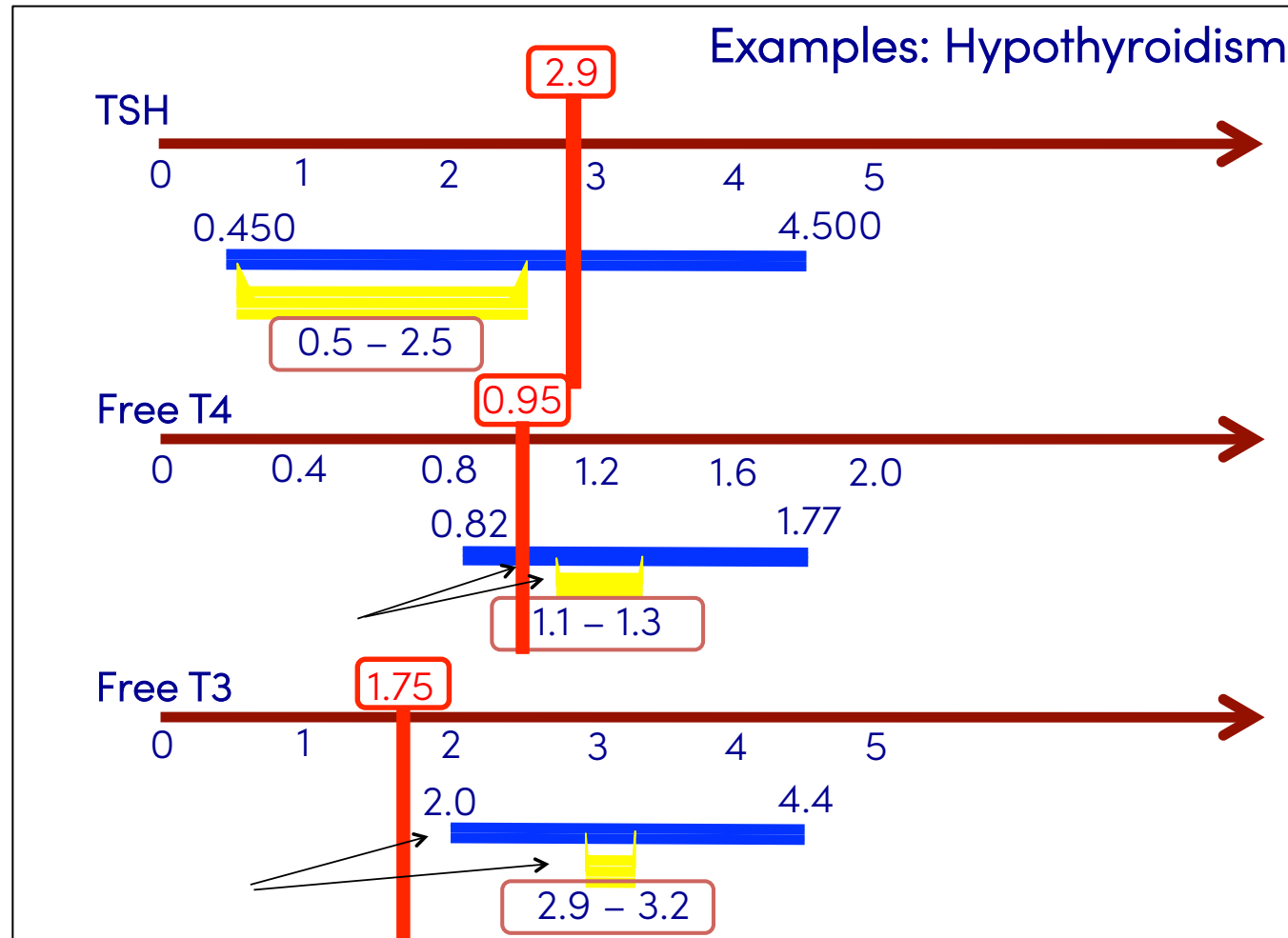
Repeat testing



# Long acting T3 LAT3

Add liothyronine

When I suspect poor conversion.....



- T3 has a shorter half life than T4
- T3 commercial = Cytomel, 5 & 25 mcg
- Compliance challenging w b.i.d. or t.i.d. or q.i.d.
- I use compounded LAT3:
- I start dose determination with 5 mcg and increase on up
- Ultimate T4 + T3 dosage in 1 extended release capsule
- Range of need is wide: 5 – 50 mcg/d

## T3 + T4

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I was taught that whenever we use LAT3

We should be using T4

I have but 1 exception to this

# Levothyroxine: T4

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...By 2004, Synthroid was the second most popular drug in the United States – behind Lipitor, the cholesterol-lowering agent – with more than 42 million prescriptions sold.