Hyperthyroidism in adults: management and monitoring

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

Monitoring and ongoing treatment
- 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

- 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, and then every 6 months if TSH normal at 12 months

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

Consider measuring TSH, FT4 and FT3 every 6 weeks until TSH normal then TSH every 3 months
- Do not monitor full blood count or liver function unless clinical concern

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

Consider measuring TSH, FT4 and FT3 every 6 weeks until TSH normal then TSH every 3 months
- Offer levothyroxine after total thyroidectomy

Consider measuring TSH and FT4 at 2 and 6 months after hemithyroidectomy then yearly

*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.

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This is a summary from NICE's guideline on thyroid disease. See the original guidance at www.nice.org.uk/guidance/NG145