Volume II Issue XLIX 2025

HARMONY

The magazine of Thyroid UK, the charity promoting better thyroid health

Inside this issue:

Magnesium - The 'Demanding' Mineral You Can't Ignore

The fascinating link between ADHD and your thyroid

Five Foods to Eat Regularly if You're Hypothyroid

Success Story - Alex Vick

How we Support You

Our E-News

Thyroid UK has an E-news that we send out in between Harmony issues and whenever there is updated news we think you would be interested in.

This could be updates about thyroid medications, interesting reports, our webinars and webinars that other charities/organisations are running and our fundraising.

To get our E-news, you need to consent to receive them. You can do this by going to our website and filling out the consent form: **https://thyroiduk.org/contact-us/get-our-e-news/**

For instance, we were lucky enough to receive two places in the London Marathon for next year so if you know anyone who really wants to take part, please let them know they can register - **https://thyroiduk.org/events/london-marathon-events-application-form/**

Regenerus Laboratories

We are pleased to tell you that there has been some changes to how we work with Regenerus Laboratories. Until now, people had to order from them directly but now to order any tests from Regenerus, you can simply go to our website and click the link, which will bring up an order form that you complete and submit to us. We will then order the test/s and Regenerus will send you the kit. From then on Regenerus will keep you informed as you move through the process.

We have added some tests to our list as these have been requested by some people and we want to make things easier for everyone. It also means that if there are any issues/queries, we can deal with them more quickly.

To see all the tests they have to offer go to: **https://app.omnos.me/shop/tests** (Regenerus have now merged with Omnos so don't be surprised if you see their name).

To order any test, go to: **https://thyroiduk.org/testing/private-thyroid-tests-in-the-uk/regenerus-labs-2/**

regenerus labs

Thyroid UK Online Community

Don't forget that Thyroid UK has an online community where you can share your experiences with others.

You can **ask questions** which will be answered by fellow members and Thyroid UK volunteers and you can **read and comment** on or **answer** other people's questions.

Thyroid UK run **regular polls** about relevant topics which we can use in our campaigns for change.

You can also **contact other members** by the private messaging system.

http://www.healthunlocked.com/thyroiduk

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Message from the CEO

Hello Everyone!

Well, as I write this, it is 29 degrees in the office! I have two fans going and I can't have the window open in my room because the midges think they have an open invite!

My work has been very varied from finding a volunteer to help me in my work, finding a volunteer to become our independent examiner to check our accounts and finding a volunteer to help me with the social media posts (BTW if you or anyone you know is interested, do let me know). :-)

Along with all the other work I have to do this has meant that I haven't had time to deal with grant fundraising. This means that our funds are extremely low and we need to do something urgently to change this.

I know from our fundraising pages, it looks like we are bringing in plenty of money but bear in mind that this money comes in dribs and drabs over at least 6 months and still does not cover our costs e.g. wages, rent, electricity, printer costs, postage costs, website costs, council tax, telephone, insurance and more.

Over the next few weeks we are going to try very hard to obtain some grants to pay for the running of Thyroid UK but this may mean that I don't have time to do other work so do bear with me if I don't respond to things as quickly as I usually do.

We will also be trying to raise funds in other ways so, if you can, please do help us.

Now some better news - I have organised our next Get Together which will be on Wednesday 9th July. Heidi will be sending out a link nearer the time.

I'm afraid I ran out of space in this issue (and you can see that this issue is 20 pages rather then 16 this time!) so I couldn't report on how the Thyroid UK International Thyroid Awareness Week webinar went.

Apart from a couple of technical issues (when isn't there!) It went really well.

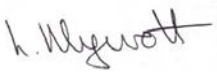
Michael Rosen was our key speaker and, honestly, I think he is the best speaker we have ever had. He had us all in stitches! However, it showed that thyroid disease can affect anyone, rich, poor, famous or not so we really need to keep campaigning for better treatment.

The webinar was recorded and it is now up on our YouTube channel. You can access it by going here: https://youtu.be/Wu4hrNiBFk0

I hope that you enjoy it and learn something from it - I know I did!

If you would like to make a donation, it's very easy. Simply go to our home page - **www.thyroiduk.org** find the "Donate" button on the top right hand side of the page and click.

I hope that you all have a lovely summer.



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Thyroid UK News

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DONATIONS

We would like to sincerely thank everyone who has donated over the last few months. **£2,250.92** was raised altogether.

We have also managed to reclaim **£1,520.85** in Gift Aid. Thank you so much to everyone who has remembered to Gift Aid their membership fees and donations – this makes a huge difference to Thyroid UK!

Thyroid UK Get Together

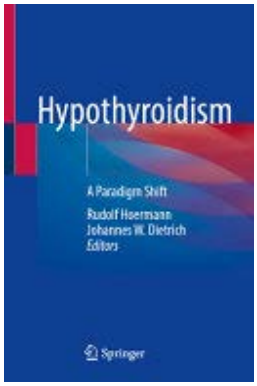
I know some of you may well be on holiday having a lovely time but this is just to let you know that the next Get Together will be on Wednesday 9th July at 12.00pm until 1.00pm.

Heidi will be sending out the invites nearer the time.

The webinar will not be recorded or sent anywhere so you can chat about whatever you like.

Hope to see you there!

Hypothyroidism - A Paradigm Shift



The long awaited book by Rudolph Hoermann and Johannes W Dietrich has finally been published!

Their book offers a fresh perspective on hypothyroidism, exploring the regulation of the hypothalamic-pituitary-thyroid axis, presents a paradigm shift in thyroid disease management, aiming to enhance patient outcomes and invites readers to rethink traditional approaches to thyroid function testing and treatment strategies.

It is quite expensive - the e-book is £95.00 and the hard cover is £119.99 but you can obtain a discount on the hard cover of 20% if you use the code SPRAUT at Springer Nature website - **https://order.springer.com/public/cart?message=AddToCartSuccess**

You may also be able to get a digital version if you become a member of ResearchGate where you can ask for a copy - **https://www.researchgate.net/**

We really hope that this book will bring about change for thyroid patients. It is selling really well so let's hope that a lot of doctors read it and take action from it. Peter Warmingham is writing a summary so as soon as this is available, I will let everyone know.

Within the book there is the wording, "*In memoriam John Edward M. Midgley"* which is really sweet. We also want to mention that he was due to be paid £85.00 publication fees and his daughter, Cath Taysum, very kindly donated this to us. Both Rudolf and I both think that John would have really liked that.

Thank you so much Cath. We are really grateful to you.

Other News

We were so pleased to see that there has been some interest in the media about liothyronine. Firstly, Mary Saunders, a staunch follower of Thyroid UK, had her story published in the journal, Nature Reviews - Endocrinology. Unfortunately, it is not accessible unless you subscribe. Mary explained her frustration about "…the difficulties many patients with hypothyroidism experience in achieving an accurate diagnosis and accessing effective treatment."

She discussed her health issues and the fact that levothyroxine still left her with symptoms and how dismissive her GP was. She went on to explain that when she discovered liothyronine (T3) and asked for it to be prescribed, it was refused due to the high cost.

She then purchased it herself and self treated until Covid hit, when she couldn't travel. She again asked for it to be prescribed but the endocrinologist insisted on 6 weeks without her T3. This proved to the endocrinologist that she needed it and so it was finally prescribed on the NHS.

However, a recent medication review meant that she had to give written proof of the trial on T3! She now dreads every consultation in case her T3 is taken away. We should not have to endure such disgraceful and humiliating treatment!

Mary finishes her review with a call for change - "…retraining clinicians, improved understanding of thyroid conditions and equitable access to the treatments that are effective for each individual."

Thyroid UK was also contacted by National Voices who were looking for a patient to tell their story to The Independent in respect of their report surrounding long-term conditions and patient experience measures. The Independent were asking for two case studies sharing stories from people with long term conditions who felt that the NHS wasn't doing enough to help them manage their condition.

We immediately put Mary forward for this article and her story was accepted. You can read it here - Mary's is the second story:
https://www.independent.co.uk/news/health/endometriosis-pain-chronic-illness-nhs-b2759899.html

Well done Mary, for spreading the word about how thyroid patients are being treated by the NHS.

Court upholds CMA's £99m Fine on Pharma over Excessive NHS Thyroid Drug Prices

Just in case you were not aware, in 2021 the CMA fined Advanz Pharma, Cinven and HgCapital over £100 million for their involvement in the charging of excessive and unfair prices in the supply of liothyronine tablets in the UK.

All three companies appealed but the CMA's findings of infringement was upheld and the appeals were dismissed. However, the fines given to "Cinven" and "Hg" were reduced. Hg then settled its case with the CMA and paid £6.2 million.

In December 2024, the CMA appealed the decision to reduce the fines of Advanz Pharma and Cinven and Advanz and Cinven also tried to appeal. However, the Court of Appeal unanimously refused Advanz Pharma and Cinven permission to appeal the judgment and agreed that the CMA's original penalty for Cinven was appropriate and reinstated it in full.

The total amount in fines stands at £99 million, divided amongst Advanz's owners across the infringement period: £6.2m for HgCapital; £51.9m for Cinven; and £40.9m for Advanz

Hopefully, this will deter other pharma companies from doing the same!

You can read the CMA press release here:

https://www.gov.uk/government/news/court-upholds-cmas-99m-fine-on-pharma-over-excessive-nhs-thyroid-drug-prices

Our Fundraisers

David Gee

David has run in aid of Thyroid UK before but this time he upped his game and ran the Brighton Marathon and raised a huge amount of money for us! He told us, *"Brighton Marathon was my first ever marathon challenge but my second run to raise vital funds for Thyroid UK. I wanted to continue the fundraising for Thyroid UK as the support I received first time round was fantastic and this didn't disappoint for this event.*

Fundraising excelled my expectations with a finishing total of £1340 plus gift aid, but more so, the amount of people that helped achieve this was unbelievable. In terms of the run, the opportunity of running my first marathon had to be taken. I carried out 4 months of training through winter months and was ready for the day.

The whole event and atmosphere was simply amazing, there was a real buzz and party atmosphere going on. This buzz continued through the streets we ran. The public lined the route and the support through the whole marathon was nothing short of breathtaking.

I finished the marathon in a time 03:40:05 which was a lot better than expected, and that combined with the level of funds raised for Thyroid UK I would say was a very successful effort. I would just like to finish by thanking Thyroid UK for the opportunity to not only achieve a personal goal but also helps others."

Lyn: Thank you so much again David! That is an amazing amount you have raised for us!

Elaine Cook

Elaine took on the challenge of cycling from Lands End (Cornwall) to John O'Groats (Scotland). It is 1000 miles, 55,000 feet over 14 days. She raised an amazing £320 plus Gift Aid with donations still coming in!

Elaine told us, *"It is something I have wanted to do since I began cycling about 8 years ago and as I face a significant birthday this year it was now or never. Although it is not an organised charity challenge I have decided to use it as a chance to raise some money for Thyroid UK – as a Hashimoto's sufferer for nearly 20 years it has been an invaluable resource, helping in those times when I just didn't feel well but had to keep going. Thyroid issues affect more women than men and are often dismissed as other things including depression, menopause, chronic fatigue. Thyroid UK work to improve thyroid treatment, patient choice and promote research. Any sponsorship is gratefully received.*

If you would like to donate to Elaine's cycling challenge, you can do it here:
https://www.justgiving.com/page/elaine-cook-1744645183226

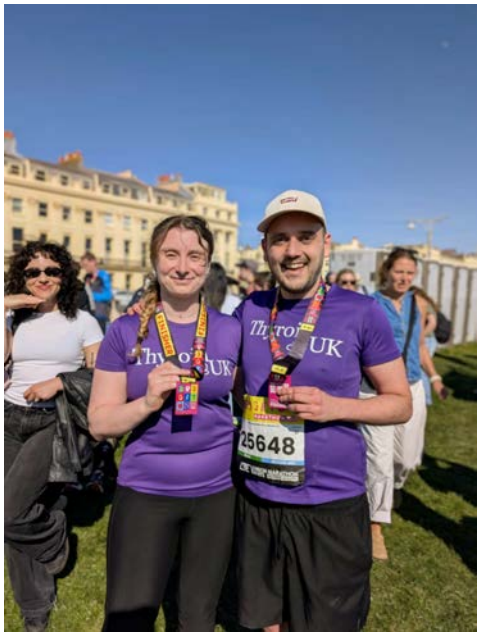
Marie Glanfield

Marie Glanfield rose to the challenge of the Edinburgh Marathon and has raised a whopping £530 plus gift aid for Thyroid UK!

She told us, "*The marathon saw me run during proper Scottish weather…Sun. Wind. Rain. Hail. The gale force gusty spells felt strong. But boy that last 10k of gusty head winds was a physical and mental challenge. Loved every minute – honestly. And it's a wrap for me on marathons. Ending on a high. :-) "*

Lyn: Marie, you are so brave to do this in those conditions! I hope you have fully warmed up now!

Molly Lempriere and Joe Baker



Molly and Jo ran the Brighton Marathon in aid of Thyroid UK. Molly raised a fantastic £320 including Gift Aid and Joe raised an amazing £805 including Gift Aid! This is what they had to say:

Molly: *"Thanks for giving me the opportunity to run for Thyroid UK. The Brighton Marathon was a great day, with an incredible atmosphere. It was fantastic to be able to run the marathon for Thyroid UK!"*

Joe: *"It was an absolutely brilliant event and the atmosphere in Brighton was electric! The weather was perfect, though the heat did make it quite tough in the later stages. I was a bit off my target time, but that just gives me something to aim for in the future.*

After being introduced to Thyroid UK by a friend of mine, I was inspired by the work they are doing to promote treatment for thyroid disorders – particularly as it's an issue that many people in the UK might not be aware of. I'm really happy to have done something to contribute."

Sandi Male

Sandi organised a Plant and Seed Swap in aid of Thyroid UK. I have never heard of these events before but what a brilliant idea! Sandi tells us: *"I don't know if you've ever been to a Plant and Seed Swap: a group I was involved with used to hold one twice a year as a fundraiser. People brought excess plants or saved seeds and took away whatever they fancied. How does that make money? Well, if you have nothing to swap you pay a small amount and, if you are very lucky, find the plant you have been yearning for. (I did.) Last year I realised I could resurrect the Swaps at our local u3a (University of the Third Age) coffee mornings. The hall was sorted. The coffee was sorted. Even the tables were sorted. I just had to advertise it in the newsletter and name a charity.*

I was diagnosed with an under-active thyroid in 2010. I've been on the Thyroid UK forum at HealthUnlocked since 2014 having lurked before that and I joined Thyroid UK. £35 for a life-line? I'm planning another Plant and Seed Swap in the autumn so there should be more to come. Thank you.

PS The left over plants? They went to a very hard working young woman running a group resurrecting the local First School gardens."

Thank you, Sandi! If anyone else fancies doing a plant and Seed Swap in aid of Thyroid UK, do let us know!

Nicole Byers

Nicole chose to take on the Edinburgh Half Marathon on 25th May 2025 in aid of Thyroid UK.

She told us that her reason for running was that a family member was diagnosed in early 2024 with thyroid cancer after having a growth removed via surgery. After cancerous cells were found on the growth, she required another surgery to remove the rest of her thyroid. Thankfully the doctors said that all the cancer had been removed, however, she still received iodine radiation treatment in Summer 2024. This was just to make sure any small remaining cancer cells were killed off. Thyroid cancer is more common in woman than men, however, it is still a relatively rare cancer. Survival rates for thyroid cancer are very high and it is one of the more easily treatable cancers.

Symptoms of thyroid cancer include a lump in the front of the lower part of your neck – the lump usually feels hard, slowly gets bigger and is not painful; a hoarse voice; a sore throat; difficulty swallowing or breathing and pain in the front of your neck, or a feeling like something is pressing against your neck.

This was a huge challenge for Nicole and put her outside of her comfort zone. She raised a phenomenal £655 plus gift aid for us! Thank you so much!

David Jones

David, ran the AJ Bell Great Manchester Run in aid of Thyroid UK raising a brilliant £210 including Gift Aid. He tells us, *"It was an absolute honour to run on behalf of Thyroid UK.*

My motivation for running an half marathon on behalf of Thyroid UK was my wife. During lockdown we discovered that she has Coeliac disease, and started to adjust her diet and how we prepared food at home to work around it. Unfortunately this didn't seem to quite be enough and we started to research her symptoms. This led us to a few possibilities, one of which was Hashimoto's Thyroiditis. We have since had this confirmed by an endocrinologist.

This obviously led to further dietary restrictions, we joke that the list of what she can eat is shorter than the list that she can't.

Unfortunately in the UK there is a postcode lottery around NHS support for people with Coeliac Disease and absolutely no support for people with Hashimoto's.

This led me to running on behalf of yourselves, the work you guys do is critical, the support you offer and your work around raising awareness is absolutely needed. You give a voice to people like my wife and we are eternally grateful for it.

I have since signed up for 4 more half marathons this year and will be aiming for 2 marathons and maybe an ultra next year.

I would love to keep my fundraising page open and see where we can get to with raising funds for you guys. And would be proud to wear the t-shirt at every race, until it falls apart."

Lyn: Thank you David! I do hope the quality of the T-shirt stands up for however long you need it!

A HUGE THANK YOU to all who have raised funds for us this year! It makes my heart full to see so many people wanting to support us and raising so much money for us. These funds really do help us keep running in this very difficult times for charities. We are so very grateful to you all.

New Question and Answer Column

We are pleased to let you know about a new section of Harmony! We are going to be working with Caroline Webb, The Thyroid Nutritionist, on a new question and answer column.

Caroline is a registered naturopath and nutritional therapist, a health coach and a nutrigenomics practitioner. She has trained with leading thyroid experts from the UK, America and Australia.

So, if you have any questions you would like answered about thyroid, nutrition, peri-menopause or Menopause, send me an email and it may be published in one of the issues of Harmony.

Caroline is also going to be discussing thyroid autoimmunity (Hashimoto's disease and Graves' disease) at our next Get Together so don't forget to register when you get the invite.

Magnesium—The 'Demanding' Mineral You Can't Ignore

by Melissa Cohen
Nutritional Therapist BSc (Hons), Mbant, mIFM, NLP Practitioner

A question I get asked a lot is, "How much magnesium do I need and what type?"

Magnesium is a vital mineral that plays a central role in many of the body's processes. It's something that everyone needs, yet it often goes unnoticed until it becomes depleted. We rely on magnesium to keep our bones strong, help our cells produce energy, support the function of our ligaments and joints, and even power the electrical activity of the heart. It is also essential for hundreds of chemical reactions in the body, particularly those involving enzymes that keep everything working properly.

Despite its importance, low magnesium levels can be surprisingly common. The early signs of magnesium depletion can be subtle and easily mistaken for other issues. Some of the most common symptoms include aching joints, cramps in the feet or legs (often at night), tension headaches, difficulty sleeping, and sugar cravings. Some people may also experience increased hunger or general fatigue. These signs might come and go, which makes them easy to overlook or dismiss.

One of the challenges with diagnosing low magnesium is that standard blood tests are not always reliable. This is because most of the magnesium in the body is stored in the bones and soft tissues. In fact, only about one percent of magnesium circulates in the blood at any given time. Since the heart needs magnesium to function properly, the body tightly controls blood levels, often at the expense of other tissues. This means that even if a blood test shows normal magnesium, a person could still be deficient.

Over time, low magnesium levels can contribute to more serious issues, such as osteopenia, which is a sign that the bones are beginning to lose density. But for many people, the first signs are much milder - those daily symptoms like restless leg syndrome, sleep issues, sugar cravings, or muscle tension.

Magnesium-rich foods can be easily included in a balanced diet, and they're found across a variety of food groups. Some of the top sources include almonds, avocados, turkey, and chicken. But there are many more:

- Dark leafy greens such as spinach, Swiss chard and kale
- Seeds such as pumpkin, chia, flax and sunflower
- Nuts including cashews, Brazil nuts and walnuts
- Legumes such as black beans, chickpeas and lentils
- Whole grains such as brown rice, quinoa, oats and buckwheat
- Dark chocolate (70% cocoa or more)
- Tofu and tempeh
- Bananas
- Figs and dried fruit (such as prunes and apricots)
- Fatty fish such as salmon and mackerel

If you do get those pesky sugar cravings opt for a 100% dark chocolate high in magnesium and cocoa fat. I promise you, you will not want to eat the whole bar, and your sugar cravings will vanish! I recommend Montezuma chocolate. You can find this on Amazon - (https://amzn.to/3TAZNo5)

While eating magnesium-rich foods is important, how well we absorb magnesium depends on a few factors. The body absorbs magnesium in the small intestine, and it competes with other minerals such as calcium and zinc for absorption. This means balance is key - too much of one mineral can sometimes reduce absorption of another.

Certain conditions, like gut inflammation, stress, high sugar intake, and alcohol consumption, can reduce magnesium absorption or increase how quickly it is lost. Ageing also plays a role, as older adults may absorb less magnesium from food and lose more through the kidneys. Therefore, anyone over the age of 50 should make sure they are eating plenty of magnesium and/or consider a Supplement.

To help your body absorb magnesium more

effectively, it can be useful to combine magnesium-rich foods with others that support digestion and nutrient uptake. Here are some examples of helpful combinations:

- **Magnesium + Vitamin B6**: B6 helps magnesium enter cells. Pair foods like salmon or turkey (which contain B6) with leafy greens or seeds.
- **Magnesium + Healthy Fats**: Fats help the body absorb fat-soluble nutrients. Avocados or nuts (which provide both) are ideal.
- **Magnesium + Prebiotics**: A healthy gut environment supports better mineral absorption. Include fibre-rich foods like onions, leeks, garlic, and oats alongside your magnesium sources.
- **Limit caffeine and fizzy drinks** during magnesium-rich meals, as they may reduce absorption

If you're thinking about taking a magnesium supplement, it can be a bit of a maze with all the options out there. So, here's a simple, practical guide.

Let's start with constipation, which many people struggle with. **Magnesium citrate** helps draw water into the colon to help soften the stool and get things moving naturally. It's gentle but effective.

If you're feeling low in energy and going through a stressful time or having trouble sleeping, **magnesium glycinate** is an all around optimal supplement.

Magnesium helps convert thyroid hormone (T4) to its active form (T3), and supports the pituitary gland, which helps regulate thyroid hormones. Many people with an underactive thyroid are magnesium-deficient without realising it. **Magnesium glycinate** is a supportive form in this case. Don't worry if you take too much the most common side effect is loose stools! Aim for 150mg – 300mg per day and you can work upwards if need be. Split the dosage into 1 in the morning and 1 at night.

For a magnesium busting smoothie:

- 1 glass unsweetened almond milk
- 1-2 tablespoons almond butter
- 1-2 cups fresh spinach
- ½ ripe avocado
- 1 small frozen banana
- 1 tablespoon chia seeds or flaxseeds
- A few ice cubes for the summer!!
- Blend and enjoy ☺

If you're wondering whether you have any nutrition deficiencies or would like more support with your thyroid health, I'd love to help you. Together, we can create a personalised plan that suits your lifestyle and needs. Book a consultation today, and let's take the next step towards your best health.

Email: melissa@melissa-cohen.com

Follow us on Instagram for tips, recipes, and wellness inspiration: @melissacohennutrition

New Oral Liothyronine

Thyroid UK was recently approached by a pharmaceutical company, Eclosix, who hold the licence for a new oral liothyronine called ENOLIO.

ENOLIO is able to be prescribed to both children and adults and is expected to be available to the NHS in July. Eclosix is in the process of informing NHS organisations across the UK regarding the availability and licensing of the product.

ENOLIO comes in a 50ml bottle and each 1ml contains 10mcg/ml of liothyronine.

According to the Government dm+d browser - https://tinyurl.com/3zpybxf8 - the cost is £32.32 for a 50ml bottle although don't quote me on that! There may be things that will impact the cost. If it is available at this price, it will be the cheapest liothyronine product on the NHS.

However, it may be difficult to get prescribed due to the fact that it will need to be refridgerated and probably it can only be prescribed on a monthly basis because of that.

However, the cost of this may in some way help to bring down the cost of liothyronine tablets.

I have told Eclosix that we inform people of thyroid medications due to their ingredients but they are firm that they don't want to see the information all over social media.

The ingredients can be found in the Patient Information Leaflet on their website along with other information: **www.eclosix.com**

To see our Medications for Hypothyroidism please go to: **https://thyroiduk.org/contact-us/list-of-medications-for-hyperthyroidism/**

I hope that this helps some people who need a cheaper brand of oral liothyronine.

Success Story - Alexandra Vick

Alex approached me a few weeks ago wanting to support Thyroid UK but specifically me as she had seen something about my needing help.

Alex has now gone through the whole volunteer process and will be starting soon so watch out for her in any communications or activities that we do.

During the process I found out that Alex had been very poorly and, with our help, had managed to become a lot better and was finally able to think about doing some work, hence contacting me.

I read her story and felt that everyone else needed to read it so here it is:

I had always been a very laid-back person throughout my youth and teenage years, so it came as a shock when in 2010, a year into my first job after leaving school, I began to suffer with and was subsequently diagnosed with anxiety attacks. They came on so suddenly and began to happen so frequently that within a month I had to leave work, thinking it was some kind of stress response and that I needed to take a break and change my lifestyle. For several years I battled with these episodes of sudden tachycardia, full body tremors and a feeling of extreme anxiety. I wasn't aware I was feeling anxious about anything when they would spring upon me out of nowhere like an internal rising wave of heat.

Gradually, I began to develop a generalised anxiety because the episodes were so debilitating, often landing me in A&E. I felt I had no control over my body.

After several trials of anxiety medications with no success, I became increasingly agoraphobic and was continuing down the path of treating my symptoms under the banner of mental health. Following the GP's advice, I moved forward with various rounds of CBT therapy. By 2014 I was finally managing to partake in some voluntary work and social activities. Things seemed to be calming down, the attacks became less frequent and for a period of around 6 months I felt great. I was calmer, happier and getting back to my old self.

By early 2015, I started to notice a blanket of fatigue creeping in. I was struggling to keep up with the work and socialising I had been doing and was feeling increasingly depressed. I felt slow and sluggish and began to have difficulty with swallowing, frequently choking on liquids.

After inconclusive tests with the doctor, I started to do my own research and began to request thyroid blood tests. Over a period of 9 months, the tests were yoyoing in and out of range landing me with a diagnosis of subclinical hypothyroidism. However, I was extremely symptomatic by this point and managed to have my TPO antibodies tested which came back positive for Hashimoto's.

Most doctors were unable to explain why I had suffered from seemingly overactive symptoms before progressing to becoming underactive. I was lucky to speak with one endocrinologist who confirmed that this transient hyperthyroidism can occur during the destruction of the thyroid gland by the antibodies present in Hashimoto's and subsequently I have discovered a vast community of other patients who describe a similar progression.

After diagnosis in 2015, I began on what would be a very long road to find adequate treatment. Initially I decided to begin treatment with levothyroxine, despite the GP believing my TSH levels were not too bad. Over the following months my hair began falling out excessively (continuing to this day). I also began to feel constantly breathless and freezing cold, with indigestion and puffy dry skin along with weight gain round my middle. I would stop and start levothyroxine a number of times because the symptoms were so bad and I felt even more fatigued despite reaching what was deemed an adequate dose. I couldn't think properly to answer simple questions, let alone focus to read or write, my brain was constantly in a fog. It got to the point where I was barely able to get out of bed and couldn't even walk slowly to the end of the road once a month without needing to stop. My body was not working and it felt like my heart was slowing down, which it was.

Failing to find any relief and frustrated that GP's and NHS endocrinologists were not listening,

I began to investigate what was happening, which was not an easy feat whilst operating on around 10 per cent brain power and my last ounces of determination and desperation. Adding into the mix that T3 levels are not routinely tested, as many will know, so I had to keep asking the GP to phone the lab a few days after each blood draw to have it added on. I was then able to notice that the higher I raised the levothyroxine the higher my TSH would rise and the lower my T3 would fall indicating a problem converting the T4 and proving that I was in fact becoming more underactive on levothyroxine. It was at this time I began to read about natural desiccated thyroid (NDT) and discovered the fantastic resources provided by Thyroid UK.

I was able to research private endocrinologists and GP's and educate myself about the different types of alternative medications. Most importantly, and contrary to what I had been led to believe, I realised I was not alone.

It took several years to get onto NDT, trialling different brands and strengths. My body was still very reactive and the autoimmune attacks would flare up regularly. Add into the mix a diagnosis of postural orthostatic tachycardia syndrome (POTS) and chronic fatigue syndrome and the various issues that these cause, it proved challenging to get initiated properly onto NDT. Once I eventually did, after going gluten free and adopting other anti-inflammatory dietary changes, I began to see the light at the end of the tunnel. The most obvious and immediate improvement was in my brain function. It was truly miraculous after living in a fog for so long. Writing this piece in 2016 would have been impossible.

After moving GP and finding one who was a clinical lead for long term health conditions (meaning they would have the authority to make a decision regarding prescribing), I rang local hospitals to find out which endocrinologists would oversee a patient on NDT and asked to be referred to them by the GP.

Once they had agreed to oversee me, I set out to convince the GP that I had been doing well on the medication, demonstrated by a reduction in symptoms and my lack of need for other referrals, medications and unexpected A&E attendances. This was a difficult process but was accelerated by a change in my circumstances, meaning I could no longer afford to pay for NDT privately. The reassurance of the endocrinologist being happy to oversee was both necessary and beneficial to reducing the fears the GP had in prescribing a medication which NICE currently does not recommend.

I'm still looking for ways to optimise my treatment as I still have flare ups and fatigue periods but the improvement thanks to NDT has been incredible. I am a wholehearted advocate for access to NDT medication and for more education on how to treat properly with it. I believe patients need to be truly listened to and offered alternatives when they are still symptomatic on the standard treatment. NDT, in my case, has saved the NHS a vast amount of money previously spent on referrals and medication for underactive-related issues, which are now no longer needed. It should not be this difficult for patients.

So many years of people's lives are taken up battling the system when they should be getting back to the things they love and to be able to get back to work. If people are inadequately treated, then they are limited in life and this needs to change for the good of the individual and the wider society.

Thank you to Thyroid UK for such vital work assisting people where the system is failing and for helping me so much on my thyroid journey. I am very much looking forward to giving back to the community and supporting the work of this wonderful charity.

Lyn: Do read our new page, Liothyronine, and our new Frequently Asked Questions - Hypothyroidism page on our website as it has some answers that may well help you.

It is also a call to action. Please contact your MP about access to liothyronine and the contradictary NHS guidance documents.

We need to push - AGAIN - to ensure that anyone who needs liothyronine can access it.

We know that a lot of people feel better with the addition of liothyronine but also that some people actually need NDT to feel well. We need to be listened to and I think that Alex is going to be an asset in our campaign for better treatment.

I'm really looking forward to working with her!

Relevant Research

Over-the-counter protein supplement resulting in impaired thyroxine absorption on a hypothyroid patient

P A D M Kumarathunga; N S Kalupahana and C N Antonypillai

We all know that we shouldn't take our levothyroxine with or near things like iron and calcium supplements but what we don't often think about is certain types of protein supplements such as whey protein, which is often used as a shake.

With many of us trying to lose weight or watch our weight due to diabetes, one of the most popular ways of eating at the moment is the low glycaemic index (GI) diet. The low GI diet focuses on choosing foods with lower GI values to help control blood sugar levels and improve overall health.

The low GI diet includes lean protein, healthy fats and high fibre. Whey protein is a popular dietary supplement that can be used on a low GI diet.

Unfortunately, though, whey can delay gastric emptying and impair nutrient absorption plus may have some additives such as papain enzyme and soy lecithin which could interfere with the absorption of levothyroxine.

The researchers of this case report tell us about a 34 year old female patient with primary hypothyroidism who had a follow up appointment with her endocrinologist. She had been taking 125mcg of levothyroxine per day for the last three years and her TSH levels were stable.

However, at this appointment she presented with mild hypothyroid symptoms and her TSH level was high. She had recently been taking a protein supplement as advised by her healthcare practitioner. She had been taking her levothyroxine diligently and was not on any other medications or supplements other than the whey protein.

There were no other changes that could have caused the malabsorption and she was not pregnant. Because the only change was the introduction of the whey protein supplement, she was advised to stop the protein supplement while continuing the same dose of L-thyroxine. She was tested again six weeks later and her TSH was normal (1.7 mIU/L).

There is no evidence in the literature for the effects of protein supplements on L-thyroxine absorption but this case report demonstrated that over-the-counter protein supplements could interfere with levothyroxine absorption.

The authors of this case report conclude that patients taking levothyroxine should therefore be cautious when taking them.

So, if you have been taking whey protein in the mornings and have been feeling a bit unwell with symptoms again, do consider having your whey protein in the afternoons to see if that helps.

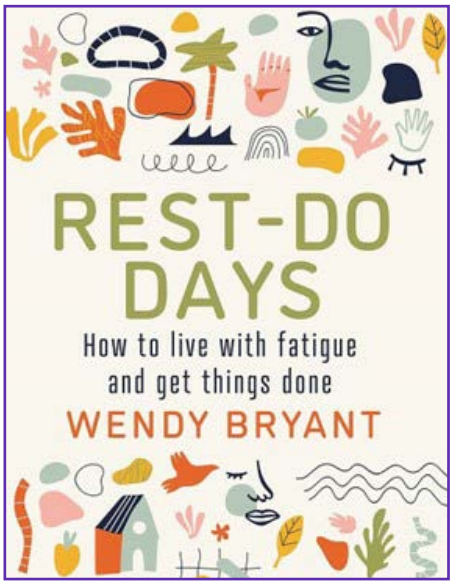
You can find the case report here:
https://edm.bioscientifica.com/view/journals/edm/2021/1/EDM21-0070.xml

Book Reviews

★ Limited Value ★★ Useful ★★★ Average ★★★★ Informative ★★★★★ Highly Recommended

Rest-Do Days

By Dr Wendy Bryant

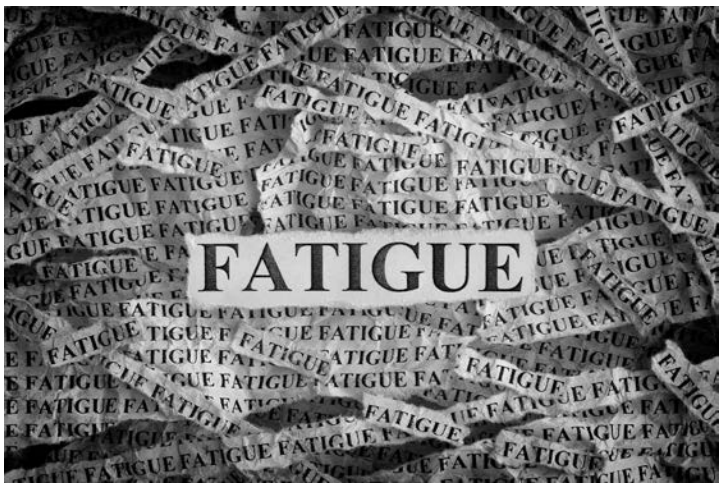


A lot of us will be familiar with the overwhelming fatigue that can go hand in hand with autoimmune disease and is worlds away from simply being "tired all the time". How then do you learn to accept it, to live with it and to work around it? This book subtitled "How to live with fatigue and get things done" may hold the answer.

The author was an occupational therapist before her health forced her to retire and she applies some of the strategies she used in her work to living with fatigue. Out of that comes a practical guide to finding a balance between resting, re-charging your batteries and doing the things that are important to you.

It's effectively all about pacing yourself, but the worksheets and exercises in the book help the reader navigate the process of identifying and differentiating between what needs to be done and what they would like to do and then balancing these against the need to rest. The worksheets and exercises in the book help the reader to work through this, while steering them firmly away from a "boom or bust" approach, which would only lead to exhaustion and a lengthy recovery time.

The basic thesis of the book is what the author calls a 'rest-do day' which is basically a day where the tasks in hand are balanced against the resources available, Around this, there are chapters looking at bases and frameworks of support, knowing our fatigue, being organised, being informed and being realistic, all of which feed into making that rest-do day as productive as possible without compromising on well-being.



Although the author sees her audience principally as people with high levels of fatigue allied to degenerative illness where there is no expectation of cure, I think the book's remit is potentially a lot wider than that and I would happily recommend it to anyone dealing with fatigue, whether as a result of a chronic health condition or on a short term basis, for example after viral illness.

★★★★

Kindly reviewed by Alison Dempster

Don't forget you can support us by using our Amazon link to purchase this book:
https://amzn.to/4eblLXa

The fascinating link between ADHD and your thyroid

By Aggie McCabe
Registered Nutritional Therapist (mBANT CNHC)

For many living with hypothyroidism or Hashimoto's, brain fog, poor focus, and low motivation become part of the everyday. But what if those struggles weren't just "thyroid things", what if they were also pointing toward something else… like ADHD?

For me, the penny dropped in my mid to late twenties. I'd been struggling with chronic brain fog, lack of focus, and an almost comical level of procrastination for years. Then I came across the term "adult ADHD." After a deep dive into the symptoms (and a whole lot of aha moments), I self-identified with the inattentive subtype, the kind that doesn't look like hyperactivity but instead shows up as daydreaming, forgetfulness, procrastination, difficulty focusing on a task and more! Around the same time, I was also diagnosed with hypothyroidism and later, Hashimoto's.

I never pursued an official diagnosis, because my symptoms have dramatically improved, and I developed a super solid coping toolkit.

I believe that through healing my thyroid I also managed to heal my brain at the same time- more on why that might be below!

Three things you should know about ADHD and thyroid health:

1. The symptoms overlap (a lot)

ADHD is not just about fidgeting and hyperactivity.

Inattentiveness, daydreaming, escapism and forgetfulness are all signs of Inattentive ADHD. This subtype is way more common in women and often misdiagnosed (especially 20-40 years ago!).

This is why so many women are only discovering their neurodiverse brains later in life. Very often it feels like this one missing piece of the puzzle, the reason why you might have felt different all your life, why you may have struggled to fit in, or perhaps even been called lazy or incompetent.

2. People with ADHD are more likely to develop thyroid issues and thyroid issues make ADHD symptoms worse

Studies show us that people with ADHD are more likely to develop thyroid issues. Children with ADHD are more likely to have an under-active thyroid (hypothyroidism) compared to children without ADHD.

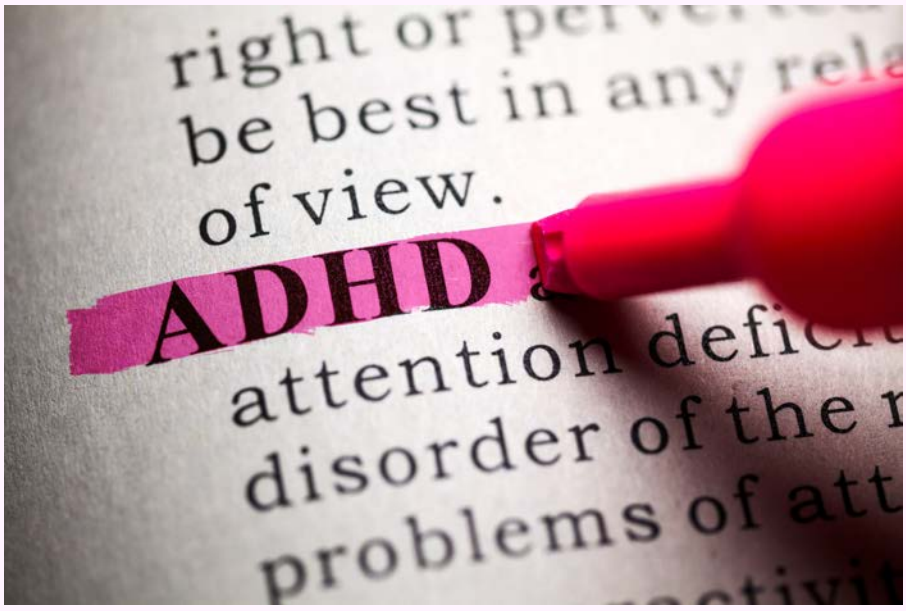
Now, thyroid imbalances and hypothyroidism in particular, can lead to changes in the neurotransmitter balance, especially low dopamine.

And guess what, ADHD is associated with low dopamine levels (hence the lack of motivation, inability to concentrate, feeling moody and/or depressed, cravings, addictive tendencies, low sex drive, disturbed sleep, and fatigue).

With that in mind is it possible that your now heightened brain fog, forgetfulness, and lack of focus is due to a missed ADHD diagnosis, worsened by your lack of thyroid hormones?

Or is it just your thyroid hormone imbalance leading to ADHD-like symptoms?

And while I don't think there's a definite answer to this question, it's an interesting theory to ponder. It also might give us some additional inspiration when it comes to coping tools - more on that below!



3. Low thyroid in pregnancy raises ADHD risk in children

This one shocked me. If you are hypothyroid during your pregnancy the risk of your child developing ADHD is 20% greater, especially in girls!!

The more I dug into the research on the subject of ADHD and thyroid health, the more my mind was blown.

Three core strategies that helped me:

1. Healing My Thyroid (and My Brain)

Following an inflammation-reducing, neuroprotective protocol with focus on autoimmunity, cortisol balance and blood sugar regulation will work wonders for your thyroid and/or ADHD
symptoms.

Similarly, optimising your conversion from inactive T4 (levothyroxine) to active T3 will provide a relief in symptoms. There is really no way to bypass that.

I believe that a healing protocol doesn't equal deprivation and cutting out all the things you love. You CAN heal your body and enjoy your food and life at the same time.

Although it's not a replacement for food and lifestyle changes, but supplementation with vitamin D, vitamin B12, Omega 3's, inositol, and my favourite medicinal mushroom, lion's mane,will also be hugely beneficial.

2. ADHD Coping Tools (That Help with Thyroid, Too)

Nervous system regulation was the secret sauce. Here's what's in my toolkit:

- Loop earplugs or noise-cancelling headphones to manage sensory overload
- Body-based techniques like shaking, dancing or even stomping to break out of freeze mode
- Externalise your brain: to-do lists, voice notes, apps - anything but trying to remember things in your head
- Mindful grounding to stay present and reduce overwhelm
- Creating structure without rigidity - flexible outines, gentle planning, and ADHD - friendly systems change everything

3. Nervous system regulation

What made one of the biggest differences for me, beyond food, supplements or lab tests was learning how to support my nervous system.

If you've lived in a dysregulated state for years, due to stress, trauma, autoimmune illness, or a lack of support, the nervous system becomes wired for survival rather than creativity, attention or motivation.

So often with ADHD and thyroid issues, we're stuck in a freeze state.

Not lazy, not unmotivated, just frozen. The nervous system is overwhelmed, the brain feels unsafe, and the body goes into energy conservation mode. No amount of productivity hacks will work from that place.

What helped? Gentle, body-based tools to shift out of shutdown and back into connection. Learning how to regulate my system gave me more focus, more energy and, honestly, more hope.

Somatic body-based therapy has been transformational to the point where I decided to get certified and now incorporate it into my programmes.

I highly recommend looking into books on Polyvagal therapy. Anchored, by Deb Dana, one of my teachers, is a great starting point to really understand how your nervous system works and how to move between different states and find your way back to regulation. You can find this on Amazon-(https://amzn.to/3T1uz9F)

One final thought…

If all of this is resonating, have you ever considered seeking an official ADHD diagnosis?

For some, a label can bring huge relief and validation. For others, it's not essential -especially if you've already found strategies that help you thrive. But either way, it's worth knowing this overlap exists. Because you're not lazy, broken, or bad at being human - your brain and body have simply been under pressure.

And once you start supporting both? That's when the magic happens.

If you're curious or want to share your thoughts, I'd love to hear from you.

You can find me on IG @the.thyroid.rebel or just head straight to my website at www.aggiemccabe.com

References available on request.

Five Foods to Eat Regularly if You're Hypothyroid (and two to eat less of)

By Alice Godfrey
CNHC Registered Nutritional Therapist

It's best to eat a broad variety of real and non-processed foods and not to limit yourself.

However, for Hypothyroid patients there are a few foods that do a great job of providing the nutrients we generally need to focus on.

These key nutrients are selenium, zinc, iron, vitamin A, vitamin D and omega 3 fats (with B vitamins and magnesium following closely behind). Let's also include sources of protein that contain tyrosine or phenylalanine (required to make tyrosine) in that list.

The functions of these nutrients can get quite complex but the first four are necessary for production, conversion and metabolism of thyroid hormone.

Vitamin D's exact function is unclear but it seems to be important in the modulation of the immune system - potentially reducing the autoimmune response. Indeed, studies have shown that increasing intake can reduce thyroid antibodies.

Omega 3 fats are anti-inflammatory and an all rounder when it comes to health. A key element of the cell membrane, they are vital for cell structure, function and communication. They are particularly important when it comes to the brain and increasing them in the diet is likely to have a positive impact on brain function.

I've chosen these foods because they not only contain these nutrients, they contain nutrients or have qualities that are likely to really help us out with some of the common thyroid symptoms.

1. Seeds - These are nutrient powerhouses. Think about it, they are seeds! Each one is filled with the potential of creating a whole new plant so it's good stuff in there. Flaxseed is a true superfood! It has omega 3 fats (although in the alpha-linolenic acid (ALA) form, which must be converted to make eicosapentaenoic acid (EPA) or docosahexaenoic acid (DHA) which is a slow process), it has brilliant fibre (very helpful for constipation) and it is a phytoestrogen (not directly beneficial for thyroid here but many ladies with hypothyroidism are menopausal and phytoestrogens can reduce the impact of oestrogen dropping in menopause). Chia seeds also have ALA and great fibre. Pumpkin and sunflower seeds have good levels of zinc and iron.

2. Green leafy vegetables - Incredible fibre for our gut and very high in nutrients of all kinds, including B vitamins and magnesium (vital for energy production and the nervous system). Of the ones I mention above iron and vitamin A are found but it's worth noting that vitamin A is in the beta carotene form and some of us are unable to convert it to retinol efficiently. The same goes for the conversion of non-haem iron (in vegetables) to haem (an iron-containing compound) iron.

The fear about goitrogens in cruciferous vegetables is largely unfounded, which is a relief because they are so good for us in other ways. You would have to eat a huge amount of them and in their raw form. However, I would probably advise against a daily smoothie with raw kale or spinach.

3. Meat - As haem iron is already formed in meat, it can be very beneficial for hypothyroid patients. It also has high levels of zinc and protein. It is possible to be healthy with hypothyroidism and not eat meat but it's probably more challenging. Not that it's necessary to eat meat daily. Focus on quality over quantity. Grass-fed beef, although pricey, is possibly the best option nutritionally. It also contains omega 3 fats (unlike most beef available which is grain-fed).

4. Oily - SMASH (sardines, mackerel, anchovies, salmon and herring) are probably not the most popular foods in the supermarket but they are a top food for thyroid health. They're one of the best sources of vitamin D in foods. They contain zinc and haem iron. They're also rich in DHA and EPA, the most active forms of omega-3 fats. Try to include oily fish 2–3 times a week. Eat wild salmon rather than farmed salmon which is said to be given large doses of antibiotics to reduce risk of disease in their tiny tanks.

5. Eggs - I love eggs! They're one of the most complete, versatile foods there are. They are packed with protein, healthy fats, selenium, vitamin A, B vitamins, and even some vitamin D. A perfect option for breakfast or any time.

So there are 5 types of foods you can put on your shopping list, if they aren't already in your kitchen, that you know are going to support your thyroid health.

Foods to NOT eat regularly

1. Brazil nuts - You might have been wondering where these guys were. They are generally high in selenium but this does mean that you need to be careful because too much selenium can be harmful, and Brazil nuts vary wildly in how much they contain. One or two a day might be helpful but don't have an average of more than that and don't rely on them as your only selenium source.

2. Seaweed - It's packed with iodine which is needed to make thyroid hormone but only very tiny amounts are required, and having too much iodine can actually make thyroid issues worse, exacerbating the autoimmune response in Hashimoto's. Occasional seaweed is fine for most people, but daily use or supplements can push your intake too high. These foods aren't forbidden but it's worth practising some caution with them.

Follow me: @alicegodfreynutrition

Join my free Facebook group:
https://www.facebook.com/groups/getmoreenergythyroidsupport/

Lenore Poole - Charity Box

Lenore has been hosting one of our charity boxes since 2023 at the Pavilion cinema in Galashiels and has just sent us some more donations she has collected in aid of Thyroid UK.

This time they have raised £167.25 for which we are very grateful.

Unfortunately, this will be the last time she will be collecting as they have sold the cinema business to another company.

The cinema is a lovely old building so let's hope they don't change it too much.

If you have anywhere you can host either a home box or a larger collection box in, say, a local shop, your local school, your workplace etc., then do take a look at our collection box page - **https://thyroiduk.org/support-us/make-a-donation/host-a-collection-box/**

Ted Hill

Ted wanted to raise money for Thyroid UK because his sister has Graves' disease. He has raised an absolutely phenomenal amount of money for us - **£1,463.62 + £300.00 Gift Aid.** Well done Ted! That's amazing! This is what he has to say about his sister's illness:

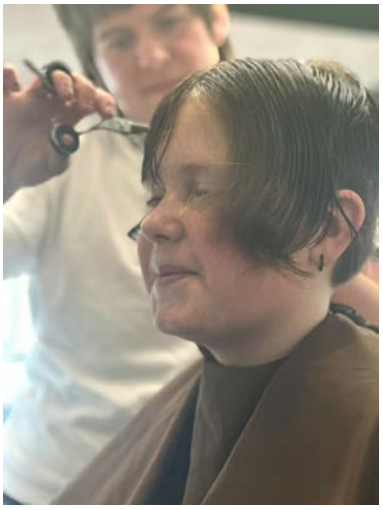
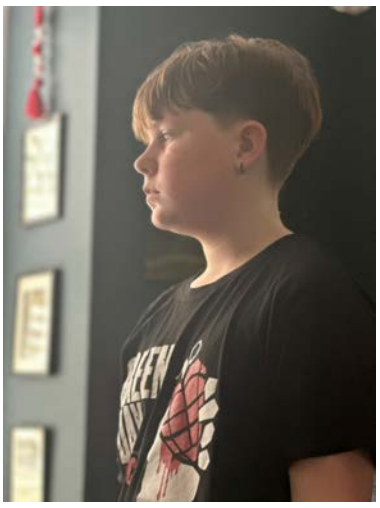
"My sister has Graves' disease [a serious thyroid disease] she is 15 years old.

I find it very sad because she sometimes doesn't even leave the house ALL DAY because of her symptoms, which must be very hard for her. I have decided to cut off my hair to raise money for THYROID UK so that they can do more research into thyroid related diseases and everyone with a thyroid disease gets the help they need.

I am an 11 year old boy, I have hair way past my shoulders. I have only ever had one "proper" haircut in my life so, yeah, I am pretty nervous haha!

Please donate as much as you can!! :] :]"

As you can see in the photos below, Ted had beautiful long hair but he bravely sat while his hair slowly came off and it became very short (but it looks amazing!).

On top of raising all this money for us, Ted is going to donate his hair to The Little Princess Trust.

Ted, you should be soooo proud of yourself for doing this. I bet your sister is super proud as well.