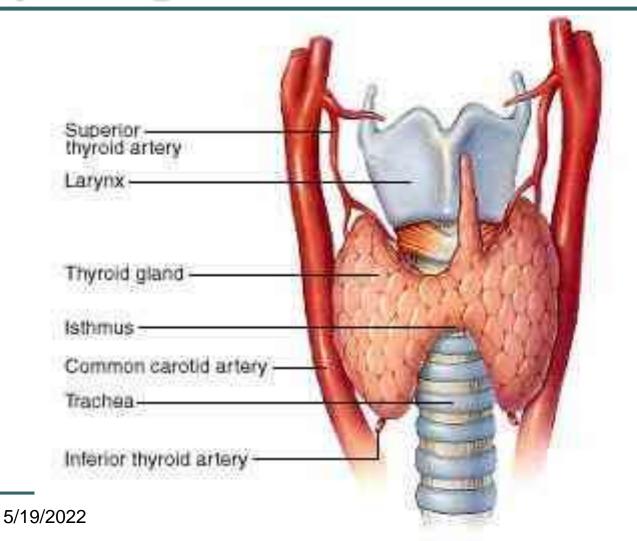
Thyroid hormones and Anti-thyroid drugs

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Thyroid gland



Thyroid Hormones

- □ Thyroxine (T4)
- □ Triiodothyronine (T3)
- Calcitonin

Thyroid Disorders

- Hyperthyroidism
- Hypothyroidism
- Hashimoto's thyroiditis
- Goitre (thyroid enlargement)
- Malignancy

Physiological considerations

- Dietary iodine is absorbed
- Circulates as iodide in blood
- Taken up by cells of the thyroid gland
- Concentrated up to 200 times

In the thyroid gland

- Iodide is oxidized & activated into iodine
- Combines with tyrosine on thyroglobulin
- Monoiodotyrosine & Diiodotyrosine are formed

* Joined:
$$DIT + DIT = T_4$$

 $DIT + MIT = T_3$

Physiological considerations

- \diamond 2-month storage of T_4
- Daily production:

 T_4 : 75 µg

 T_3 : 25 µg

* 80 % of circulating T_3 are derived from T_4 by deiodination in peripheral tissues

Physiological considerations

- \diamond Liberation of T_4 and T_3 :
 - Regulated by TSH
- TSH: regulated by TRH in hypothalamus
- TRH: affected by:
 - Stress, disease, food deprivation
 - Environmental temperature
 - Thyroid H level (-ve feedback inhibition)

Comparison between T₄ & T₃

- \Box T₃ has:
- Rapid onset of action
- Shorter duration
- \diamond Five times more potent than T_4
- $T_4 \longrightarrow t \frac{1}{2}$ about 7 days
- $T_3 \longrightarrow t \frac{1}{2}$ about 2 day

Actions of thyroid hormones

- Regulation of growth & development
- Calorigenic effect and body temp control
- Metabolic effects (catabolic):
 - Increase metabolism of Carbohydrate, fat, protein
- Effects on body systems:
- ♦ GIT: excess causing diarrhea, deficiency causing constipation
- CVS: positive chronotropic and inotropic effects
- CNS: deficiency cause mental retardation

Therapeutic uses of Thyroxine (T4)

- Replacement therapy:
 - **Hypothyroidism**
- Diffuse non-toxic goiter:
 - Prevent TSH release & increase in size
- Hashimoto's thyroiditis: to correct hypothyroid state
- With anti-thyroid therapy:
 - Suppress increase in thyroid size secondary to increased TSH release

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Therapeutic uses of T3

- Not used routinely
- Used sometimes carefully for rapid effects in:
 - Hypothyroid (Myxoedema) coma
 - Hypothyroid psychosis
 - Severe hypothyroidism
- Avoided in the presence of heart disease

Adverse effects of thyroid hormones

- Arrhythmias (tachycardia, ectopics)
- Anginal attacks
- Hyperthyroidism with high doses
- Muscle pain (myalgia)

Anti-thyroid Drugs

- Thiourea derivatives (Thionamide)
 - Carbimazole, Propylthiouracil, Methimazole
- Iodide
- ♦ Radioactive iodine I ¹³¹

Thiourea derivatives (thionamides)

Carbimazole

Methimazole: it is a metabolite of carbimazol

Propylthiouracil

Carbimazole

- Inhibits thyroid hormones synthesis:
 - Prevents binding of iodine to tyrosine to form iodotyrosines
 - Prevents coupling of iodotyrosines to form H
- ♦ t ½ about 6 hrs
- Crosses placenta
- Secreted in milk
- Once daily because its duration of action is
 30h

Adverse effects

- Rash
- Arthralgia
- Agranulocytosis & thrombiocytopenia
 - Recognized idiosynchrotic adverse effect
 - May develop suddenly
- Liver damage

Propylthiouracil

- Similar to carbimazole but it also:
 - Inhibits peripheral metabolism of T_4 into T_3
- ♦ t ½ about 2 hrs
- Less placental crossing
- Less secretion in milk
 - Preferable in pregnancy & lactation

Iodide

- Oral iodide is well absorbed
- Daily requirement: 100 μg
 - Deficiency: →Non-toxic goiter because of reduction TH synthesis and activation of TSH
 - Excess:

 Goitre: with increased function
- Therapeutic uses of iodide:
 - Preparation for surgery: decrease TH
 - Less size, less vascular gland
 - Treatment of thyrotoxic crisis:
 - Inhibits thyroid H release

Adverse effects

- Allergy
- Iodism:
 - Metallic taste, flu-like illness
 - Pain in salivary glands
 - Rashes

Treatment of thyrotoxicosis

- Medical:
 - Anti-thyroid drug (carbimazole, propylthiouracil)
 - Propranolol
- Surgical:
 - Surgical preparation by propranolol & iodide
- ♦ Radioactive iodine I¹³¹

Drug-induced goiter

- Antithyroid drugs:
- Iodide
- Lithium
- Amiodarone

- □ Food-induced:
- Cabbage