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Hypothyroidism: What Do Our Patients Know? (About 140 Cases)

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Abstract **Original Research Article**

Hypothyroidism is a frequent and generally chronic pathology. Hypothyroid patients, particularly women of childbearing age, the elderly and/or cardiac patients, need to have a minimum level of knowledge of their pathology. The aim of our study was to assess the level of knowledge of a group of hypothyroid patients. The study involved 140 hypothyroid patients over a period of 06 months. The evaluation was carried out using a questionnaire, and the responses were recorded and analyzed using Excel software. 88.7% of patients knew that they had a hypofunctioning thyroid gland, with 84% identifying the cause of hypothyroidism. 85% knew how to take L-Thyroxine, 22% had an idea of the notion of drug interactions, 2% knew the signs of overdosage and only 3% knew the signs of underdosage. In the case of 52 patients of childbearing age, 92% are unaware that pre-conceptional balancing is compulsory, compared with 8% who are already aware of it. Our current survey reveals a significant lack of knowledge among hypothyroid patients, and has enabled us to re-educate this group of patients. Medical prescription must be supported by good therapeutic education, which remains a cornerstone in the management of hypothyroidism.

Keywords: Hypothyroidism, knowledge, education.

INTRODUCTION

Hypothyroidism is a frequent and generally chronic pathology. Hypothyroid patients, particularly women of childbearing age, elderly and/or cardiac subjects, need to have a minimum level of knowledge about their pathology [1-4].

The aim of our study is to assess the level of knowledge of a group of hypothyroid patients.

MATERIAL AND METHODS

The study involved 140 hypothyroid patients over a period of 06 months. The assessment was made via a questionnaire and the Answers were recorded and analyzed on Excel software.

RESULTS

The average age of our patients was 42 years, and the duration of the disease was 7.5 years. 88.7% of patients knew that they had thyroid hypofunction, and 84% identified the cause of hypothyroidism.

Asthenia is the main recognized consequence of untreated hypothyroidism, 8% are aware of the risk of infertility, but all patients are unaware of the risk of myxedema, hypogonadism and atherosclerosis (Figure 1).

All our patients know their daily doses, know how to adjust their treatment in the event of breakage of certain presentations, and know that treatment must be maintained for life. 85% know how to take L-Thyroxine, 22% have an idea of the notion of drug interactions, 2% know the signs of overdosage and only 3% know the signs of underdosage.

In the case of 52 patients of childbearing age, 92% did not know that pre-conceptional balancing is compulsory, compared with 8% who did. The majority (96%) knew that treatment should not be stopped during pregnancy, only 2 patients knew that doses should be spontaneously increased if an unplanned pregnancy was discovered, and 12% knew about the maternal-fetal consequences of hypothyroidism during pregnancy (Figure 2 and 3).

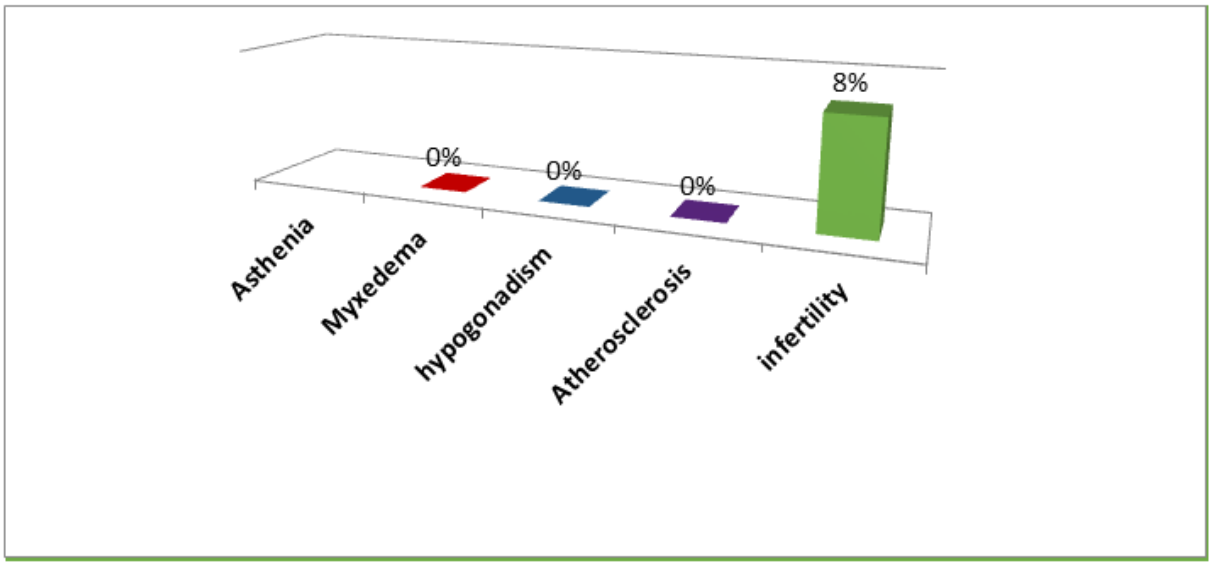

Figure 1: Knowledge of the consequences of untreated hypothyroidism

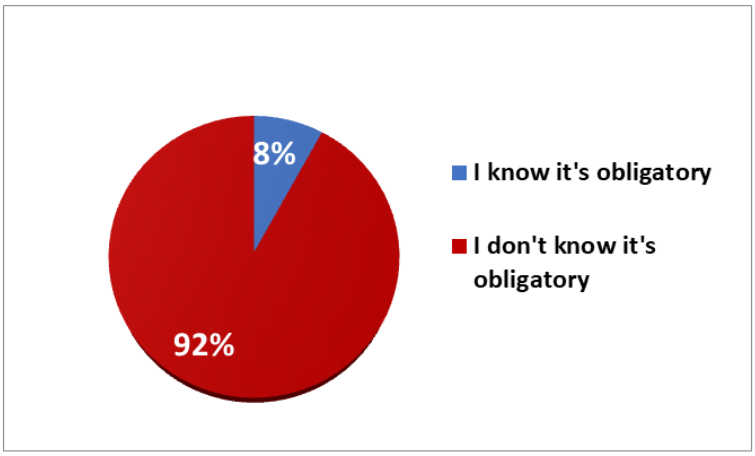

Figure 2: Awareness of the need for preconception balance of hypothyroidism

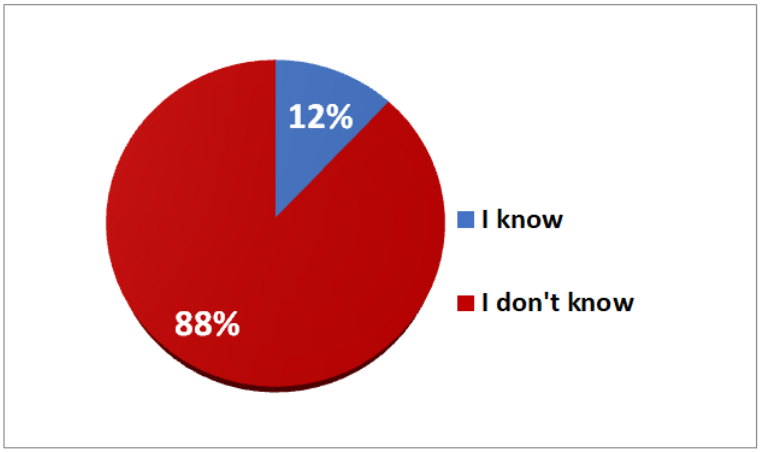

Figure 3: Knowledge of the maternal-fetal consequences of hypothyroidism

When we asked our patients about their sources of information, 88% were satisfied with the information provided by their doctor, 6% asked their pharmacist, 4% asked their family and friends, and only 2% consulted the internet for the necessary information (Figure 4).

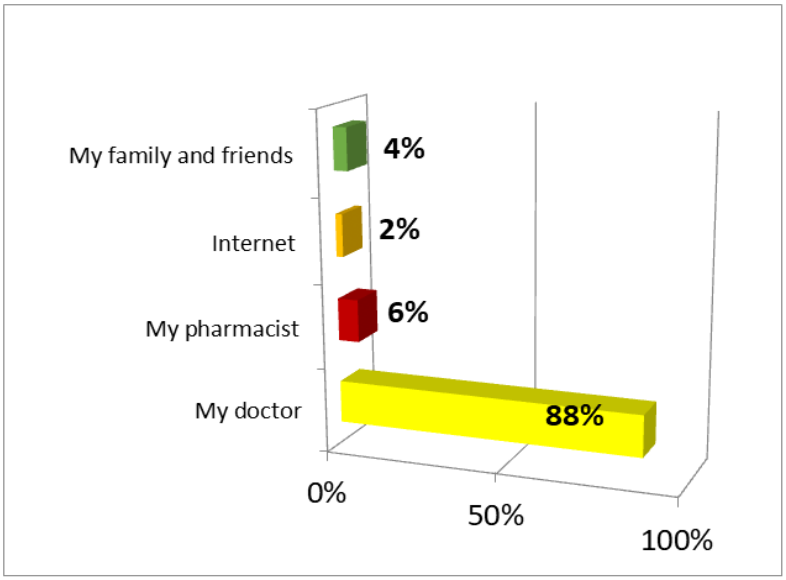

Figure 4: Main sources of information for hypothyroid patients

DISCUSSION

Hypothyroidism is a frequent pathology, predominantly female. It corresponds to a thyroid hormone deficiency, either due to primary thyroid gland or hypothalamo-hypophyseal axis disease [5]. It's often requiring lifelong treatment. If left untreated or inadequately treated, hypothyroidism can have harmful consequences. It can lead to myxedematous coma, cardiovascular complications such as coronary insufficiency, heart failure and conduction disorders, and sleep apnea syndrome. On the other hand, if over-treated, it can lead to osteoporosis and/or atrial fibrillation, as well as impaired quality of life secondary to signs of thyrotoxicosis [6, 7].

In pregnant women, it can be responsible for pre-eclampsia, placental abruption, premature abortion and many other complications. The consequences for the foetus appear to be more serious, since they are irreversible. Inadequately treated hypothyroidism can lead to psychomotor retardation, reduced IQ and deafness.

Hypothyroid patients must have a minimum of knowledge about how to take L-Thyorxine, the duration of treatment, the risk of drug interactions and the signs and complications of over- and under-dosing. Women of childbearing age must be informed about the obligation of preconception balance. They also need to know how to increase their doses if a pregnancy occurs without being scheduled, while waiting to see their treating physicians. This underlines the major importance of therapeutic education in avoiding the complications mentioned below [8, 9].

CONCLUSION

Hypothyroidism is a frequent pathology. If left untreated or inadequately treated, it can lead to serious complications. Our present survey reveals a significant lack of knowledge among hypothyroid patients, and has enabled us to re-educate this group of patients. Medical prescription must be backed up by proper therapeutic education, which remains a cornerstone of chronic disease management.

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