

Why do I feel so  
premenstrual,  
lethargic,  
moody, tired,  
depressed,  
forgetful, fat,  
bloated?

It could be  
your thyroid.

Most people say they're tired when they skip their morning run or nod off during their favorite 9 o'clock sitcom. But if you want to know about real bone-crunching fatigue, the kind that chains you to your bed, ask someone with a thyroid disorder. For me, the exhaustion was totally out of character. I'd always been high-energy, even a tad hyper. Six hours of sleep a night was enough. I juggled single

*By Melanie Haiken*

*Illustration by Hadley Hooper*







motherhood, full-time work as a writer, and numerous other responsibilities with aplomb. Then last fall I became a different person, someone I didn't like very much at all.

I'd get up at 7:15 and see my 13-year-old out the door, then lie down "just for a few minutes." Next thing I knew it was 8 a.m. and my 10-year-old was shaking my shoulder ... and there were a mere 10 minutes left to get her fed and off to school. As if the multiplying tardies on her report card weren't bad enough, I started crawling back into bed *again* after I dropped her off, often sleeping until 10 or even 11, at which point I'd feel guilt-ridden and panic-stricken. Suddenly there weren't enough hours in the day to earn the living that supported us all.

I mentioned the problem during my annual checkup, and all my doctor did was offer a prescription for sleeping pills. But then my younger sister discovered she had a thyroid



**Tale to tell:**  
Cathryn Jakobson Ramin is writing a book about her struggles with hypothyroidism.

problem, and her doctor said it runs in families. I read a list of the possible symptoms—exhaustion, depression, constipation, hair loss, and heavy periods, among others—and all the pieces began to fall into place.

I have hypothyroidism. I share the disorder with millions of Americans, most of them women. And today, in many ways, I'm luckier than most. Thanks to my constellation of symptoms and a family history filled with alarm bells, my doctor eventually put me on thyroid medication.

Now, at 44, I'm back to my usual hyperactive self, working hard and getting up early to run. My fatigue and constipation are gone, my eyebrows are growing back, and my hair and eyelashes are coming in thicker and healthier. The sad truth, however, is that millions of people just like me aren't getting the help they deserve.

You may be one of them.

## A thyroid epidemic?

The Colorado Thyroid Disease Prevalence Study, published in 2000, found that as much as 10 percent of the population (27 million people) may have a thyroid disorder, and as many as half of those people were thought to be undiagnosed. Six years later, that's considered a conservative estimate among many physicians and endocrinologists. Some experts say a woman over 35 has a 30 percent chance of developing hypothyroidism. When I tell people about my condition, the room echoes. They immediately say they have it, too, or report that a friend or family member is hypothyroid.

What's going on? How can a little gland in your neck cause so much trouble?

New thinking seems to be uncovering many more people who suffer from hypothyroidism—happy news, assuming they get treated. For

**Do you have a thyroid story to share? We'd like to hear it. Go to [Health.com](http://Health.com) and click on "Talk to Us."**

"I read a list of symptoms, and all the pieces fell into place."

—author *Melanie Haiken, 44*





# How to find answers

If you suspect you have hypothyroidism, see if your symptoms match any on the list below. Then talk over the following action plan with your doctor.

decades the disorder has usually, but not always, been diagnosed with a blood test, a good place to start if you think you may have it (see “How to Find Answers,” at right). In recent years the American Association of Clinical Endocrinologists (AACE) recommended narrowing the so-called normal range for blood-test scores, catching millions more in the abnormal range who wouldn’t have been diagnosed otherwise. Even if your results fail to flag a problem, you may still have symptoms and be a candidate for treatment. In other words, searching for a diagnosis and finding relief can be exhausting by themselves.

## Hello, sluggishness

Your thyroid is a tiny, butterfly-shaped gland at the base of your neck. Sometimes described as the body’s thermostat, it controls energy flow. Hypothyroidism, also called low thyroid, means the gland isn’t producing enough hormones to do its job. The most frequent cause is Hashimoto’s thyroiditis, a condition that causes your body to produce antibodies that attack the thyroid.

A shortage of thyroid hormones makes you sluggish at every level. Slowed digestion causes constipation, sluggish metabolism leads to weight gain and elevated cholesterol, even hair and skin can become dry and coarse (and hair can fall out) because they’re not getting enough nutrients. The brain also needs thyroid hormones to use oxygen and stimulate the production of chemicals like serotonin and dopamine that regulate emotions. That’s why hypothyroidism can lead to depression and moodiness, not to mention the fuzzy thinking that nearly every thyroid patient complains about. Other symptoms, such as heavy periods, cramps, and a queasy stomach, are trickier for doctors to connect to an underactive thyroid, but no less bothersome.

The final giveaway for me? Little bald patches in the outer edges of my eyebrows. When I saw that one in a description of hypothyroidism, I felt sure I knew what was wrong.

Most of these symptoms may sound familiar—it’s not unusual for a 30-, 40-, or 50-something woman to feel tired, bummed out, and a little bit overweight—and this makes hypothyroidism that much harder to diagnose. In many cases, doctors assume a woman is simply going through

### If you feel . . .

- Fatigued or exhausted
- Lethargic
- Depressed or anxious
- Moody or irritable
- Uninterested in sex
- Constipated
- Forgetful
- Cold even when others don’t
- Achy or crampy
- Nauseous or queasy

### Or if you have . . .

- Sleeping problems
- Unexplained weight gain despite watching your diet
- Thinning hair or hair loss
- Dry skin and hair
- High cholesterol
- High blood pressure
- Periods heavier or longer than normal, and increased cramping
- A low, throaty voice
- Trouble getting pregnant

### . . . Try this action plan

#### 1. List your symptoms.

Write down that you can’t get through the day without a nap, or that you’ve gained 20 pounds despite walking five times a week and doing the South Beach Diet.

#### 2. Ask about your family.

Hypothyroidism tends to run in families. Talk to siblings, parents, aunts, uncles, cousins, and grandparents. They might have been told they had a “glandular disorder.” Ask if they’ve ever taken a supplemental thyroid hormone.

#### 3. Ask your primary-care doctor for a TSH test.

It’s an inexpensive blood test (covered by insurers) that checks for levels of thyroid stimulating hormone (TSH); high levels indicate low thyroid. Find out your exact level, not just whether it’s in the “normal” range. Some experts, including groups like the American Association of Clinical Endocrinologists, now say a normal score is between

0.3 and 3. That means a TSH above 3 would indicate hypothyroidism. But many labs haven’t adopted the new guidelines, so a result of 4 or even 5 won’t necessarily be flagged as high.

#### 4. Get retested in 3 months.

You might also ask for a low-dose trial of thyroid medication to see if it helps before being tested again. Some doctors are amenable to doing that.

#### 5. Ask for the Anti-TPO thyroid antibody test.

If your TSH test is normal but you don’t feel right, the antibody test can help determine whether you have hypothyroidism.

#### 6. Ask for additional hormone tests.

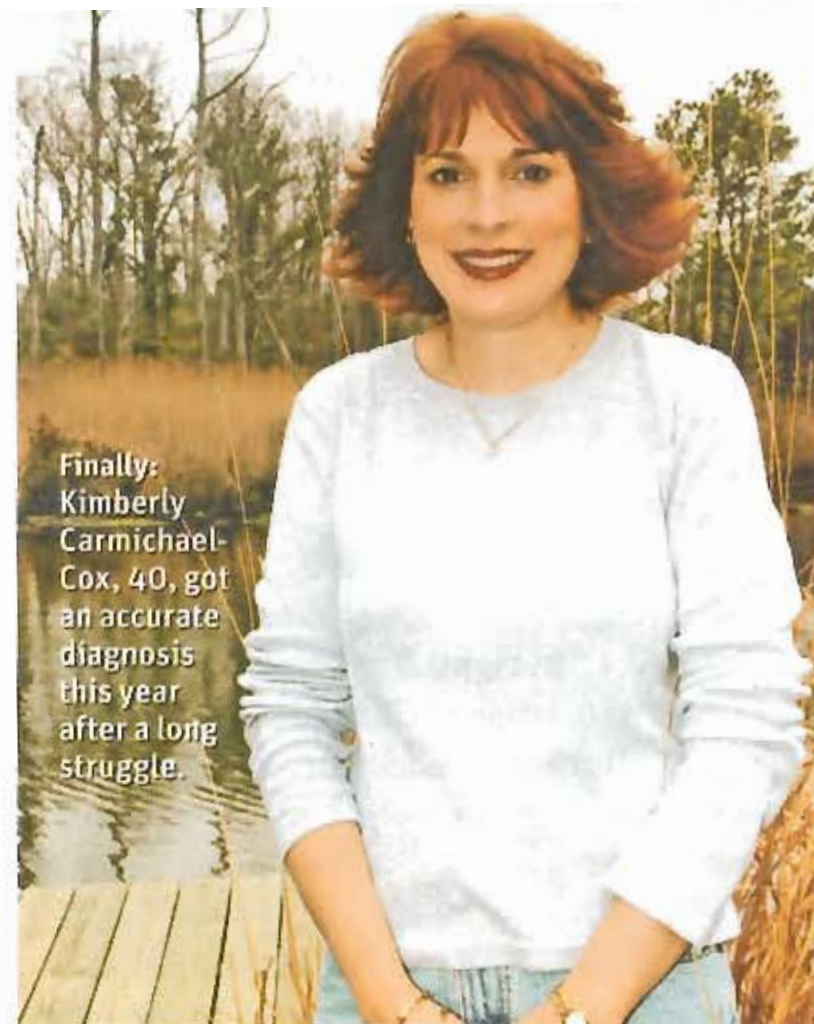
Doctors can also screen levels of T3, T4, Free T3, and Free T4 hormones, which can provide a more accurate picture of how your thyroid is functioning. If the results are out of whack, you may need treatment.



perimenopause or suffering mild depression, a convenient but often mistaken assessment. "It's all too common for a doctor to hear 'tired, moody, forgetful' and offer the patient a prescription for antidepressants," says Richard Shames, MD, of San Rafael, California, co-author of the 2005 thyroid book *Feeling Fat, Fuzzy, or Frazzled?*

There are few things more frustrating than getting the wrong treatment—for any disorder. My younger sister Bernadette (not her real name), who lives in Albany, California, was told to take antacids for her unbearable nausea. Doctors didn't immediately recognize her hypothyroidism in part because she's thin and didn't feel particularly tired. "It was awful," she says. "My husband would cook us a great dinner, I'd eat one bite and feel so sick I'd have to crawl into bed."

A wine connoisseur, Bernadette could no longer tolerate even the tiniest bit of alcohol. She canceled vacations and spent weekends in her bedroom. Then there were her periods: heavy and



Finally: Kimberly Carmichael-Cox, 40, got an accurate diagnosis this year after a long struggle.

crampy and 2 weeks at a stretch, even though they'd been normal just a year before. Understandably, antacids didn't work.

Months later, after launching her own research expedition and insisting that her doctor give her a relatively new kind of thyroid test, Bernadette got an accurate diagnosis. It took a while to get the right dosage of medication, and that's not uncommon. (Treatment usually consists of replacement hormones; see "How Do You Treat It?" at right.) But the nausea is gone now, and she can drive again without getting carsick. She doesn't have to miss work each month because of her period, and recently she flew to Washington, D.C., for a business trip, an impossible feat just a few months ago.

## Good-bye, desperation

Bernadette, 43, got better under the care of Stephen E. Langer, MD, a thyroid specialist in Berkeley, California, and author of *Solved: The Riddle of Illness*. "I've seen so many patients come in with the same story," Langer says. "From their symptoms, it's clear that their thyroid is underactive. But either it doesn't show up on standard tests, so their previous doctor refused to prescribe medication, or they *are* on medication but it's not working."

Those complaints seem to pop up everywhere. Kimberly Carmichael-Cox of Virginia Beach, Virginia, saw 12 doctors and underwent numerous tests before finally being diagnosed with hypothyroidism this year at age 40, when she started treatment. She had a laundry list of symptoms, including cracking nails, dramatic weight fluctuations, and depression, but the primary one was extreme fatigue. "I was only

## Why is it so common?

Some experts say a woman over 35 has a 30 percent chance of developing a thyroid disorder. One simple explanation is that today's more sensitive and sophisticated tests catch the ailment sooner, leading to more diagnoses. But even if that's true many experts think hypothyroidism is underdiagnosed, and researchers don't know why. Possible explanations include:

**Stress.** It's everywhere these days. Many thyroidologists recommend that patients try yoga, meditation, and other stress-reducers. Some experts believe that finding healthy ways to cope with stress might help prevent immune-system attacks like Hashimoto's thyroiditis, the most frequent cause of hypothyroidism, or at least slow its onset.

**Environmental toxins.** Chemicals that disrupt the body's endocrine system may be throwing people's hormones out of whack. An American Thyroid Association investigative meeting in the spring tackled the topic of environmental effects on the thyroid.

**Nutritional deficiencies and/or imbalances.** Too much or too little iodine, selenium deficiency from soil, fluoride in water, and too much soy in today's diet may be culprits.



# How do you treat it?


in my early 30s, and I couldn't function," she remembers. "I felt like a walking zombie."

Over the years Kimberly also developed memory problems so severe that she is currently on leave from her journalism job. She says her thyroid medication is helpful, but it's no panacea.

My treatment, fortunately, is working wonders. Still, Langer's complaints about inaccurate tests and Kimberly's long struggle hit home for me. The lab listed my first blood test as normal, yet exhaustion was sabotaging my life. In desperation, I went back to my doctor one last time and told her that my sister had gotten a positive diagnosis after a new test that screened for thyroid antibodies. The doctor agreed to try me on medication, and now I'm waking my kids up for school.

I wish others were as lucky, but the amount of untreated hypothyroidism seems to be getting worse. "I receive thousands of e-mails every week from people who are desperate for help," says Mary Shomon, a consumer advocate who has authored several books and who runs the thyroid-information Web sites [thyroid.about.com](http://thyroid.about.com) and [www.thyroid-info.com](http://www.thyroid-info.com).

The desperation seems all the more unjust when you realize that being treated—hardly a magical feat—can be a life-affirming event. My friend Cathryn Jakobson Ramin, 49, a fellow writer from Mill Valley, California, is a wonderful example. A few years ago, she noticed that her hands and feet were always cold, her hair was falling out, and her memory was increasingly iffy. After a few years of being told her thyroid tests were normal, Cathryn found her way to Shames, the specialist in San Rafael. Once she started treatment, Cathryn noticed a huge improvement in her memory, a journey she explores in the upcoming book *Carved in Sand*.

Cathryn and I were at a party recently where hypothyroidism came up. Several friends described unsuccessful attempts to get treated for symptoms that seemed suspiciously hypothyroid, while others raved about how much better they felt taking thyroid medication. Cathryn came up to the group, listened for a moment, then announced, "They should put it in the water."  *Frequent Health contributor Melanie Haiken lives in northern California.*

There is no one-size-fits-all treatment for hypothyroidism. It may take a few trips to the doctor to get the right remedy, and over time, your prescribed medication may change. Here's a brief look at the possibilities:

## Synthetic hormones.

Most people with hypothyroidism first receive a synthetic thyroid hormone known as levothyroxine; the brand names are Synthroid, Levoxyl, Unithroid, and Levothroid. This medication often gets you back to normal within weeks. And you'll take it for the rest of your life. But it doesn't work for everyone.

"About 80 percent of patients who test positive for hypothyroidism get a prescription for levothyroxine and feel better," says endocrinologist Theodore Friedman, MD, PhD, an associate professor of medicine at Charles R. Drew University of Medicine and Science and the University of California, Los Angeles. "For the other 20 percent, we need to be flexible. I get the patients who tell me conventional treatment isn't working. And I believe them."

## Combination therapy.

Your thyroid produces two hormones, but synthetic levothyroxine replaces only one, known as T4. The biochemistry can get complicated, but basically your body has to convert T4 into yet another hormone called T3 for your thyroid to work well.

Experts like Friedman and Baylor University's Ridha Arem,

MD, a nationally known endocrinologist, believe T4 treatment alone doesn't do the job for some patients. For them, Friedman also prescribes a small amount of supplemental T3 (brand name Cytomel), so-called combination therapy.

## Other animal-based hormones.

Some experts may even reject this approach in favor of animal-based hormone treatment (the most common brand is Armour). Manufactured in the United States for more than 100 years, this medication is made from the desiccated thyroid tissue of pigs. The major thyroid organizations consider it outdated, but some specialists swear by it. "I clearly have patients who do better on Armour," Friedman says. Even its strongest advocates aren't sure why Armour would be more effective. But it contains both T3 and T4, as well as lesser-known hormones called T1 and T2 and other substances.