

# Medication Counseling for Thyroxine

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## Abstract

This communication from the National Indian Patient-centered Thyroid Management group provides a useful tool to help in medication counseling during hypothyroidism management. The authors classify and list aspects of thyroxine use which must be discussed with patients on thyroxine supplementation or replacement. Issues related to concomitant food and medications intake, preconception and pregnancy management, as well as sick day care, are also discussed.

**Keywords:** Hashimoto's thyroiditis, medication counseling, patient education, preconception, pregnancy, thyroid-stimulating hormone, thyroid vigilance, thyroxine

**Table 1: My thyroxine, my lifeline: Checklist for patients**

Care
Do not change the brand of thyroxine unless specifically advised by your doctor
Discard discolored or expired medication
Storage
Store thyroxine in a cool, dark place
Do not keep thyroxine in a place with extremes of humidity temperature like the kitchen or bathroom
Timing
Take thyroxine at least ½–1 h before breakfast
If advised otherwise by the physician, take the tablet at the specified time
Method of administration
Dry your hands before opening the bottle
Do not break the tablet
Take the tablet with a small quantity of water
Try to take the tablet directly from cap of bottle without touching it with your hand

*Contd...*

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**How to cite this article:** Kalra S, Unnikrishnan AG, Tiwaskar M, Sahay R, Saboo B, Negalur V, *et al.* Medication counseling for thyroxine. Indian J Endocr Metab 2017;21:630-1.

### Access this article online

#### Quick Response Code:



**Website:**  
www.ijem.in

**DOI:**  
10.4103/ijem.IJEM\_91\_17

**Table 1: Contd...****Food**

There are no dietary precautions for thyroid disorders; however, diet modification may be needed for associated comorbidities such as overweight/diabetes/hypertension/increased cholesterol

Most patients with thyroid disease can comfortably eat cabbage, cauliflower, and soya products; however, avoid soya bean rich-diet within 1 h of taking thyroxine

Avoid protein supplements within 1 h of taking thyroxine

Minimize high fiber food intake within 1 h of taking thyroxine

**Concomitant medication**

Avoid ingesting antacids with thyroxine

Avoid ingesting iron or calcium for at least 4 h after taking thyroxine

**Monitoring**

Ensure regular TSH monitoring, at intervals suggested by your physician, to achieve predecided targets

Take thyroxine after the sampling on the day of a TSH estimation - do not skip the dose

**Missed tablet**

If you miss a dose of thyroxine, take it as soon as you remember, but avoid intake of food 1–2 h before and after, the dose

A double dose may be taken the next day, if a tablet was inadvertently missed

**Sick day**

Do not miss thyroxine if you are sick

Try to take thyroxine at the same time of the day, even if you are sick

**Travel**

Do not miss thyroxine while traveling

Try to take thyroxine at the same time of the day, while traveling across time zones

**Alternative therapy**

Avoid unproven therapies for hypothyroidism or weight loss

Avoid over the counter supplements for hypothyroidism or weight loss

**Thyroid vigilance**

For most persons, thyroxine is a lifetime medication; do not stop or decrease dose of thyroxine if the laboratory report returns to normal

Inform your thyroid specialist if you have started/changed other medication

Inform other health-care providers about your thyroid status

**Pregnancy**

Thyroxine is safe during pregnancy and lactation for mother and fetus/baby and should not be stopped

Increase the dose of thyroxine from 7 to 9 tablets a week, as soon as pregnancy is confirmed

Contact your treating doctor as soon as you know you are pregnant

TSH: Thyroid-stimulating hormone

Medication counseling is an integral part of prescription in endocrinology.<sup>[1,2]</sup> Table 1, which is based on published evidence,<sup>[3,4]</sup> suggests essential points which can be used while counseling patients on thyroxine. This table can be used for patient education in any form, provided the Indian Journal of Endocrinology and Metabolism is acknowledged.

**Financial support and sponsorship**

Nil.

**Conflicts of interest**

There are no conflicts of interest.

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