

TSH test:
ordered by
practitioner

Hyperthyroidism suspected
(Check "hyperthyroidism suspected"
on the standard out-patient
laboratory requisition) TSH below
the lower limit of normal*

Normal TSH levels
TSH within reference range*

Hypothyroidism suspected
(Check "hypothyroidism suspected"
on the standard out-patient
laboratory requisition) TSH above
the upper limit of normal*

FT4 test:
automatically
performed by
lab if TSH
abnormal

FT3 test:
automatically
performed by
lab if TSH
low and
FT4 normal

FT4

Normal

High

FT4

Low

Normal*

FT3

Normal

High

See Table 2 for other
diagnostic considerations:
Repeat TSH at 6–12months
or sooner if the clinical
situation changes

Hyperthyroidism
confirmed (see Table 2)
Seek specialist consult
if patient is pregnant or
planning pregnancy

Hypothyroidism
confirmed (see Table 2)

See Table 2 for other
diagnostic considerations:
Repeat TSH at 6–12months
or sooner if the clinical
situation changes

Monitor TSH

Wait 6 weeks after start of treatment, or
change in dosage before re-testing TSH

Thyroid Function Testing

**Saskatchewan. Health Services
Utilization and Research Commission**

Thyroid Function Testing

Thyroid Function Testing Gregory A. Brent, 2010-04-06 Thyroid function tests are utilized by essentially all medical practitioners across every clinical setting in patients from newborns to the elderly. They are the most frequently measured endocrine tests. The sensitive thyrotropin TSH assay reflects thyroid hormone feedback to the pituitary and is diagnostic of both thyroid hormone excess as well as deficiency. The log linear relationship between serum TSH and thyroxine concentrations means that small changes in serum thyroxine are amplified by changes in serum TSH. The availability of the sensitive TSH assay in essentially all clinical laboratories has improved and simplified the assessment of thyroid function for the diagnosis of thyroid disease and to monitor treatment. Serum free thyroxine and thyrotropin concentrations as well as other thyroid tests can be measured utilizing an automated immunoassay platform that provides rapid and accurate results. This simplified approach to thyroid assessment often requiring only a serum TSH measurement and rapid availability of the thyroid function tests results has expanded the scope of thyroid testing and clinicians ordering and interpreting thyroid tests. There remain however many challenges in selecting the appropriate thyroid function test to order the correct interpretation of results and applying these results to the diagnosis and management of thyroid diseases. It is especially important to be aware of limitations of thyroid function tests as well as special clinical circumstances that can influence thyroid function measurements. The serum TSH concentration for example may not accurately reflect thyroid status in many situations including after prolonged hyperthyroidism when serum TSH remains suppressed for months in the presence of hypothalamic or pituitary disease or due to a number of interfering medications. The serum free thyroxine measured by the analog method is not accurate with high or low serum binding proteins and during pregnancy. Hospitalized patients often have thyroid function test abnormalities that are transient and return to normal after recovery from the acute illness. Iodine excess and deficiency can dramatically influence thyroid function tests. Significant insights have been gained into the regulation of thyroid hormone synthesis and especially the role of thyroid hormone metabolism in supplying tissues locally with an adequate supply of thyroid hormone. In a number of instances these factors influence the selection and interpretation of thyroid function tests. Polymorphisms common sequence variations in genes of components that regulate thyroid function and thyroid hormone action may also contribute to variability in thyroid function tests in a population. Preface This volume draws on an outstanding international panel of experts in thyroid function tests and thyroid function assessment. They represent clinicians, clinical researchers and basic science researchers all with a focus on some aspect of the assessment of thyroid function. The chapters all provide a clinical perspective but are informed by the most recent scientific advancements. The first section of the book Chaps 1-3 presents the most recent advances in thyroid physiology, a review of genetic influences on thyroid function tests and a discussion on the influence of iodine on thyroid function. In Chap 1 Drs Huang and de Castro Neves describe thyroid hormone metabolism emphasizing the key role of thyroid hormone activation and inactivation in

thyroid hormone action Dr Visser is a world leader in studies of thyroid metabolism and genetic influences on thyroid function. In Chap 2 Dr Visser and his colleagues Drs van der Deure, Medici and Peeters provide a clear view of this important and rapidly expanding field. The population variation in the TSH set point relationship between serum TSH and thyroxine in an individual for example is thought to be genetically determined and influences the evaluation of thyroid function and thyroid function targets for treatment of thyroid disease. Dr Zimmerman an internationally recognized expert in iodine and his colleague Dr Andersson provide in Chap 3 an in depth treatment of the most significant influence on thyroid function throughout the world iodine intake. The influence of iodine deficiency and excess on individual thyroid function is discussed as well as the population effects on thyroid diseases and especially fetal and neonatal development. The basics of thyroid function measurements approaches limitations and clinical applications are described for the major categories of thyroid function tests Chaps 4–7. The authors of these chapters are innovators in the field strongly identified with the origination or significant refinement of the core tests utilized in thyroid assessment. In Chap 4 Dr Hershman describes the measurement of TSH the clinical application and utilization. This remains the cornerstone of thyroid testing but must be interpreted with an understanding of the dynamics of thyroid regulation. An active controversy in thyroid measurement involves the appropriate use of serum thyroxine measurements and especially the value of the analog free thyroxine measurement the most commonly used thyroxine assay. In Chap 5 Dr Stockigt provides a detailed assessment of thyroxine and triiodothyronine measurements and a clear message for their use and limitations. The most common etiology of thyroid disease is autoimmune and the appropriate use of thyroid autoantibody measurements remains confusing to many clinicians. In Chap 6 Dr Weetman and his colleague Dr Ajjan clearly describe the range of thyroid autoantibody tests and how they should be utilized clinically. Thyroglobulin measurement is the key tumor marker to follow thyroid cancer patients and Dr Spencer and her colleague Ivana Petrovic describe the essential features of this measurement in Chap 7. It is essential that clinicians using thyroglobulin measurements to monitor thyroid cancer are aware of the performance of the assay being used and the factors that can interfere with the measurement. Application of thyroid function testing to the key clinical settings is discussed by expert clinicians and clinical researchers in Chaps 8–13. The appropriate selection of thyroid function tests in the diagnosis and monitoring of thyroid disease in the ambulatory setting is discussed by Drs Farwell and Leung in Chap 8. This is the most common setting for thyroid function test measurement and a rational approach is described. Specific issues of thyroid function in infants and children are discussed in Chap 9 by Drs LaFranchi and Balogh. Screening for thyroid disease among newborns has been a highly effective approach to prevent mental retardation. The assessment of thyroid function in newborns especially premature infants is challenging as are the interpretation of thyroid function tests in infancy through childhood. Illness has a significant impact on thyroid function tests and assessment in this group is described by Drs LoPresti and Patil in Chap 10. A logical approach to these patients is provided as are ways to identify those patients with thyroid

disease that need to be treated Assessment of thyroid function in pregnancy is challenging and is being increasingly recognized as a crucial time to normalize maternal thyroid status Adverse outcome for mother and her child can result from thyroid hormone deficiency or excess In Chap 11 Drs Lazarus Soldin and Evans fully describe the use and limitations of thyroid tests in pregnancy and provide an approach to testing and monitoring thyroid function The incidence of autoimmune thyroid disease increases significantly with age and in Chap 12 Dr Samuels provides a clear approach to the assessment of thyroid status in the elderly and interpretation of thyroid studies The influence of drugs on thyroid function testing remains a major clinical issue with recognition of an ever increasing list of medications that influence thyroid function and thyroid testing In Chap 13 Drs Pearce and Ananthakrishnan comprehensively describe these medications with a special emphasis on their mechanism of action and on iodine containing medications I am most grateful to my colleagues for their enthusiasm and willingness to provide such outstanding contributions to this book The editorial team at Springer is excellent and has been highly supportive and effective My special thanks to Editor Laura Walsh Associate Editor Dianne Wuori Editorial Assistant Stacy Lazar Senior Production Editor Jenny Wolkowicki and Crest Premedia Solutions for final production

Laboratory

Medicine in Psychiatry and Behavioral Science Sandra A. Jacobson, 2016-12-19 A revised abridged version of the seminal work *Laboratory Medicine in Psychiatry and Behavioral Science* *Clinical Laboratory Medicine for Mental Health Professionals* more directly address the needs of general psychiatrists and their mental health colleagues in clinical practice Sections on laboratory tests diseases and conditions and psychotropic medications include alphabetically arranged entries making it easy for busy clinicians to reference the updated information For each laboratory test the following information is provided The type of test e.g. blood urine etc An explanation of the test The test's relevance to psychiatry Patient preparation Medical and psychiatric indications for the test Numerical reference ranges Critical values for test results The potential meaning of abnormal results e.g. factors that lead to increased or decreased levels Interfering factors Cross references to other tests or conditions Information on clinical diagnosis and laboratory testing is provided for diseases and conditions and psychotropic medications are examined from both a screening and a monitoring standpoint Extensively indexed this guide also includes an appendix that features at a glance information on therapeutic and psychotropic levels 10 rules for deciding whether an ECG is normal and several figures covering topics relevant to tests such as ECG waves and intervals cholestatic injury bilirubin cycle and SIADH secretion Years of clinical practice and research inform both the choice of tests included and the rationale for their use making *Clinical Laboratory Medicine for Mental Health Professionals* the definitive authoritative reference for psychiatrists and other behavioral health clinicians

Manual of vital function testing methods and their

interpretation Wilfred Mason Barton, 1916 **Clinical Laboratory Medicine for Mental Health Professionals** Sandra A. Jacobson, M.D., 2017-02-11 Sections on laboratory tests diseases and conditions and psychotropic medications include alphabetically arranged entries making it easy for busy clinicians to reference the updated information

Cumulated Index

Medicus ,1986 **Biotin and Other Interferences in Immunoassays** Amitava Dasgupta,2019-01-15 Biotin and Other Interferences in Immunoassays A Concise Guide is aimed at clinical laboratory scientists medical technologists and pathologists who are often the first individuals contacted by a clinician when a laboratory test result does not correlate with clinical presentation Research scientists working in diagnostics companies will also find this information essential Sources of errors in non immunoassay based methods used in clinical chemistry and toxicology laboratory are also discussed so readers can get all important information from one concise guide This succinct user friendly reference provides the necessary information to address high levels of biotin in clinical laboratory results Discusses issues of biotin interferences and ways to avoid them for accurate clinical laboratory results Provides sources of errors in non immunoassay based methods used in clinical chemistry and toxicology laboratories Highlights how to handle specimens in the lab and how to eliminate the effect of biotin in precious samples **Thyroid Function Testing : Guidelines** Saskatchewan. Health Services Utilization and Research Commission,1992 *Thyroid Function Tests in Clinical Practice* T. R. Gamlen,R. J. Mardell,1985 **Practical organotherapy** Henry Robert Harrower,1922 **The Journal of Neurology and Psychopathology ,1923** **Practice of Medicine** Frederick Tice,1922 **Endocrine Diagnostic Charts ,1929** *An Introductory Guide to EC Competition Law and Practice* Valentine Korah,1994 *Safeguarded Thyroidectomy and Thyroid Surgery* Charles Conrad Miller,1928 Journal of Nervous and Mental Disease ,1925 July 1918 1943 include reports of various neurological and psychiatric societies *The Endocrine Survey ,1924* **The Prescriber ,1926** **Nuclear Medicine; a Guide to Recent Literature** International Atomic Energy Agency,1966 *International Medical and Surgical Survey ,1922* **Practice of Medicine: General Subject (Continued), Infectious Diseases, 1927** Frederick Tice,1927

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