Hyperthyroidism in adults: management and monitoring NICE National Institute for Health and Care Excellence DRAFT FOR CONSULTATION Consider antithyroid drugs while awaiting specialist Adult with assessment and further treatment hyperthyroidism First-line treatment **Antithyroid drugs** Radioactive iodine Surgery Offer for: Offer for: Offer for: Graves' if likely to achieve Graves' (total thyroidectomy) Graves' and multiple remission or if other treatments nodules if compression or malignancy are unsuitable single nodule as an suspected or if other single or multiple nodules if other alternative to surgery treatments are unsuitable treatments are unsuitable multiple nodules (total thyroidectomy) or single unless pregnancy, thyroid nodule (hemithyroidectomy) eye disease, compression Consider radioactive iodine or suspected thyroid if other treatments are or surgery for Graves' malignancy unsuitable with persistent or relapsed hyperthyroidism Consider measuring TSH, FT4 Offer levothyroxine treatment Consider measuring TSH, FT4 and Monitoring and ongoing and FT3 every 6 weeks for first after total thyroidectomy FT3 every 6 weeks until TSH normal treatment 6 months until TSH normal Consider measuring TSH then TSH every 3 months at first assessment after Do not monitor full blood count or liver function unless clinical concern hemithyroidectomy then yearly **Hyperthyroid** Hypothyroid **Euthyroid** After stopping antithyroid drugs, Offer treatment with Consider treatment with Consider measuring TSH consider measuring TSH within 8 antithyroid drugs until 6 levothyroxine if not at 9 and 12 months, and weeks, then every 3 months for a months then more treatment. taking antithyroid drugs then every 6 months if TSH year, then once a year if TSH not normal normal at 12 months © NICE 2019. All rights reserved. Subject to Notice of rights This is a summary from NICE's guideline on thyroid disease. See the original guidance at www.nice.org.uk/guidance/NGxxx