Volume II Issue XXXX 2023

HARMONY

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

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Survey on People's Experience with Thyroid Disease

Two Professors of Economics, Prof. Catia Montagna and Prof. Alexandros Zangelidis from the University of Aberdeen have been working on a project on the implications of thyroid diseases on wellbeing and labour market outcomes.

Their research so far finds that undetected hypothyroidism widens the gender wage gap as women suffering from the condition receive lower wages. However, diagnosis (and therefore possible treatment) of the condition helps female workers recover such losses.

This research has important implications for public health as it emphasises the importance of being tested for thyroid dysfunctions and calls for a deeper understanding of the consequences of hypothyroidism.

The recently issued Women's Health Plans in England and Scotland make no mention of thyroid dysfunction as a condition that disproportionally affects women and therefore contributes to wellbeing and labour market gender disparities.

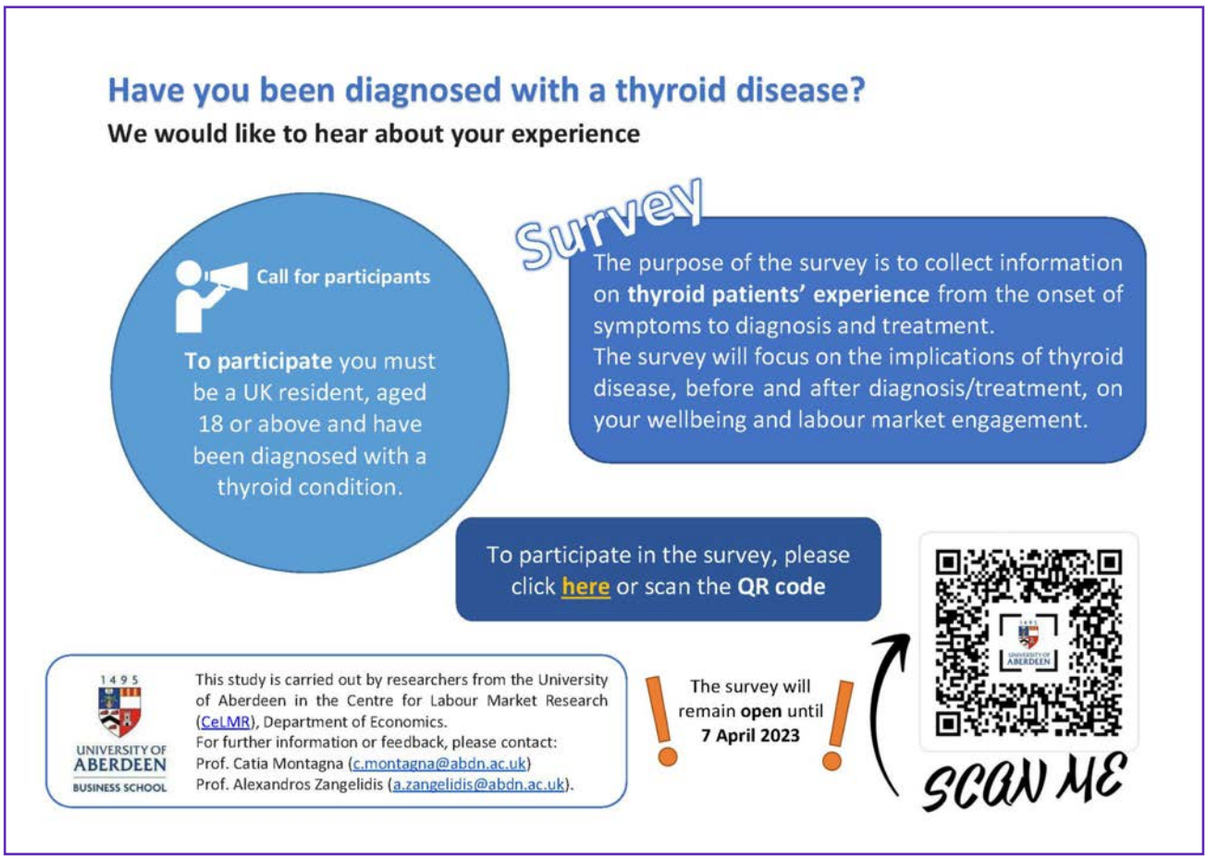
As part of this research project, they are now in the process of collecting further data on thyroid patients' experience from the onset of symptoms to diagnosis and treatment and the role and relationship with healthcare professionals as well as employers with the aim to inform relevant policy debates and interventions.

Thyroid UK feels that this piece of research is very important and so have agreed to assist in this research by recruiting thyroid patients for this survey.

To participate, you must reside in the UK, be aged 18 or above, and have been diagnosed with a thyroid condition. The survey is fully anonymous and you can withdraw from the study at any time during survey completion. Further details on research management and ethics can be found in the opening page of the Survey.

The survey closes on 7th April 2023

To participate in the survey please go to: **https://tinyurl.com/488sz4hj** or scan the QR code below:



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If you would like to contribute editorial please contact Lyn Mynott. We look forward to hearing from you.

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Message from the CEO

Hello Everyone!

We've had some mixed weather here since Christmas. Some weeks have been unbelievably mild but we've also had some freezing weather too, making it all very cold in the office.

Unfortunately, the cost of living crisis has not improved although there may be some good news about energy costs on the way. Let's hope so as our heating bill is enormous!

Our new fundraiser is still very busy sending out funding bids to help with the running of Thyroid UK. We have received one small amount already which will help us pay for software for the web-site and for us to hold webinars for up to 300 people. We really hope that we will soon be able to employ an admin assistant which will make a huge difference to the amount of work we can do.

Funding bids take up a lot of my time as each one needs a budget and an explanation of what we need the money for.

The new website is taking longer than we thought but the design is nearly finished. We then need to have some training so that we can put content on every page, which is a little daunting but we will get there.

Mike and Tina have been holding interviews with people about our current website. The results of this project will inform us of any changes we need to make to the new website.

I'm afraid there is no update on the #T3Campaign. We haven't heard from NHS England or PrescQIPP about the updated liothyronine guidance. I think NHS England is probably very busy with other projects at the moment!

I have finally had to purchase a new chair for me. My chair is probably around 10 years old and it has finally given up the ghost!

Hopefully, the new chair will be as comfortable as this one has been. I need a comfy chair as I do spend a long time sitting in it, including some weekends!

Heidi has registered with some new software called Canva, which is free for charities.

It is truly amazing and has lots of templates and images we can use for free. Heidi's first project for us was the free Will bookmark you will find enclosed with this issue, which we absolutely love.

With Canva you can also schedule social media posts and use templates to make them stand out more. Louise is going to have a play around with the software to see how she gets on. We find ourselves learning all the time here!

I would like to thank all of the nutritional therapists who take time out of their busy days to write such brilliant articles for Harmony Magazine.

I am learning all of the time and plan to take on board some of their information.

I hope to see some of you on World Thyroid Day but until then, have a lovely Mother's Day.

L. Mynott

Lyn Mynott
Chief Executive Officer

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DONATIONS

We would like to sincerely thank everyone who has donated over the last few months. ***£2,278.18*** was raised altogether.

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*We have also managed to reclaim **£841.69** in Gift Aid. Thank you so much to everyone who has remembered to Gift Aid their membership fees – this makes a huge difference to Thyroid UK!*

Thank You!

We would like to say thank you to everyone who sent us a Christmas Card! It seems a long time ago now but we do really appreciate receiving these.

We would also like to thank all those who donated to us over the Christmas period via Donr text donate. You raised £52.25 for us which will go towards our work of helping people with thyroid disease.

We know how hard things are at the moment for people financially and so receiving these donations makes us truly grateful.

There are other ways you can donate without costing you a penny. Now that Amazon have stopped their Smile donation programme, you can still support us by simply doing your shopping through Easyfundraising. There are hundreds of shops that you can do this through such as Amazon (up to 1.50%); Wilko (up to 3%); Just Eat (2%) and Asda (up to 2.5%).

You can download their donation reminder software which will pop up when you shop, to remind you that you can raise a certain percentage of your shop that will be donated to us.

For more information about Easyfundraising go to: **https://tinyurl.com/tukeasyfundraising**

Letter from a Member

We have received an email from a member and she thought that the information may be of use to our other members:

Hi, I have a milk intolerance/allergy and use soya milk.

As you can imagine, in the current climate I down graded from Alpro to Tesco's cheapest brand, Growers Harvest. I know of no other brand that contains iodine but it is clearly marked on the ingredients and could be a health risk to anyone like myself who has thyroid issues.

I thought this information may be useful to your members. Needless to say I am now using Aldi Soya which is iodine free.

All dairy products contain iodine and that is why the soya product does not contain iodine. The iodine was possibly added into this brand of soya to make it similar to dairy products in terms of health benefits.

We know that some people prefer to avoid added iodine but don't forget, the thyroid needs iodine to make thyroid hormone and therefore eating foods rich in iodine is good for you. Adding iodine from supplements, if you don't need it, may be detrimental to your thyroid health as too much iodine can actually cause thyroid issues.

3 Priorities to Losing Weight with Hypothyroidism

By Alice Godfrey
CNHC Registered Nutritional Therapist

Those with hypothyroidism often experience the frustrating symptom of weight gain, or have great difficulty in losing weight.

Many people find that they try the same techniques that they've tried before (when they weren't diagnosed as hypothyroid) and they have little or no effect on the weight they want to lose. The old advice of 'eat less, move more' doesn't seem to work.

Hypothyroidism can often require a slightly different approach. There are several factors that all contribute to weight loss being more difficult in many cases.

When there is reduced thyroid hormone, the metabolism is slowed and this means that fat burning is also reduced. The adrenal hormones that enhance the fat burning process are less effective and there is less growth hormone activity meaning it is harder to build muscle. This then results in fatigue which means there are more likely to be cravings for carbohydrates in the quest for more energy.

It can seem like everything is against you, and it can be tricky, but it's certainly not impossible to lose weight with hypothyroidism.

Here are 3 areas you can focus on that will mean you're creating a favourable environment for your body to come to its natural and healthy weight.

1. Manage your stress

I'm putting this first as it's an area that so often gets forgotten, but it is integral to healing and managing your thyroid condition. Thyroid health depends on healthy adrenal function. Any stresses your body and mind encounter will cause the adrenal glands to release stress hormones.

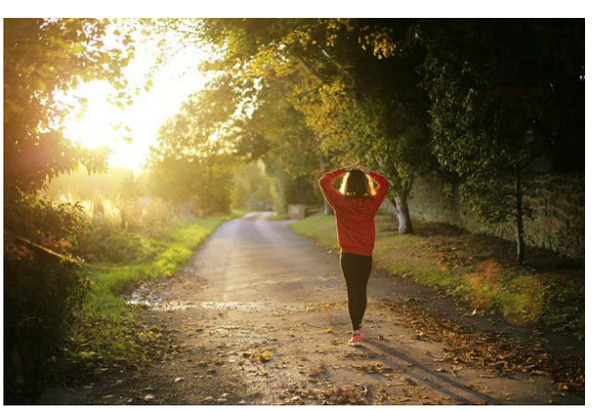
Stresses on the body and mind can include a huge array of experiences and encounters, from going to the dentist, gut infections, blood sugar swings, food sensitivities, pollution and toxic products - the body interprets them all as stress.

Chronic stress impacts communication between the hypothalamus and the pituitary to the thyroid (it's the pituitary that releases TSH - thyroid stimulating hormone). It also reduces conversion of the thyroid hormone, thyroxine (T4) to the thyroid hormone triiodothyronine (T3). We make 80% T4 and 20% T3 but the cells mostly use T3. Stress also weakens immune barriers which can trigger Hashimoto's and thyroid antibodies.

In addition to this, we need to remember that when we are stressed, the body mobilises glucose into the bloodstream so we are ready for action but if we don't actually take any physical action this glucose is likely to turn into fat.

So we need to manage our stress levels. But this doesn't mean having to change jobs or go to a spa every weekend (although yes, that would be nice). There are easy ways to manage stress and give back to our nervous systems such as:

- Taking time out, whatever that means for you
- Doing a daily meditation or visualisation (there are hundreds on YouTube)
- Going for a gentle walk (ideally amongst nature)
- Doing a series of deep breaths two or three times a day. This is my favourite as it's quick, easy, free and you can do it anywhere! Here's an example of a breathing exercise - **https://www.instagram.com/reel/CP-9KlxHi34/?utm_source=ig_web_copy_link**



2. Eat enough

Ok, this one sounds funny doesn't it? When you've had a lifetime of hearing that you need to eat less in order to shift weight, it doesn't seem to make sense.

But it's actually WHAT you eat and not how much that we should be concerned with. Very often I find that my thyroid clients who are trying to lose weight are no longer eating enough. The key here is eating enough of each of the macronutrients (proteins, carbohydrates and fats).

If you've cut back on meat, you may not be getting enough protein. It is possible to get enough through plant foods but this does require a lot of effort to do healthily (without much processed food). The minimum amount of protein you need per day is 0.8 grams per kilo that you weigh and in many instances, you'll need more than that.

When it comes to carbohydrates, I don't recommend restricting them (we need them for energy), but you may need to reduce them if you're filling up on them and not getting enough protein or healthy fats. Reduce carbohydrate grains (rice, oats etc.) before you reduce carbohydrate vegetables (sweet potatoes, carrots etc.).

Also, if you're eating carb-heavy meals (it's particularly common for breakfast and snacks to be laden with carbs), you may well be upsetting your blood sugar balance and this can lead to insulin resistance which makes it very difficult to lose weight. The answer is to keep the balance every time you eat. You may need to ditch the breakfast cereal and go for eggs, protein pancakes or yoghurt with fresh fruit, nuts and seeds.

When it comes to fats, low fat is NOT the way to go. Fats are essential for making hormones, for brain health, and every single body cell needs them for their construction and communication.

Healthy fats are extra virgin olive oil, coconut oil, eggs, yoghurt, butter, avocados, nuts and seeds and oily fish like sardines, salmon, herring and mackerel.

Avoid processed fats as much as you can as these can be very inflammatory and contribute to the production of harmful compounds.

Avoiding restriction of any macronutrients is important as this will signal to the brain and the thyroid that you're in survival mode. When you're in this state, it makes it difficult to lose weight as the body wants to hang on to what its got!

3. Don't exercise too much

This may also seem counterintuitive but over exercising will stress the body and again put you in the survival state. Whenever we do intensive exercise like a HIIT class, a spin class, a boxing class or even go for a run, we put ourselves in the fight or flight state just like when we are stressed (see point 1) and this means reduced thyroid function which means a slower metabolism. We need to look for a middle ground with exercise because doing too much is likely to make things worse.

When you're hypothyroid your body generally does better with more gentle exercise like walking, pilates, yoga, swimming and strength training. You need to listen to your body and assess how quick you are recovering from any exercise you are doing. If you need to spend the afternoon on the sofa or you can't get out of bed the next day, you're doing way too much. Go back to gentle exercise and build on it slowly.

If you can make these areas priorities, you'll be supporting your thyroid health and creating an environment that means your body can start to shed excess pounds. It's unlikely to be fast however, (speedy weight loss is often not sustainable anyway), so you may need to be patient.

Alice Godfrey dipCNM mBANT mCNHC is a nutritional therapist specialising in thyroid health.
https://alicegodfreynutrition.com

How to Stop Sugar Cravings

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

We have all heard of sayings of, "I have a sweet tooth" or "it's in my genes", though there is no doubt sugar is highly addictive.

Some people are more sensitive than others for craving sugar. Though whether it's to do with psychological behaviour or genetic dispositions the outcome is the same. A roller coaster of sugar cravings and low energy leads to a diseased state causing obesity, elevated cholesterol, type 2 diabetes and heart disease.

Counting calories long term does not work. A diet low in calories leads to sugar cravings due to a deficit of energy and a long term unhealthy relationship with food and eating disorders.

How did we get to be such a sugar craving nation? Remember when fat was the culprit along with eggs which incorrectly stated caused elevated cholesterol? This was incorrect advice given and the food manufacturers saw an opportunity to provide low fat/high sugar foods, along with carbonated sugary drinks. This was the beginning of the obesity epidemic and metabolic syndrome.

There is a lot of evidence now that states that sugar has the same impact as recreational drugs by increasing the release of dopamine, our "reward" neuro transmitter in the brain. However, with all dopamine driven substances, the more we stimulate this, the more we require to sustain the flow of dopamine.

That's why that first bite of chocolate or cake tastes so much better than the last bite.

Conversely, the more overweight or higher the BMI, the less dopamine you release.
Although most people know what high nutrient foods are, a more important discussion, such as what is driving unhealthy eating habits, seems more appropriate.

The food manufacturers know this and have captivated a market of hidden sugars through clever marketing and ingredients. Hidden sugars are found in soups, breads, yoghurts, sauces and dressing.

Let's say 5 grams of sugar is 1 teaspoon. The following table could be a standard day's diet where you have, unknowingly, consumed 110 grams of sugar:

Product	Tsp Sugar per Serving
Can tomato soup	**Up to 4 tsps**
Granola bar	**2 tsps**
Sugary cereal	**2 tsps per 40g**
Low fat yoghurt	**2 tsps per 200g**
250ml Coke	**6 tsp**
2 slices of bread	**¾ tsp**
150ml "healthy" store bought smoothie	**5 tsps**
TOTAL SUGARS	**22 teaspoons**

NHS guidelines state no more than 30g of sugar per day for adults and 24g for children. The paradox of this is that the government's traffic light food labelling for these foods are stated per food, and does not take into account what you are eating for the rest of the day.

A quick tip to reduce sugar cravings:

If you are going to eat sugary foods, eat them after, or with, healthy fats or fibre to slow the release of sugars into the blood stream. This will lead to less cravings.

Examples are strawberries dipped in chocolate (the higher percentage of chocolate the better), chia seed jam , full fat yoghurt with a small piece of cake or a plain biscuit with a teaspoon of organic peanut butter.

Fermented foods have also been shown to reduce sugar cravings including kombucha, kefir, sauerkraut, kimchi, miso soup and tempeh. These contain beneficial bacteria that feed our gut microbiome. Research has shown that imbalances in our gut microbiome can be driving our sugar cravings. Bacteria cells outnumber human cells in our body by 10:1 and they are mainly crammed into our intestines. These beneficial microbes are essential for our immune function, mood, digestion, and bowel movements. Signs of imbalanced microbiome are excess gas, stomach cramps, diarrhoea and constipation.

The brain is the most demanding organ for sugar, otherwise known as glucose, consuming 20% of the glucose made. Eating foods high in unsaturated fat and fibre will help sustain blood sugar levels and leave you wanting LESS. Therefore, full fat organic yoghurt, avocados, salmon, mackerel, nuts, seeds and extra virgin olive oil will keep you satiated and energised for longer. Fibre rich foods are vegetables, oats, lentils, chickpeas and quinoa.

Glycaemic Index (GI) foods are not that helpful as they look at one particular type of food and measure the release of blood sugar. As we eat combined foods, the GI becomes irrelevant. In addition, we are metabolising sugars differently, which may explain why someone can have one square of chocolate whilst others can have the whole bar and more.

Here are some supplements and herbs that help support the nervous system and blood sugar regulation:

- Glutamine powder
- Lion's mane powder
- Creatine powder
- L-carnitine powder
- Vitamin B6 supplementation
- Maca powder

Please do not take these without consulting a Nutritional Therapist.

Lifestyle is just as important to get your dopamine reward and not just sugary foods. This could include walking with nature, having time for hobbies and friends, listening to music, meditation, exercise and massage.

For a quick release of dopamine hit:

- Hot and cold showers by changing the temperature for as long as you can bare
- Sleeping at regular timings before 11pm
- Morning sunlight exposure outdoors

These quick fixes are available to everyone and I encourage you to do at least 1 of them daily. This will reduce sugar cravings, boost energy and mood.

Lastly, watch your caffeine intake as even if you have a small black expresso, this can stimulate glucose. 1-2 cups of coffee per day should be okay for most people, though not if you are sensitive to caffeine.

We all have an emergency storage of glucose in the liver which stores approximately 300 calories of sugar for emergencies. Caffeine stimulates adrenalin and the body cannot differentiate between continued stimulation of caffeine and a real life danger. Sugar is shunted into the blood stream, and if we are just at our desks, this excess sugar will be transported by our hormone, insulin, to be stored as fat around our middle, known as visceral fat.

A life of hidden sugars, chronic stress, excess caffeine and no dopamine activities can lead to excess fat in the liver known as non-alcohol fatty liver disease. This can make the body more resistant to insulin, straining the pancreas and its beta cells and triggering type 2 diabetes, heart disease and elevated cholesterol.

So, try cutting down your sugar and you may find that your energy levels rise and your health improves.

We are arranging Sugar Craving Consultations for Thyroid UK members to provide a personalised plan and a list of sugar hacking recipes. Please email melissa@melissa-cohen.com

Follow us on Instagram:

@melissacohennutrition

Relevant Research

Suboptimal Thyroid Hormone Replacement is Associated with…
Matthew D Ettleson, Antonio C Bianco, Wen Wan, Neda Laiteerapong

We know that a lot of patients come to us stating that their GP has reduced their levothyroxine (due to their TSH dropping within the range or moving to slightly outside the bottom of the range) and they have had a return of their previous symptoms.

Our advice is to return to their GP and ask for another test to see if the TSH has risen into the top of the range and if so, ask for an increase in dosage again due to symptoms.

The authors of this study wanted to find out if there were any differences in hospital outcomes between patients with and without hypothyroidism.

They looked at data from a US-based commercial claims database from 1st January, 2008 to 31st December, 2015 which included patients who were 64 and younger who had a TSH level collected before they went into hospital. Other data they collected included age, sex, US region, type of admission, year of admission, and if they had any other conditions. They looked at the data of people with hypothyroidism, which was divided into 4 subgroups based on their TSH level prior to being admitted to hospital: low (TSH < 0.40 mIU/L), normal (TSH 0.40-4.50 mIU/L), intermediate (TSH 4.51-10.00 mIU/L), and high (TSH > 10.00 mIU/L).

They wanted to gather data that included the length of stay, in-hospital mortality (death rate), and what happened if they were readmitted.

A total of 43,478 patients were included in the final study population, of whom 8,873 had a diagnosis of hypothyroidism.

The results showed that there were no differences in any of the groups who had TSH levels In the intermediate and low TSH subgroups, compared to people who did not have hypothyroidism.

Patients with normal TSH levels had a decreased risk of in-hospital mortality and 90-day readmission.

However, the results showed that those who had a **high** pre-hospitalisation TSH level, had a length of stay in hospital that was 1.2 days longer, a 49% higher risk of 30-day readmission, and a 43% higher rate of a 90-day readmission compared to people who did not have hypothyroidism.

The authors of this study, one of whom is Antonio Bianco MD, concluded that the results suggest suboptimal treatment of hypothyroidism is associated with worse hospital outcomes, including longer length of stay and a higher rate of readmission i.e. those with a TSH level between the top of the range and 10 and those with a TSH level above 10.

This is concerning as we know that a lot of people have several symptoms of hypothyroidism who have been tested and found to have a TSH level above the range but they were not offered a trial of levothyroxine.

We need more research along these lines to encourage NICE to change their guideline below:

1.5.3 Consider levothyroxine for adults with subclinical hypothyroidism who have a TSH of 10 mIU/litre or higher on 2 separate occasions 3 months apart. Follow the recommendations in section 1.4 on follow-up and monitoring of hypothyroidism.

To see the full study go to:
https://academic.oup.com/jcem/article/107/8/e3411/6568056#google_vignette

Emotional Root Cause of your Thyroid Condition - Thyroid vs Trauma

By Aggie McCabe
Registered Nutritional Therapist (mBANT CNHC)
Registered Nutritional Therapist

Until very recently the term 'trauma' was reserved for those huge, life shattering events for war veterans, victims of abuse and disaster survivors. It almost felt 'inappropriate' to use it for our not so serious issues.

If anything, we would jokingly say, 'Well that was traumatising!' Not realising that, in fact, most, if not all of us, have experienced trauma and very likely still carry it with us every day. But what does it have to do with your thyroid you ask? Well, to answer these questions, we need to first look at the new definition of trauma.

"***Trauma is not what happens to you. Trauma is what happens inside you, as a result of what happens to you." Gabor Maté***

Which means it's not about the event itself and its objective severity. It's about what happens to your body (and mind) as a result.

If what happened to you overwhelmed you and impacted you in a **negative and lasting way,** you can call it trauma. And it's not about how 'bad' the event was. It's all about how you responded to it, which is 100% relative to YOU only.

So even if that thing is a 'no biggie' for someone else, if you found it overwhelming to your mind and/or body, you have the right to call it trauma. Especially if it occurs without a strong support system (more on that below!), and when we didn't prioritise processing and releasing accompanying emotions.

For instance, having an emotionally unavailable parent or a bad break up can be deeply traumatic and have a lasting damaging effect on your nervous system and emotional health.

Some trauma experts call it big and small 'T' trauma, depending on the more objective severity of the event, but both types are equally valid and can leave a very similar mark.

No.1 Trauma as a root cause of your thyroid condition

Psychological and physiological trauma is a trigger for developing a thyroid disorder for most of us (especially of autoimmune origin like Hashimoto's which accounts for 90% of hypothyroidism cases). This is backed up by research but also what I see in my practice every day, speaking to hundreds of thyroid patients.

If you had a generic pre-disposition towards a thyroid condition, an event or a series of events that had left you feeling overwhelmed and hopeless, could have 'switched on' that gene and triggered the condition.

What is important to understand, is that psychological distress affects us physiologically - childhood trauma and subsequent nervous system dysregulation could have led to imbalances in your gut microbiome affecting your immunity and inflammation from a very early age.

What are some examples of those negative events? It can be literally anything, and is very specific to you and your threshold for Overwhelm.

It could be something that happened in childhood, but also a particularly overwhelming period at work, relationship trouble, difficult labour…. it will be different for all of us. What could it have been for you?

No. 2 Trauma as a result of a thyroid disorder

"Your results are normal, and your symptoms are probably linked to something other than your thyroid". How often do we hear that*? "But you don't look sick, just exercise more and you'll feel better"*. Familiar?

Well, I don't know about you but that screams hopelessness to me.

How about tirelessly looking for a solution? Being bombarded with conflicting advice and promises of a 'cure'? Overwhelm? I lived it for years.

So I propose an idea that due to the lasting effect on emotional trauma caused by the thyroid experience we all share (and possibly rooted in trauma that caused it the first place), our body struggles with true healing.

We get stuck in a trauma response - fight or flight, freeze or fawn (people pleasing anyone?) and continue acting from that place. Constantly on full alert, or frozen, exhausted, unable to act. Our energy levels suffer, or emotional wellness, immunity, digestion… the list goes on…

Unless we address the nervous system dysregulation, trapped stress in our bodies and energetic blockages, the true healing will forever be hindered. I have lived it myself and I see it again and again with my clients.

The good news is that you already have everything you need to access the transformation. You already have everything you need to heal. Your body holds all the answers.

Our bodies are fully capable of healing. Our bodies WANT TO HEAL. Here are some excellent techniques to kick start the process:

- Daily regulating morning and evening routines.
- Short breathing exercises with focus on longer exhales.
- Emotion Release Meridian therapies (I use this modality in my practice with great success).
- Massage and other body therapies.
- Acupuncture and acupressure.
- Dancing and shaking.
- Yoga and Qigong.
- EMDR (Eye Movement Desensitisation and Reprocessing).
- Sound healing (using different sounds to improve your physical health and emotional wellbeing.)
- Cold water therapy.
- And many more!

If you're looking for support addressing both the physiological and emotional root cause of your thyroid condition, I would love to invite you to book a free Connect session with me. You can find the link on my website **www.aggiemccabe.com**

Have a wonderful stress free spring!

Aggie McCabe
Trauma informed
Thyroid Nutritionist and Mind-Body Coach

Aggie McCabe is a Registered Nutritional Therapist (mBANT CNHC), specialist in thyroid disorders, and also a fellow thyroid warrior. Thyroid and mental health connection is one of her main areas of interest and expertise.

You can find her on Instagram at www.instagram.com/aggiemccabe_nutrition where she shares daily tips and tricks on thyroid healing, or just head directly to her website at www.aggiemccabe.com.

Meet our New Trustees

We are extremely pleased to let you know that we have two new trustees who joined us in February. They have various skills between them that will really help us to move forward and to work both with the NHS and policy makers.

Let me introduce you:

Ania Swirski

Ania is a strategic communications and public policy professional with a background in healthcare. Ania currently works in consulting and has over fifteen years' experience in devising and leading communications campaigns for a range of organisations.

She is particularly passionate about the power of influencing to improve treatment, care and support and is excited to bring her experience to the Board and to Thyroid UK.

Light Onyekachi

Light is a highly accomplished biomedical scientist with over 7 years of experience in the field. Throughout his career, Light has focused on the intersection between biology and technology, working to advance cutting-edge research and improve healthcare outcomes for patients.

In addition to his work as a scientist, Light is also an experienced operational manager, having led teams of biomedical scientists and technicians in the design and execution of complex projects.

His leadership skills have been recognised by his peers, and he has been invited to serve on the board of trustees for several prominent organisations.

Light has taken on the position of Vice Chair for Thyroid UK, where he will be working closely with patients, healthcare providers, and policymakers to raise awareness of thyroid disorders and improve access to care.

Light holds a Master's degree in Public Health, with a focus on epidemiology and biostatistics. He has also earned a Master of Business Administration, which has given him a deep understanding of the business side of healthcare and enabled him to develop effective strategies for managing resources and driving organisational growth.

With his extensive experience, expertise, and passion for healthcare, Light is a highly respected leader in the biomedical community and a tireless advocate for patients everywhere.

We are really looking forward to working with Ania and Light and meeting them in person at our first face to face board meeting since Covid began!

Spreading Awareness

Thyroid UK likes to spread awareness of the issues we have with thyroid diagnosis and treatment. This often means spreading awareness of ourselves. We are constantly surprised that, since we have been going since the year 2000, some people with thyroid issues have not heard of us.

To spread awareness in the past, we have held conferences and webinars. I have given talks in various places across the country and been a witness at the Scottish Parliament and the GMC, amongst others.

More recently, we held a quiz night in a local golf club, which raised a huge amount of funds for us, and we also ran a stall at a local school fete. This did not raise a lot of money for us but it allowed us to help people who were not aware that we were here and we handed out a lot of leaflets for people themselves or for their friends or family and answered their queries.

Although we can't attend school fetes or hold quiz nights across the country, you may be able to help us spread awareness by placing posters and patient information leaflets at your local schools especially if your children or grandchildren are holding a summer fete or a jumble sale etc.

All you need to do is contact us and we can send you some relevant patient information leaflets to spread awareness.

We think there are still a lot of people out there who are suffering in silence because they do not realise there are things they can do to make them feel better such as ensuring that their levothyroxine dosage is optimal, making sure that they don't take their levothyroxine with tea or coffee in the morning and making sure they don't eat for at least half an hour after taking their levothyroxine. And then there's all the information about liothyronine (T3) that people are not aware of.

You spreading awareness will enable someone who is feeling really poorly with their thyroid condition to pick up a patient information leaflet that could change their life for the better.

If you would like some patient information leaflets to spread the word, just send an email to Louise at **tukadmin@thyroiduk.org** and she will pop some in the post for you.

Here is a picture of Louise and I at Heidi's children's school fete last summer. It was a boiling hot, glorious day!

World Thyroid Day is on 25th May and we are planning a webinar where people can get together and ask questions and, hopefully, listen to a couple of speakers. Due to the amount of work we have at the moment, we haven't had a chance to organise this yet.

Make sure you have registered for our E-News as this is where we will be letting people have more information about this -

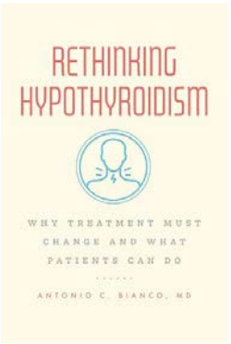
https://thyroiduk.org/about-thyroid-uk/get-our-e-news/

Book Reviews

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

Rethinking Hypothyroidism - Why Treatment Must Change and What Patients Can do

By Antonio C Bianco M.D.



In *Rethinking Hypothyroidism* Bianco, former president of the American Thyroid Association, examines how "The Crisis" (Part One of the book) evolved. He is not afraid to call out "the dogmas and guidelines used by many doctors to justify ignoring their patients" and acknowledges the "conflict and exhaustion" of "a vocal minority truly suffering".

This book is at one and the same time a comprehensive history of hypothyroidism and a patient manual (with a user-friendly index). Bianco's narrative ranges from the discovery of hypothyroidism, through early treatments followed, for the most part, by an incisive critique of more recent research and the way data has been used, rightly *or wrongly*, to inform treatment. He systematically sifts through the evidence of each twist and turn in this unfortunate tale citing who, how, why and where. Don't think for a moment that this will be a dull read. On the contrary, it's a real page turner that will stir up a lot of emotions.

In particular, he unpicks "two key but flawed clinical dogmas" that have dominated treatment since pharmaceuticals companies drove T4 monotherapy in the 1970s. First, that "by choosing T4 as the standard treatment for hypothyroidism, without knowing at the time, physicians placed the D2 [DIO2] pathway at the centre of the therapy." If you suspect you have conversion issues this book is a must. Second, the almost sole reliance on TSH to diagnose and treat the condition: "measuring TSH levels is a phenomenal tool to diagnose hypothyroidism, but it is not nearly as good to assess the effectiveness of treatment *if only T4 is being administered*." His explanations are clear and compelling. Understandably, the book has an American bias, though I read with interest the couple of pages devoted to the parlous state of affairs here in the UK.

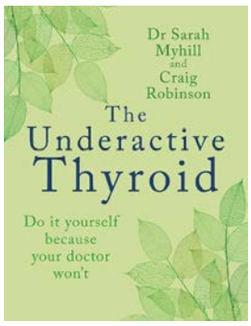
What will be the legacy of this book? For those fighting the cause it brings together a wealth of powerful evidence (all clearly referenced) as to why and how treatment must change. As such, it should be required CPD for *every* GP and on the reading list of *every* trainee doctor. Failing that, it is an invaluable tool for those with hypothyroidism to advocate for themselves.

Last but not least, it tells our story. At best those with hypothyroidism have been overlooked, at worst gaslighted. One senses that Bianco is generous, committed and humble. Oh, that there were more like him!

Kindly reviewed by Sally MacGregor (5 Stars)

The Underactive Thyroid - Do it yourself because your doctor won't

By Dr Sarah Myhill and Craig Robinson



This is not a book for the faint-hearted or indeed for the newly-diagnosed. Sarah Myhill, well known to Thyroid UK members, has an unorthodox approach to treatment for thyroid conditions. The book, whose title says it all, is a self-help manual for dealing with symptoms in a non-orthodox way, from detailed information about paleo-ketogenic diets and fasting, to vitamins and toxicity, with a lot of technical terms scattered throughout. Almost needless to say these days, a toxic gut plays a crucial role in her theories.

There are sections dealing solely with female complications (females are six times more likely to have thyroid problems than men), including puberty, menopause and pregnancy which also include a (supposed) link between hypothyroidism and Down's Syndrome babies. One section lists the myths that doctors spin to put you off going down this natural route – almost enough to make you give up on any treatment!! Also slightly worrying in this post-Covid New World are some of the comments relating to the efficacy, or otherwise, of vaccinations.

Cont'd on back page

It presupposes quite a degree of existing knowledge of both hypothyroidism and hyperthyroidism. There is little explanation of symptoms or prognosis - so it's probably best, if you're recently diagnosed, to read a more accessible self-help book first to get to grips with the basics. Having said that, the book is crammed full of tables with columns such as "What", "Why" and "How To Avoid" which should prove very useful if you're trying to research a particular symptom or reaction, or just want to control matters yourself via alternative medicine.

There is quite a lot of hard selling re her other books but this book is probably hugely useful as a go-to book. It's very technical but well laid-out and as you would expect from Dr Myhill, exceptionally well-researched and clear. However, I found it difficult to just sit down and read it. It really is too much to take in at any one time. Take your time with it and make sure your technical head is screwed on firmly!

Oh, and it gets an extra star from me, purely because of the fascinating historical footnotes on everything from Erasmus to the Nevada nuclear bomb tests!

Kindly reviewed by Penny Reeves (4.5 Stars)

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Thyroid UK Facebook and Twitter

Thyroid UK has a Facebook page where you can ask questions, answer questions or simply chat to people about your thyroid disease.

We also have a Twitter page if you prefer where you can see what our followers are talking about.

We put lots of information as well as ways you can help support Thyroid UK on both of these platforms so if you have the internet, do go along and join in.

To find us on Facebook and Twitter just put **Thyroid UK** into the search bar

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