

Hashimoto's Disease

Hashimoto's disease, or Hashimoto's thyroiditis, is an autoimmune disease that damages the thyroid gland. Hashimoto's disease affects more women than men. It is the most common cause of hypothyroidism (underactive thyroid). Hypothyroidism is treatable with medicine. If left untreated, hypothyroidism can cause problems getting pregnant and problems during pregnancy. Symptoms of hypothyroidism include fatigue, weight gain, depression, and joint pain.

Q: Who gets Hashimoto's disease?

A: Hashimoto's disease affects more women than men. It can happen in teens and young women, but it most often appears between ages 30 and 50. Hashimoto's disease often runs in families.

Your risk of getting Hashimoto's disease is higher if you:

- Have another autoimmune disease, such as rheumatoid arthritis, celiac disease, type 1 diabetes, pernicious anemia (vitamin B12-deficient anemia), or lupus
- Have a family history
- Recently had a baby. Some women have thyroid problems after having a baby, called postpartum thyroiditis. The thyroid often returns to normal within 12 to 18 months after symptoms start. But if you have a history of postpartum thyroiditis, your risk is higher for developing permanent hypothyroidism.

Q: What are the symptoms of Hashimoto's disease?

A: You may not have any symptoms of Hashimoto's disease for years. The first sign is often an enlarged thyroid, called a goiter. The goiter may cause

the front of your neck to look swollen. You may feel it in your throat, or it may be hard to swallow. But most people don't have any symptoms, and goiters rarely cause pain.

Q: How does Hashimoto's disease affect women?

A: Most problems from Hashimoto's disease happen when women develop hypothyroidism. Hypothyroidism can cause:

- **Problems with your menstrual cycle.** Too little thyroid hormone can lead to irregular menstrual cycles or periods that are heavier than normal.
- **Problems getting pregnant.** Irregular menstrual cycles can make it harder for women with Hashimoto's to get pregnant. Studies show that almost half of women with hypothyroidism due to Hashimoto's disease had problems getting pregnant.
- **Problems during pregnancy.** Untreated or poorly treated Hashimoto's disease can lead to miscarriage, birth defects, or other problems.
- **Problems after pregnancy.** Some women develop thyroid problems in the first year after giving birth. This is called postpartum thyroiditis. It often begins with mild symptoms of an overactive thyroid, which last two to four months. Most women then develop symptoms of an underactive thyroid, which can last up to a year and requires treatment. Most often, thyroid function returns to normal as the thyroid heals.

Q: How is Hashimoto's disease diagnosed?

A: If you have symptoms of hypothyroidism, your doctor or nurse will do an exam and order one or more tests, including:

- **Thyroid function test.** This blood test tells whether your body has the right amounts of thyroid stimulating hormone (TSH) and thyroid hormone. A high level of TSH is a sign of an underactive thyroid. When the thyroid begins to fail, the pituitary gland makes more TSH to trigger the thyroid to make more thyroid hormone. When the damaged thyroid can no longer keep up, your thyroid hormone levels drop below normal.
- **Antibody test.** This blood test tells whether you have the antibodies that suggest Hashimoto's disease. Having only the antibodies does not cause hypothyroidism.

Q: How is Hashimoto's disease treated?

A: Hashimoto's disease is treated with a daily dose of levothyroxine. This is the same hormone that your thyroid gland makes. You will probably need to take thyroid hormone pills for the rest of your life.

You may have to see your doctor or nurse a few times to test the level of TSH in your body. Thyroid hormone acts very slowly in the body, so it can take several months after the start of treatment for symptoms to go away. Once your TSH level is normal, your doctor or nurse will need to see you less often.

The same treatment dose usually works for many years. But your TSH levels may change sometimes, especially during pregnancy, if you have heart disease, or if you take menopausal hormone therapy. Your doctor or nurse may need to adjust your dose.

For more information...

For more information about Hashimoto's disease, call the OWH Helpline at 1-800-994-9662 or contact the following organizations:

National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), NIH, HHS

1-888-828-0904 • www.endocrine.niddk.nih.gov

American Autoimmune Related Diseases Association, Inc.

586-776-3900 • www.aarda.org

American Thyroid Association

1-800-THYROID (849-7643) • www.thyroid.org

Hormone Health Network

1-800-HORMONE (467-6663) • www.hormone.org

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