What’s Going Wrong with Our Thyroid Meds?

Reporting Side Effects of Medications

Supplementation Could Boost Your Hormone Levels

News, Letters and Book Reviews to keep you in the know
Alyssa’s New Book is Out!

Here’s what they’re saying ...

At a Promotional Price for a limited time - usual price £4.65

By Susie
Amazon Verified Purchase

An amazing book that simplifies and explains symptoms I've been suffering from for such a long time.
I have been on variations of T3, T4 and even growth hormone injections for over 2 years with no improvement - just weight gain....! A recent visit to a different endocrinologist has confirmed that I had been misdiagnosed - my metabolism has crashed that's all, this book has given me some light that I can deal with this without such heavy medication and there is hope... Fantastic read!
Message from the Chair

Hi Everyone!

Well, what a summer we’ve had! Beautiful weather that has lasted right through to the middle of October! When I went to Edinburgh at the beginning of October for a round-table discussion meeting at Scottish Parliament, I took lots of warm clothes with me but didn’t need them!

Talking of the Scottish Parliament, the meeting didn’t go too well. Unfortunately, to be able to speak you had to put your hand up and get the say so of the Convener. Unfortunately, although I was constantly putting my hand up, I wasn’t asked to speak as often as I needed to be! There were several instances where I needed to respond to comments from the medical professionals at the table but wasn’t called on to do so. I will give a fuller explanation of how the meeting went and what was discussed in the next issue.

In this issue I have reported on all the wonderful fundraising events that have enabled us to finally purchase all the new computers that we needed. Thank you all so much for your support! We now only need to purchase a scanner which will make life a little easier for our volunteers!

There’s also a report on the various problems we’ve had with the different brands of levothyroxine as well as the issues with the availability of T3, which was a huge problem for many members.

I’ve included reports on research into selenium and the thyroid and a review on the combination of T3 and T4 which is very interesting.

You can find an extract of Dr Alyssa Burns-Hill’s book, Weight Loss Winners and Dieting Downfalls, which explains that losing weight is not a question of “less calories in against more energy expended equals weight loss.” Dr Alyssa also writes about how important zinc is for thyroid patients in her usual column.

We are pleased to tell you about our new adviser, Dr Johannes Dietrich, a Consultant Endocrinologist in Germany. We are very excited that Dr Dietrich has come on board as this will boost our credibility further.

We’ve also got an article about reporting side effects. People often don’t think about reporting side effects but it is very important. Read the article and find out what you need to know if you have adverse effects from your medication.

Christmas is getting closer and you will find enclosed with this newsletter, a Christmas card order form. We’ve got two new designs this year which we hope you will like!

Now that the weather is turning colder, perhaps it’s time to get yourself a cup of hot chocolate, sit in your most comfortable chair and read Harmony in peace!

With best wishes,

Lyn Mynott
Chair/Chief Executive
Thank You!

We are so grateful to have received several donations since the last issue of Harmony including £50 towards the computer fund, and £20 towards a new scanner. We also received £200 from Vivien, which has also gone to our computer fund.

We were sorry to hear of the death of a lady I have known for a very long time, Prue Conradi. We had several chats over the years about her thyroid problem. She left us a legacy of £2,000 for which we are very grateful as this has also helped significantly with our computer fund.

I am pleased to tell you that Louise now has a new computer and we are about to order a new computer for our volunteers. A new scanner will be next on the list!

A total of £462.92 was raised from other donations and we were able to claim an additional £422.26 Gift Aid, so thanks to everyone who joined Thyroid UK and/or donated and completed the Gift Aid Declaration.

Some of these donations paid for my travel expenses to go to Edinburgh for the round-table discussion meeting at the Scottish Parliament. As you can see, these donations make a huge difference to Thyroid UK so, if you can, please do donate as it allows us to do all kinds of activities to help make change in the diagnosis and treatment of thyroid disease.

Disclaimer

Although we believe that the information in this magazine is correct, we cannot be held responsible for individual situations. Whilst every care is taken in preparing this material, Thyroid UK cannot accept any responsibility for any damage or harm caused by any treatment, advice or information contained in this magazine. You should consult a qualified health practitioner before undertaking any treatment. We are happy to forward any correspondence to individual readers, but we cannot be held responsible for the views in that correspondence. Views expressed in readers letters, articles, book reviews and advertisements do not necessarily reflect the views of Thyroid UK, nor should their placement in the magazine be taken as an endorsement by Thyroid UK.
Don’t forget that you can join the Thyroid UK Online Community!

★ Read up-to-date information from Thyroid UK
★ Write a post, read a post or comment - share your experiences with others
★ Ask practical questions that can be answered by fellow members and Thyroid UK volunteers
★ You can also read and comment on, or answer, other people’s questions
★ There’s a regular poll which takes 5 seconds to participate in. Simply press the Polls tab and share your views
★ Contact other members by the private messaging system

There’s a whole world of support and camaraderie waiting for you online.

www.healthunlocked.com/thyroiduk

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*Nutritional Medicine.* Specialised advice regarding all aspects of nutrition and biochemistry.

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Appropriate and thorough **physical examination**, including signs of adrenal and thyroid problems.

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**Food Sensitivity Testing.** Various methods available.

**Mitochondrial Energy testing** - a highly specialised, innovative laboratory test showing how much energy is actually being produced.  
Gives an accurate indication of what needs to be done. A 'must' for thyroid sufferers still feeling fatigued and lethargic.

**Mineral level testing.** Blood levels of nine different minerals, including intracellular magnesium.

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Please note that we are NTC and CQC registered, but not GMC registered.

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**Harmony Vol II Issue IV 2013**   5
**Hearing from You!**

**An FAQ from HealthUnlocked**

Q: I have been diagnosed with an underactive thyroid. I still have lots of symptoms even though I take 50mcg of thyroxine a day. Can I take any supplements on top of this that might help?

A: 50mcg is often a starting dose so your GP will probably want to test you again to check your level. If you are still not within range, he or she may increase your dose to 75mcg to see if this brings you within range. It can take up to a year to feel better, depending on how underactive you were when you were diagnosed so you will need to be patient.

You can take supplements but you need to be aware that calcium and iron affect absorption of levo-thyroxine. It's best to take these supplements at least four hours after levothyroxine.

Thyroid UK always suggests that Vitamin B12 levels are checked as the symptoms are very similar to hypothyroidism and people with the disease are often low in B12.

**Schenks on HealthUnlocked**

I just wanted to say thanks to everyone on this site, particularly all of you who have educated yourselves and keep on fighting. Because of the advice and help on here, not just to me, but to everyone, (I learn so much by just reading) my life is improving.

On NDT and on T3, I feel better than I have for years, and slowly, slowly am waking up out of a complete nightmare. I would never have known what to do if I hadn’t stumbled across this website.

Keep on keeping on - saving lives.

**Stuart Denness Cycle Challenge**

Stuart cycled 15 miles around the River Orwell, Ipswich on 30 June to raise money for Thyroid UK.

He tells us, “I believe that Thyroid UK is a worthwhile cause, hence why I chose it for this challenge. The bike ride went really well, better than I thought, considering I did no training for it! The route itself was fairly elementary to be fair, a few hills but nothing too taxing.

I’m aiming to do a couple more before the year is out (body permitting). However, I will keep you posted on that as and when they unfold.”

Stuart raised £142 for Thyroid UK and we are most grateful to him for his effort.

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**Memorial Fund for Patricia Horrocks Deceased**

A celebration of the life of Patricia Horrocks (formerly Vickers) was held on 26 April at Hutcliffe Wood Crematorium. Patricia passed away unexpectedly on 15 April 2013 and was the beloved wife of John, doting Mum to Matthew and Emma and loving Nannan to Nicole, Jack and Moses.

Trish, as she was known, had hyperthyroidism that led to Graves’ disease. She spent a lot of time researching how to improve the symptoms as well as raising awareness about the disease. She found great comfort in Thyroid UK. Her family felt that donations to Thyroid UK would be a fitting tribute to her wonderful life.

Amanda, Patricia’s daughter-in-law, told us, “We’re really glad that the money will be put to good use - my mother-in-law would have liked that. She thought a lot of your charity.”

Lyn reports that Patricia’s friends and family raised £431.25 in aid of Thyroid UK, which will help us to raise awareness of thyroid disease, as well as continuing to support people by sending out information.
Jean Woods organised a charity night to raise funds for Thyroid UK at the Beechwood & Easterside Social Club, Middlesbrough on 24 July 2013, starring solo artist Lewis Collins.

The evening included bingo, a tote, an auction of Middlesbrough FC Memorabilia and a raffle. Raffle prizes were donated by companies such as P&O Ferries (the UK’s leading ferry operator), Liverpool Football Club, Britannia Hotels, Tesco, Lidl and Cineworld among others.

Jean says, “I’ve really enjoyed doing it and I got quite emotional when they told me how much we’d raised on the night.”

Jean raised a wonderful £1,500 for TUK!

Lyn says, “We would like to thank Jean for her amazing event and we look forward to the next event she is doing for us which is on 22 November at The Dormans Club, Linthorpe, Middlesbrough.

This event is raising funds for both Thyroid UK and a local children’s football team, North Ormesby under 9s.”

(NB Some of the funds raised by Jean helped Lyn travel to Edinburgh for the Scottish Parliament meeting.)

Well, like it or not, Christmas is around the corner!

Why not make a start with Christmas shopping and support us at the same time?

Make a Difference (MAD) is a new online store selling beautiful jewellery to suit all tastes, ages and occasions.

We think this is an ingenious idea that can make a real difference in generating the precious funds that we always need. So why not get on board and get shopping?

For more information:
www.choosemad.com/thyroiduk

You can also hold a MAD jewellery party in aid of Thyroid UK. It’s really simple to organise a jewellery party and a lot of fun as well! You can run a party for family and friends in your own home, or why not ask your workplace, church, school or community centre if you can use their venue to host your guests?

MAD even supplies Tesco vouchers for you to purchase some refreshments - £10 for up to 10 people and £20 for over 11 people.

For more information about holding a party for Thyroid UK please go to this shortened link:
http://tinyurl.com/lurbuna

To organise a party for Thyroid UK please phone MAD on:
020 8279 7687 or
email: info@chooseMAD.com

Thyroid UK heartily agrees with this! Thank you guys!
What’s Going On With Our Thyroid Meds?
Lyn Mynott

There has been a spate of issues with thyroid medications this year, which has been causing huge problems for many members of Thyroid UK.

Teva levothyroxine 100mcg tablets were suspended on 16 February 2012 under recommendation by the Commission on Human Medicines and the remaining tablets were recalled on 9 May 2012.

A review of the clinical and quality considerations of levothyroxine tablet products was written, due to the concerns of patients and doctors about potential inconsistencies in the quality and effectiveness of levothyroxine, and was published by the MHRA in January 2013.

The MHRA states, “Recommendations from this review were endorsed in March 2012 by the Commission on Human Medicines, an independent panel of experts who advise the licensing authority. These include more stringent controls of quality, including the introduction of a discriminatory dissolution test in the British Pharmacopoeia (BP) Monograph and tighter regulatory controls.”

The MHRA published more specific information about why they did the review in a “Questions and Answers” report. Once the Commission on Human Medicines took a look at the reports, they made several recommendations aimed at improving the quality and consistency of levothyroxine products, including the introduction of a new discriminatory dissolution test that all products will have to meet when tested.

Dissolution Testing checks that the drug dissolves adequately and can be absorbed by the gut. If the drug doesn’t completely dissolve, then it may not be fully absorbed by the body and therefore patients will not be getting the full benefit of their dosage.

A new dissolution test was developed by the MHRA, although it is not certain that this test is actually predictive of what happens in the body. However, all levothyroxine tablets on the UK market tested by this new method showed satisfactory dissolution apart from one make - Teva levothyroxine 100 mcg tablets.

The dissolution test was included in the draft BP (British Pharmacopoeia) monograph for levothyroxine tablets, which will become a legal requirement once it is published – expected to be about January 2014. The MHRA is now closely monitoring all reports of adverse events.

The British Pharmacopoeia provides authoritative official standards for pharmaceutical substances and medicinal products. A monograph is a statement that specifies the kinds and amounts of ingredients a drug, or class of drug, may contain, the directions for the drug’s use, the conditions in which it may be used, and the contraindications to its use.

However, another problem for people taking levothyroxine was seen in March 2013 when we became aware of a shortage of the MercuryPharma (now AMCo) product, Eltroxin.

AMCo has told us that there is a technical issue and that they have no estimation of how long it will be before this is resolved.

While Eltroxin was still available, Thyroid UK received complaints from some members who started having problems with this product. AMCo also manufactures a generic levothyroxine and informed us that this medication has the same ingredients as Eltroxin.

Thyroid UK has received reports that some patients are not doing so well on the generic either. This could possibly be due to the fact that the 50mcg and 100mcg doses of both these medications now have anhydrous levothyroxine sodium rather than just levothyroxine sodium.

Anhydrous means “without water” and it’s possible that using this form can affect its stability. In the MHRA review of levothyroxine products, it states, “For solid oral dosage forms, a growing body of evidence links the physical form and hydration state of the drug substance to its subsequent stability. Particularly once formulated, levothyroxine has a complex stability profile and has been reported to be sensitive to some common excipients, light, temperature, moisture, pH and environmental oxygen.”
Barry Lee-Chaplin started to feel very ill in 2011 and realised that anhydrous levothyroxine was in his medication, so he changed to Eltroxin and became well again. Then he became ill on Eltroxin and eventually learnt through online research that, although the Patient Information leaflet did not state that there was anhydrous levothyroxine in Eltroxin, it was the type used. He changed to another brand. His husband tells us, “He has been on the Hennig brand of levothyroxine for four weeks now and is doing great. All the poisonous anhydrous stuff is out of his body and he’s back to his old self.” Thyroid UK has heard similar stories so do be aware.

In May 2013, there was a shortage of the AMCo liothyronine (T3). This was due to a shortage of the active pharmaceutical ingredient (API) which is used to make the tablets. We don’t know why there has been a problem with availability of the API. Unfortunately, as AMCo is the only manufacturer of T3 in the UK it caused huge problems with supply for patients.

Both branded and generic T3 is available outside UK, but these are not licensed in the UK. They can be prescribed on a “named patient” basis but GPs are often not aware of other brands.

Thyroid UK contacted the MHRA to discuss this problem. The MHRA said that they worked with the Department of Health and AMCo to help to ensure that supplies returned to the market as soon as possible. They also informed all healthcare professionals about the supply shortage and the potential need to prescribe unlicensed products. They warned that the unlicensed T3 tablets may not be interchangeable with the AMCo T3 and therefore there was a possibility that patients may see changes in their symptoms.

Thankfully, the AMCo T3 was soon back in stock and no problems with stock are currently being reported. However, Thyroid UK has received many comments about problems with some of the new batches and the MHRA is looking into this. We will keep members updated.

Finally, in July 2013 there was a recall of sixteen different prescription-only medications made by Wockhardt, including two medications commonly used by people with hyperthyroidism, Atenolol and Propylthiouracil (PTU).

The MHRA believes that there is no patient safety risk but there is a risk of cross-contamination because of poor cleaning practices, defects in building fabric and the ventilation systems at the site. The MHRA has confirmed that it is safe to continue with the medications you have.

Happily, there are other brands of these drugs so patients should be able to access them without too much of a problem, although they should always be aware that they may not react in exactly the same way as the Wockhardt brand. We will keep you updated of progress on this as well.

So, you can see that there can be various reasons for non-availability of thyroid medications. In our experience some patients do very well on one particular generic and some don’t, so simply swapping to another generic may not be the answer.

So what is the answer?

The Scottish Parliament discussed this very problem in one of their thyroid petition meetings. Alex Neil, the Cabinet Secretary for Health and Wellbeing in Scotland, when asked what could be done about security of supply (of thyroid medications) answered, “....we are working with our colleagues south of the border and in the other devolved Administrations to get more robust contingency arrangements in place so that any future disruption to supply can be dealt with differently and more speedily than perhaps has been the case in the past.”

Hopefully, these arrangements will be put into place very soon. We will keep you informed of progress.

Resources

You can download the MHRA review here: http://tinyurl.com/ntqgufd

MHRA Questions and Answers: http://tinyurl.com/nu4mhbd

To read the MHRA report on the suspension of Teva levothyroxine go to: http://tinyurl.com/oxdlewg

To read the MHRA Press Release on T3 availability topic go to: http://tinyurl.com/pzst3zv

For the MHRA press release on the Wockhardt recalls go to: http://tinyurl.com/oktaz6d

More information about the revised monograph for levothyroxine tablets is available here: http://tinyurl.com/posg8yz
Language Controls for Doctors
Proposed Changes to Medical Act 1983
Consultation Paper

The Department of Health is considering changes to the Medical Act 1983 to prevent doctors without sufficient knowledge of the English language from working in the UK.

The law has already been strengthened in respect of language checks for doctors; for instance, there is now an explicit duty of Responsible Officers to ensure that any doctor appointed in England has the necessary knowledge of English. Also, there is now only one national list of General Practitioners, the new Performers List Regulations, which replaces the fifty three regional lists.

The new consultation outlines proposed amendments to the Medical Act 1983, which will give the General Medical Council explicit powers to take action when concerns arise about a doctor’s English language capability.

If this is an issue that concerns you, take a look at the consultation paper. You can respond by printing a questionnaire and posting it to:

Language Controls for Doctors, 2N09, Quarry House, Quarry Hill, Leeds, LS2 7UE or electronically to the email address: HRDlistening@dh.gsi.gov.uk

Alternatively you can complete the consultation online, which will run until 2 December 2013

To respond to the consultation go to: http://tinyurl.com/lts4n87

B12 Deficiency Support Group

The B12 Deficiency Support Group (B12d) supports people who suffer from a wide range of symptoms, including fatigue, pins and needles, memory, body weakness and thinking problems, infertility, digestive problems and/or menorrhagia, and autoimmune disease.

B12d raise awareness of B12 deficiency amongst doctors and the general public, so that people can be diagnosed appropriately, doctors and patients can be supported to ensure that the right diagnosis is reached and help to ensure that treatment is tailored to the needs of the patient, and where possible, make treatment available free at the point of need.

They work closely with the Pernicious Anaemia Society and have a huge amount of information on their website about B12 deficiency including research, reports on conferences, case studies and their newsletters.

To visit their website go to: www.b12d.org/

Ruils & the Work Support Network

work support network

Ruils is an independent grassroots organisation that supports individuals to live independently in their community (mainly the London Borough of Richmond) and they have now rolled out a national online project called the Work Support Network.

The aim of the project is to provide direct and practical support to individuals with a disability or mental health condition who either want to return to work or who are already in the workplace.

There is a particular emphasis on peer support and guidance, especially in relation to people utilising the government’s Access to Work Scheme.

They have set up a national online forum where employers and employees, with a disability or health issue, can talk openly in a safe space to ask questions, raise concerns, share ideas, plus lots more!

To get started you need to register to activate an account.

For more info on Ruils go to: http://tinyurl.com/ngv6jpw
For more information and to join the network go to: http://tinyurl.com/od6d7be

The Honorary Doctors’ Association

The Honorary Doctors’ Association (HDA) Patient Care Trust is a UK registered charity that consists of a formal network of over 100 independent, fully qualified medical professionals whose knowledge and experience cover a wide range of medical fields. These doctors are all in the private sector and provide services to those who have concerns about a medical diagnosis or treatment. They are totally patient focused and are a trusted source of support.
The HDA Patient Care Trust provides consultations completely free of charge (certain limits apply) in a number of locations across the UK where you can receive an impartial, second opinion. They have successfully corrected misdiagnoses and helped to save lives.

They state that they don’t have waiting lists and that they will reply to your request normally within a couple of working days. However, as they get more well-known, things may take a little longer.

You don’t need any authorisation from your doctor, hospital or insurance company before contacting them.

If you have exhausted the advice and treatment you can get through your own doctor and the NHS it might be a good idea to contact this organisation.

When you contact them, they will discuss your situation with you and will let you know if you are eligible to see one of the doctors.

If you get an appointment with one of these doctors to discuss your thyroid diagnosis, take up to date research on thyroid disease along with you so that you can discuss your case fully.

Do be aware that your GP/endocrinologist may not agree with the second opinion you are given.

Do let us know how you get on!

For more information: http://bit.ly/158LqGR

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**New Papers Published In Respected Journal**

**Selenium and the Thyroid**

In the journal, *Current Opinion in Endocrinology, Diabetes and Obesity*, Josef Köhrle discusses the importance of the trace mineral selenium to the thyroid metabolism.

Selenium enables appropriate thyroid hormone synthesis, secretion, and metabolism and can prevent thyroid diseases such as goitre as well as give beneficial effects in thyroid autoimmune diseases.

Prof Köhrle found that in several prospective, placebo-controlled supplementation studies selenium supplementation in both autoimmune thyroiditis and mild Graves’ disease improved clinical scores and well-being of patients as well as reduced autoimmune antibody levels.

To see the abstract of this study go to: http://tinyurl.com/p4dlfkm

**Combination L-T3 & L-T4 Therapy**

In the same journal, Leonard Warto has written a review on combination treatment of thyroxine (T4) plus liothyronine (T3) as a treatment for hypothyroidism.

Due to the longstanding controversy regarding whether T4 alone is the best treatment for hypothyroid patients, numerous studies have looked at the potential benefits of adding T3, results of which have not supported a potential benefit. However, he states that since some recent genetic studies were published, there may be a strong argument for combination treatment in a small fraction of hypothyroid patients.

He summarises that, although T4 alone is recommended by thyroid medical associations, the possibility of a D2 gene polymorphism should be considered in patients on T4 only who continue to complain of fatigue in spite of having low normal TSH levels. He argues that if a patient has a higher than normal free T4/free T3 ratio it may be a clue to the presence of this polymorphism and that clinicians could consider adding T3 as a therapeutic trial in selected patients. He adds that in the future controlled clinical trials will be required to more fully resolve the controversy.

You can view two full papers on line:
- http://tinyurl.com/pfq56bw
- http://tinyurl.com/ktroorp

For more general information please go to our website: http://tinyurl.com/ootq5dn

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**Solihull Thyroid Support Network Meeting 7 September**

Sue Chippendale reports that of the ten people who attended the support meeting, most were looking for answers. One lady came down from Liverpool with her husband, and she told us that she’s been hypothyroid all of her life but has never felt well; some people were comparing their blood test results; and, there was a new member who was recently diagnosed and wanted to know how to get her energy back.

There was also a discussion about supplements - one member reports feeling much better since taking Vitamin D3, since hearing advice from previous meetings. A very kind member brought gluten free lemon cake, which was delicious!

Isabelle Drayton, Nutritional Therapist, gave a very interesting talk on thyroid and nutrition. She explained that the health of our thyroid is significantly influenced by nutrition and lifestyle. Nutrition plays an important role in maintaining thyroid health, by supporting the thyroid gland in the formation of thyroid hormones, enhancing the activation of T4 into the active T3, and improving the ability of our body’s cells to use thyroid hormone.

Everyone at the meeting said how informative Isabelle’s talk was.
Losing weight is not simply a mathematical outcome!

Don’t be fooled by weight loss regimes that want to make you believe that the problem is purely a mathematical equation that goes like this: **less** calories in against **more** energy expended = **weight loss**.

Well, yes, to a point this does work for some people in the short term, but once you go back to eating ‘normally’, the weight often piles back on, sometimes faster than ever.

The weight loss picture is more complex than that because you’re a person not a machine. Surprising new research has revealed that the average Brit might spend more than half of the year on a diet and three quarters of us are unhappy with our weight. Dieting is a time-consuming and a miserable process that often has poor results or results that don’t last.

It’s generally thought that dieting or losing weight is about willpower – the ability to say ‘No’ to food. Anyone who can’t say no and moderate their intake is just going to get fatter and fatter and we should judge them harshly, right? Well, no, it’s not fair to be so harsh because we are all at the mercy of our hormones and they can, and will, sabotage your efforts and hijack your willpower. This can leave you:

* Feeling anxious or stressed and seeking solace (food);
* Feeling depressed and seeking comfort (food);
* Feeling tired and seeking energy (food);
* Having cravings that need satisfying (food);
* Not losing weight despite cutting your consumption down to, say, 1,000 carefully counted calories per day, which leaves you feeling depressed and seeking comfort (food);

Let alone thinking about where hunger comes into the day, it can be a real merry-go-round.

So, all in all, you can see that the human mechanics of losing weight are not just about calorie restriction. At this point I don’t want you to feel that your task is insurmountable and that you are likely to be continuing a lifetime of losing a few pounds only to put them on again and more besides, the typical scenario. Dieting and losing weight has unseen elements that can be pulling your strings and affecting your:

**Determination; Motivation; Metabolism; and, ultimately your success in the short term through to the long term.**

The truth is that most of the problems you are going to encounter in your weight loss nightmare are hormonal, which means that it’s not all in your control if you’re constantly pressing the wrong ‘hormone buttons’. For example: a hormone button that squashes your metabolism, which means less, or no, weight loss, low energy, fatigue and constipation. (No fun when you’re dieting!); or, a hormone button that means that you crave sugar like crazy and your willpower at 3.30 in the afternoon hits rock bottom as your colleague offers you your usual chocolate bar/donut/biscuit to keep you going. Your body has come to expect this little mid-afternoon pick-me-up, so what’s a girl or guy to do? (Saying no can be especially difficult if you’ve had a stressful day or, if you’re a girl, before your period!)

Another area of constant frustration can be exercise, which often becomes a problem because of time pressures and lack of energy. It’s an easy sacrifice because you can blame work, lack of sleep, or even the children or your partner. It’s much easier to go home have supper and a beer, or glass of wine, to unwind after a tiring and stressful day in order to recuperate enough for the next day. But that’s more self-medication just like the sugar hit at 3.30 in the afternoon. Self-medication is when you self-prescribe an off-the-shelf remedy for the rubbish way you’re feeling and here are some common examples:

* Feeling tired and sluggish in the morning – coffee/tea (hit of caffeine - stimulant);
* Needing energy to go with that jolt of caffeine – simple carb cereal, a pastry or toast and jam (sugar – stimulant);
* Energy slump mid-afternoon – chocolate, cake or a biscuit (sugar - stimulant);
* The end of another stressful week and you made it! – Friday after work drink (alcohol – relaxant but this will cause carb cravings!);
* Keeping your energy and mental sharpness up to meet a looming deadline? – coffee, tea or even a cola (caffeine and sugar – stimulant);
* Feeling low, or lonely or had an argument? – cake, or cereal or chocolate (carbs boost serotonin production – serotonin is your ‘happy’ hormone, and or oxytocin - your ‘hug’ hormone).

Whether you use alcohol, sugar, caffeine, prescription or over-the-counter drugs, your body is being medicated to unwind, produce energy, feel less anxious or less pain, or wake up! Your hormones are calling you and begging for your attention! We often don’t realise that we’re self-medicating to feel better, and that you’ll be reaching for your chosen medication without thinking because it’s your body screaming at you, “Gimme”. These are all things you will have learnt as you grew up in family life, socially or even because of tv programmes or adverts. You saw the behaviour or food, tried it and experienced the effect. Your body experienced a response, “aaah, that’s better,” and you’re hooked.

This is an extract from Alyssa’s book, available on Amazon.
**Supplementation Could Boost Your Hormones Levels**

There's a great deal of concentration on medication when it comes to thyroid issues; and, with medical scepticism about natural health approaches it can be easy to disregard the importance of nutritional aspects with regard to supporting thyroid hormone function and availability. Let's look at one example.

**Zinc is vital for proper thyroid function and a deficiency can mean that your body cannot convert T4 to the active T3.**

I know what I see in my clinics when quality, targeted supplementation is introduced. It often means a reduction in medication and a significant improvement in wellbeing, but what about the evidence? With regard to zinc here are two examples.

A study in the *Annals of Nutrition & Metabolism* (2007) found that zinc supplementation improved thyroid hormone levels, in particular total T3, and had a positive impact on resting metabolic rate, which must be good news for thyroid patients who struggle with weight management or loss. Another study, in *Clinical Nutrition* (2009), looked at male and female patients with goitres. It found that the pre-study levels of zinc, free T4 and free T3 were improved after six months of supplementation.

Zinc boosts many bodily functions not least because it's an essential component of hormones, it promotes thyroid activity, it has anti-inflammatory effects, it helps to balance blood sugar levels, metabolise carbohydrates and much more. Symptoms of deficiency can include: brittle nails, decreased sense of smell, eczema, fatigue, hair loss, immune deficiencies, poor appetite, psoriasis, white spots on nails and reduced salivation.

The recommended dose is 25 mg of zinc picolinate or zinc citrate, which are the forms of zinc that are the more easily absorbed.

**Note:** zinc can decrease absorption of two groups of antibiotics: fluoroquinolones and tetracyclines.

Let me know if you try this for yourself as to how you get along.

Wishing you health and happiness,

Dr Alyssa Burns-Hill, PhD, MSc, FRSPH, MIHPE
www.dralyssaburns-hill.com
How many of us have taken a medication and then felt ill in some way afterwards? This can be caused either by side effects of the drug (adverse drug reaction) or by another drug, supplement or even food that can interfere with your medication (an interaction).

Many things can interact badly with your thyroid medication. For instance, if you take iron with your levothyroxine it can reduce the absorption of levothyroxine; as does eating at the same time as taking your levothyroxine. Some drugs however, don’t affect absorption of other medications but can cause very serious ill health.

Some reactions are well known and these are written on the Patient Information Leaflet (PIL) that comes with your medication. However, some may not yet be known and it is important that you report these side effects and interactions.

The Yellow Card Scheme, run by the MHRA and the Commission on Human Medicines, is used to collect information on suspected side effects from patients and doctors. The MHRA collects these reports onto a specialised database - since the Yellow Card Scheme was set up in 1964, over 600,000 UK Yellow Cards have been received. The MHRA checks these reports every week as well as other data from the UK and the rest of the world, including the Clinical Practice Research Datalink (CPRD), the new English NHS observational data and interventional research service.

If the MHRA identifies new hazards or collects more information about a known hazard, it evaluates the hazard and also looks at other drugs used to treat the same condition. The risk-benefit balance of the medicine is re-evaluated, taking action if necessary: to ensure minimum risk to the patient such as including the side effect on the PIL; reducing the recommended dosage; or, giving out warnings. In some instances, the drug will be withdrawn from the market.

Reporting a drug side effect will help everyone who takes that particular drug, so it’s important to report any you may have. If you have a bad reaction to a drug you can report this to the MHRA via the Yellow Card Scheme which can be accessed at www.yellowcard.mhra.gov.uk

However, reporting in this way can take some time to filter down to doctors and patients so it would be good to know about problems a bit earlier.

RxISK is the first free, independent website where patients, doctors, and pharmacists can research prescription drugs and easily report a drug. This website identifies problems much more quickly.

It’s very simple to do. Go to the website and type in the name of the drug. You will then be taken to another page where it lists all the different names for that drug. Click on the one you are taking and up comes a page full of information about it i.e. precautions, associated disorders, testing, drug interactions including which drugs cause non-absorption and which drugs cause other effects.

The site is run by some highly reputable doctors and although the site is American, it has lots of other very useful information so it’s well worth a visit.

Thyroid UK has a document included in our Information Pack entitled, The Thyroid and Drugs, Chemicals and Foods that explains which of these can interfere with the smooth running of the thyroid gland.

CPRD website: http://tinyurl.com/ncvyth7

To visit the site go to: www.rxisk.org
The Thyroid Paradox
James K Rone, MD

James K Rone, MD is a US board-certified endocrinologist and talks about two extremes - mainstream doctors who find any degree of uncertainty unpalatable to them and reformist doctors who make bold assertions about hypothyroidism. He feels that part of being a good doctor is balancing the art and the science of medical practice.

Dr Rone discusses thyroid physiology, the symptoms of hypothyroidism, all the thyroid tests and treatment including T3. He touches on natural desiccated thyroid and explains that he doesn’t have the same confidence in using this as he does using T4/T3.

I highly recommend this book. This doctor is an open minded endocrinologist and some of the contents of this book may help persuade your own doctor to also be open-minded.

Kindly reviewed by Lyn Mynott

Three Times the Trouble
C Phillips & D Roach

Three Times the Trouble is a piece of romantic fiction with a message. It follows the lives of triplets Nia, Anwen and Serena. One by one they each become diagnosed with hypothyroidism and the story follows the effect this has on their lives.

Although this is the second book produced by these authors, it is the first novel they have written and it is clear they have used their own personal experiences to base their story on. The story itself seems to fast forward through a lot of the triplets’ lives and several years are often skimmed over in just a few paragraphs.

Having said this, you realise that the early part of the book is to give a brief background on their diagnosis whilst the latter half of the book, where the time warps are not as frequent, is focusing on the main point of the story, which is how hypothyroidism affects the different areas of their lives and the difficulties they, and many people with hypothyroidism, face each day.

Kindly reviewed by Alison Dempster

Life Without Bread
Christian Allan, PhD & Wolfgang Lutz, MD

This is another book that screams at us to stop low fat diets and start a low carbohydrate diet instead.

It discusses in detail the science behind this and how to go about it too.

It links high carbohydrate diets to many diseases such as cancer, diabetes, heart disease and gastrointestinal disorders and discusses why this is so.

There is a passing mention of the thyroid but this is not a book to read if you want to know more about thyroid disorders.

However, if you have been one to follow a low fat diet only to find that you cannot maintain the weight loss, then it could be the right book for you. You have to put up with this being a book for the American market and so to follow the diet you will need to know how to convert the measurement “cup” to grams.

Kindly reviewed by Sharon Hill
Become a Member of Thyroid UK ...

support our work to promote better thyroid health

Thyroid UK is a registered UK charity that provides quality information for people with diagnosed and undiagnosed thyroid problems.

We aim to be a clear voice for you through:

• dialogue and consultation with NHS departments and Government
• networking with other voluntary organisations and relevant businesses; and, importantly
• by providing sound educational and informational support to members and potential members.

What will I get in my membership package?

• One year subscription to our quarterly magazine ‘Harmony’
• Regular enews letters
• Free access to online mini webinars on a variety of thyroid related topics throughout the year
• Advance notice of educational online webinars (small fee to join)
• Discounts for Nutricentre and Vitabiotics
• Advance notice of tickets for conferences and seminars

UK Membership

£20 for a full membership (or £15 reduced membership for senior citizens, students and the unemployed)

EU Membership - £25

Rest of World (ROW) Membership - £35

Contact: Louise Warvill, Charity Secretary - louise.warvill@thyroiduk.org for further information or complete the membership form on our website