Hyperthyroidism in adults: management and monitoring

Adult with hyperthyroidism
- Consider antithyroid drugs with supportive treatment while awaiting specialist assessment
- Offer antithyroid drugs in specialist care to people waiting for radioactive iodine or surgery

First-line definitive treatment
Radioactive iodine
Offer for:
- Graves’ and toxic multiple nodules
- Toxic single nodule as an alternative to surgery unless pregnancy, fathering a child within 6 months, thyroid eye disease, compression or suspected thyroid malignancy

Antithyroid drugs
Offer for:
- Graves’ (12- to 18-month course) if likely to achieve remission or if other treatments unsuitable
- Toxic single or multiple nodules (life-long treatment) if other treatments unsuitable

Surgery (thyroidectomy)
Offer for:
- Graves’ (total thyroidectomy) if compression or malignancy suspected or if other treatments unsuitable
- Toxic multiple (total thyroidectomy) or single nodule (hemithyroidectomy) if radioactive iodine unsuitable

Consider radioactive iodine or surgery for Graves’ with persistent or relapsed hyperthyroidism

Monitoring and ongoing treatment
Consider measuring TSH, FT4 and FT3 every 6 weeks for first 6 months until TSH normal

Hyperthyroid
Consider antithyroid drugs until 6 months then more treatment if TSH not normal

Hypothyroid
Offer levothyroxine if not taking antithyroid drugs

Euthyroid
Consider measuring TSH at 9 and 12 months\(^{[A]}\), and then every 6 months\(^{[A]}\) if TSH normal at 12 months
- Do not monitor full blood count or liver function unless clinical concern

After stopping antithyroid drugs, consider measuring TSH within 8 weeks\(^{[A]}\), then every 3 months for a year\(^{[A]}\), then once a year\(^{[A]}\)

\(^{[A]}\)With cascading—measuring FT4 in the same sample if TSH above reference range, and FT4 and FT3 in the same sample if TSH below reference range