

---

## Integrating Pharmacists into the Management of Thyroid Disorders

**Mamdouh Mohammed Ramadan Alanazi <sup>1</sup>, Amjad Abdullah Ahmed Albishi <sup>2</sup>, Alsurayyi, Rayan Surayyi A <sup>3</sup>, Bandar Zabbar Aqeel Alshammari <sup>4</sup>, Hamzah Ahmad Alyamani <sup>5</sup>, Haitham Hael Muhawwis Alshammari <sup>6</sup>, Khaled Bandar Mohsen Al Otaibi <sup>7</sup>, Abdullah Ghanem Abdullah Alharbi <sup>8</sup>, Saeed Hussein Mohsen Al Otaibi <sup>9</sup>, Mufreh Ames Mlahad Alrowily <sup>10</sup>**

- 1- Adult Endocrinology Consultant, Prince Abdulaziz bin Musaed Hospital, Arar, Saudi Arabia
- 2- Doctor of Pharmacy, Maternity and Children's Hospital, Bisha, Saudi Arabia
- 3- Pharmacist, King Saud Hospital, Unaizah, Saudi Arabia
- 4- Pharmacist, King Salman Specialist Hospital, Hail, Saudi Arabia
- 5- Pharmacist Technician, Al Shamsi Medical Complex, Makkah, Saudi Arabia
- 6- Pharmacist Technician, Rafha Central Hospital, Saudi Arabia
- 7- Pharmacist Technician, Dawadmi General Hospital, Dawadmi, Saudi Arabia
- 8- Pharmacist Technician, Qusaybah General Hospital, Buraydah, Al-Qassim, Saudi Arabia
- 9- Pharmacist Technician, Dawadmi General Hospital, Dawadmi, Saudi Arabia
- 10- Pharmacist Technician, Hafar Al-Batin Central Hospital, Saudi Arabia

---

### Abstract:

Integrating pharmacists into the management of thyroid disorders can significantly enhance patient care and outcomes. Pharmacists play a crucial role in medication management, patient education, and adherence support, particularly for chronic conditions like thyroid disorders. By working collaboratively with healthcare providers, pharmacists can help ensure that patients receive appropriate thyroid hormone replacement therapy, monitor for interactions with other medications, and manage potential side effects. Their accessibility allows pharmacists to address patient concerns, provide counseling on lifestyle modifications, and facilitate regular monitoring of thyroid function tests, thus promoting more comprehensive care for individuals dealing with hypothyroidism, hyperthyroidism, or other related conditions. Furthermore, the integration of pharmacists into multidisciplinary teams can lead to improved patient education and empowerment. Pharmacists can provide tailored information about the importance of medication adherence, potential dietary interactions, and the implications of missed doses, which are especially critical for managing thyroid disorders. Additionally, their role in conducting medication reviews and collaborating with other healthcare professionals ensures that therapy is optimized based on individual patient needs. As healthcare systems increasingly recognize the value of pharmacists, their expertise can bridge gaps in care and foster better health outcomes for those with thyroid disorders.

**Keywords:** Pharmacist integration, Thyroid disorders management, Medication management, Patient education, Adherence support, Hormone replacement therapy, Multidisciplinary teams, Lifestyle modifications, Medication reviews, Patient empowerment.

---

### Introduction:

Thyroid disorders represent a significant public health issue, affecting millions of individuals worldwide. The thyroid gland, an essential component of the endocrine system, produces hormones critical for metabolism, growth, and development. Common thyroid conditions, such as hypothyroidism, hyperthyroidism, and autoimmune diseases like Hashimoto's thyroiditis and Graves'

disease, can lead to a host of complications if not adequately managed. They often present complex clinical scenarios that necessitate a multifaceted treatment approach involving healthcare professionals from various disciplines. In recent years, the role of pharmacists in the healthcare system has evolved considerably, with many recognizing pharmacists as key players in the medication management process. As medication

experts, pharmacists possess the unique skills necessary to contribute meaningfully to the management of thyroid disorders, providing patient education, medication therapy management, and interdisciplinary collaboration that are essential for optimizing patient outcomes [1].

Historically, the management of thyroid disorders has primarily rested within the purview of endocrinologists and primary care physicians. However, the increasing prevalence of these conditions, alongside a shortage of healthcare providers and the rising complexity of treatment regimens, has underscored the need for a more integrated approach. The advent of chronic disease management models emphasizes collaborative care, which includes the strategic involvement of pharmacists to enhance medication adherence, safety, and efficacy. Pharmacists can play a vital role in addressing the nuances of thyroid hormone replacement therapies, patient counseling on the potential side effects of antithyroid medications, and ongoing monitoring of thyroid function tests [2].

Additionally, the pharmacological landscape for treating thyroid disorders encompasses a spectrum of agents, including levothyroxine, liothyronine, methimazole, and propylthiouracil. Each medication poses unique challenges regarding dosing, possible drug interactions, and the necessity for lifestyle modifications, making ongoing patient education and counseling paramount. The incorporation of pharmacists into the management team can bolster the patient's understanding of their treatment regimen, leading to improved adherence and health outcomes. Research has consistently demonstrated that pharmacist-led interventions can reduce medication errors, enhance the safety of medication use, and empower patients through educational initiatives [3].

The interdisciplinary collaboration between pharmacists, endocrinologists, and primary care providers has emerged as a cornerstone of comprehensive thyroid management. Such collaborations can enhance communication between healthcare professionals and streamline the management of patients with thyroid disorders. By developing shared care plans, pharmacists can ensure that treatment goals align with patients' individual health needs, preferences, and lifestyle factors. Moreover, they can monitor therapy

effectiveness, adjusting medications when necessary based on clinical assessment and laboratory results. This proactive approach minimizes the risks of undertreatment or overtreatment, particularly in the context of levothyroxine therapy, where inadequate dosing may lead to persistent symptoms of hypothyroidism and excessive doses could precipitate adverse cardiovascular events [4].

Despite the potential benefits of integrating pharmacists into the management of thyroid disorders, certain barriers exist that hinder this collaborative approach. These barriers may include role delineation within the healthcare team, varying scopes of practice, and a lack of awareness among both healthcare providers and patients regarding the pharmacist's capabilities. Furthermore, educational institutions have yet to fully incorporate thyroid disorder management into the pharmacy curriculum, which may limit the preparedness of pharmacists entering the workforce to engage with patients suffering from such conditions. Addressing these barriers is crucial for optimizing the role of pharmacists in the management of thyroid disorders [5].

This research aims to elucidate the specific contributions that pharmacists can make in the management of thyroid disorders. By evaluating existing models of care that include pharmacists in chronic disease management, we will assess their impact on patient education, adherence to therapy, and clinical outcomes. Furthermore, this study will explore the perceptions of healthcare providers regarding pharmacists' roles and the barriers that must be overcome to maximize their contributions to thyroid disorder management. The findings of this research may inform future initiatives that promote integrated care models and enhance collaborative practice across various health disciplines [6].

### **Role of Pharmacists in Healthcare: A Collaborative Approach:**

In recent years, the role of pharmacists in the health care system has evolved significantly, transitioning from a primarily medication-dispensing function to a more comprehensive and interactive role in patient care. This transformation has particularly affected chronic conditions such as thyroid disorders, highlighting the pharmacist's impact in collaborative

health management. Thyroid disorders, characterized by dysfunctions in hormone production, notably hypothyroidism and hyperthyroidism, pose challenges that require multifaceted approaches for effective management. Pharmacists, with their expertise in pharmacotherapy, patient counseling, and health education, play a pivotal role in the collaborative management of these complex conditions [7].

Thyroid disorders, often resulting from autoimmune conditions, genetic factors, or environmental influences, are prevalent global health issues. Hypothyroidism, marked by insufficient production of thyroid hormones, leads to a variety of symptoms including fatigue, weight gain, depression, and sensitivity to cold. Conversely, hyperthyroidism involves excessive hormone production, which can cause symptoms such as weight loss, anxiety, sleep disturbances, and heat intolerance. Both conditions require accurate diagnosis, ongoing monitoring, and effective treatment strategies, typically involving hormonal replacement therapy or medications to control hormone levels [8].

### **The Pharmacist's Expertise**

Pharmacists are uniquely positioned in the health care continuum, equipped with extensive knowledge of pharmacology, medication management, and patient education. Their training allows them to assess medication regimens, identify potential drug interactions, advise on proper drug use, and educate patients about their health conditions. Moreover, pharmacists often serve as accessible health care professionals; their presence in community pharmacies, hospitals, and clinic settings enables them to engage with patients regularly, fostering strong patient-provider relationships [9].

### **Collaborative Management of Thyroid Disorders**

Pharmacists are instrumental in managing the pharmacological treatment for patients with thyroid disorders. For hypothyroidism, the cornerstone of treatment is levothyroxine, a synthetic thyroid hormone. Pharmacists ensure that patients receive the appropriate dose tailored to their specific needs, accounting for factors such as age, weight, and the presence of other health conditions. They also monitor the efficacy of the treatment through follow-up visits, adjusting dosages as necessary

based on responses and thyroid-stimulating hormone (TSH) levels [10].

In the case of hyperthyroidism, which may be treated with antithyroid medications like methimazole or propylthiouracil, pharmacists play a crucial role in educating patients on potential side effects and the importance of adherence to treatment. They can provide guidance on the expectation of chronic treatment and the need for regular follow-up blood tests to monitor thyroid function. Additionally, pharmacists can help manage potential interactions with other medications that patients may be taking for concomitant health issues, reducing the risk of adverse effects and ensuring optimal therapeutic outcomes [11].

Education is a fundamental aspect of managing thyroid disorders, and pharmacists are at the forefront of this effort. They provide patients with essential information about their condition, treatment options, and lifestyle modifications that can improve overall health. This can include dietary considerations, the impact of stress, and the importance of regular exercise in managing symptoms [12].

Pharmacists are also instrumental in dispelling myths and addressing misconceptions about thyroid disorders. Many patients may have preconceived notions or incomplete understandings of their condition, and pharmacists are well-equipped to provide accurate and relevant information that encourages informed decision-making. Through counseling sessions, pharmacists can offer personalized support, reinforcing the importance of adherence to therapy and regular follow-up [13].

The management of thyroid disorders is inherently interdisciplinary, often involving endocrinologists, primary care physicians, nutritionists, and other health care providers. Here, pharmacists serve as integral members of the health care team, contributing their expertise to enhance patient care. Effective communication among team members is crucial, particularly when adjustments in treatment protocols are required based on laboratory findings or patient-reported outcomes [13].

Pharmacists can participate in multidisciplinary rounds in hospital settings or contribute insights during case discussions in clinic settings, where

their drug knowledge can inform treatment strategies. Additionally, they can identify patients who require referrals to specialists or additional treatments, thereby streamlining the process and improving patient outcomes [14].

Continuous monitoring is essential for the effective management of thyroid disorders. Pharmacists can implement follow-up protocols that include educating patients on the signs and symptoms of inadequate treatment, such as changes in mood, energy levels, and weight. They can organize care plans that prompt regular assessments of thyroid function tests and medication effectiveness, ensuring that patients remain within therapeutic ranges [14].

Using electronic health record (EHR) systems, pharmacists have access to patients' medication histories, laboratory results, and treatment plans. This information allows them to proactively engage with patients, reminding them of upcoming appointments or necessary laboratory tests, thus improving adherence to the management plan [15].

Pharmacists not only contribute to individual patient care but also play a vital role in broader public health initiatives focused on thyroid health. They can help develop community outreach programs aimed at increasing awareness of thyroid disorders, symptoms, and the importance of early diagnosis and treatment. Through workshops, health fairs, and informational sessions, pharmacists can reach a wider audience, addressing public misconceptions and encouraging individuals to seek medical advice when necessary [15].

### **Pharmacists' Contributions to Thyroid Hormone Replacement Therapy:**

Thyroid hormone replacement therapy (THRT) is a critical therapeutic approach utilized in the management of thyroid disorders, primarily hypothyroidism. Hypothyroidism, a condition characterized by insufficient production of thyroid hormones, affects millions of individuals worldwide. The management of hypothyroidism typically involves the administration of synthetic or natural thyroid hormones, with levothyroxine being the most commonly prescribed. Pharmacists play an integral role in the optimization of thyroid hormone replacement therapy by ensuring efficacy, safety,

and adherence, thereby improving the overall management of patients with thyroid disorders [16].

Before delving into the contributions of pharmacists, it is vital to understand what thyroid hormone replacement therapy entails. The primary goal of THRT is to restore the normal levels of thyroid hormones in the body, which are essential for the regulation of metabolism, growth, and development. The most commonly used formulation in therapy is levothyroxine (T4), a synthetic form of the thyroxine hormone that the body converts to triiodothyronine (T3), the more active form of thyroid hormone. In certain cases, patients may also be prescribed liothyronine (T3) or desiccated thyroid extracts, which contain both T3 and T4 [16].

One of the most significant contributions of pharmacists in the context of THRT is their role in patient education and counseling. Given the complexities surrounding thyroid medication—such as the need for strict adherence to dosing schedules and potential interactions with certain foods and medications—pharmacists are uniquely positioned to educate patients. They engage with patients throughout the therapy process, explaining the importance of medication adherence, and helping them understand how factors like timing, dietary choices (e.g., the consumption of calcium or iron supplements), and other medications can impact the absorption and effectiveness of thyroid hormones [17].

Pharmacists can also assist patients in recognizing symptoms of both under-treatment and over-treatment of hypothyroidism, which can often present with vague signs such as fatigue, weight changes, and mood disturbances. By fostering an open line of communication, pharmacists empower patients to participate actively in their treatment plans, increasing patient engagement and satisfaction [17].

In addition to education, pharmacists play a vital role in monitoring and managing side effects associated with THRT. Common side effects of thyroid hormone replacement can include palpitations, anxiety, and weight loss, which may lead patients to prematurely discontinue therapy. Pharmacists are trained to assess these side effects, providing reassurance and strategies to mitigate

them, ultimately encouraging patients to continue their treatment [18].

Moreover, pharmacists are equipped to work alongside physicians in evaluating therapy efficacy through regular monitoring of thyroid function tests. The results from these tests—or thyroid-stimulating hormone (TSH) and free T4 levels—guide dosing adjustments and inform about whether the patient’s current dosage is optimal. This collaborative approach is crucial since inappropriate dosing can lead to uncomfortable symptoms and even adverse health outcomes [18].

Medication interactions are a common challenge in the management of THRT, especially considering the high incidence of co-morbid conditions that may require additional medications. Pharmacists are essential in identifying and managing these potential drug-drug interactions, ensuring that the efficacy of THRT is maintained. For example, certain medications that affect gastric pH, such as proton pump inhibitors, can reduce the absorption of levothyroxine. Pharmacists can provide guidance on the appropriate timing of levothyroxine administration relative to other drugs, ensuring optimal therapeutic outcomes [18].

Beyond individual interactions, pharmacists contribute to comprehensive medication reviews, especially in polypharmacy situations. With their expert knowledge of pharmacokinetics and pharmacodynamics, pharmacists can make evidence-based recommendations conducive to better therapeutic regimens in patients with multiple health issues [19].

Pharmacists also can play a significant role in the customization of thyroid hormone replacement therapy. Not all patients respond similarly to standard doses of levothyroxine, leading to variations in TSH levels. Some patients may present with unique conditions, such as pregnancy, age-related hormonal changes, or underlying autoimmune diseases. Pharmacists can assist healthcare providers in tailoring medication regimens to meet individual needs, taking into account factors such as weight, age, and specific health conditions [19].

In particular, the availability of compounded thyroid medications, which may be necessary for patients who are allergic to fillers in common prescriptions

or require specific dosage adjustments that are not commercially available, highlights the importance of pharmacists as accessible healthcare providers capable of handling specialized medication needs [19].

The role of pharmacists extends beyond direct patient interaction; they are also integral members of healthcare teams managing THRT. The cooperation between pharmacists, physicians, and other healthcare professionals enhances the overall quality of care provided to patients. Through collaborative practice agreements, pharmacists can initiate therapy, adjust dosages, and recommend alternative treatments based on therapeutic monitoring. Such collaborations improve care coordination and enable more comprehensive management of hypothyroidism [20].

Additionally, pharmacists participate in quality improvement initiatives and clinical guidelines development, promoting evidence-based practices in THRT. Their position within the healthcare system allows them to advocate for policy changes that benefit patients, such as reducing the cost of medications and enhancing access to care [20].

#### **Enhancing Patient Education and Adherence through Pharmacist Interventions:**

Thyroid disorders, which encompass a wide range of conditions affecting the thyroid gland—including hypothyroidism, hyperthyroidism, thyroiditis, and thyroid nodules—present significant challenges to public health. Globally, it is estimated that over 200 million people are affected by thyroid diseases, with the most prevalent form being hypothyroidism, particularly in women. The increasing prevalence of these disorders underscores the need for effective education and adherence strategies among thyroid patients. Pharmaceutical interventions play a crucial role in this context, serving as both a vehicle for education and a catalyst for improved adherence to treatment regimens [20].

Thyroid disorders often result in significant alterations in metabolic processes, which can lead to a plethora of symptoms. For instance, hypothyroidism can result in fatigue, weight gain, and depression, while hyperthyroidism may cause anxiety, weight loss, and heat intolerance. The complexity of these conditions requires patients not only to understand their illness but also to actively

participate in their treatment. Pharmaceutical interventions, primarily consisting of medications, are central to managing thyroid disorders. Levothyroxine is commonly prescribed for hypothyroidism, while antithyroid medications, such as methimazole, are used for hyperthyroidism [21].

Despite the effectiveness of these medications, adherence remains a significant challenge. Reports indicate that approximately 50% of patients with chronic diseases do not take their medications as prescribed, which can lead to inadequate disease control and poor health outcomes. To mitigate this issue, pharmaceutical interventions must be coupled with comprehensive patient education initiatives designed to improve understanding, encourage adherence, and enhance the overall quality of life for thyroid patients [21].

### **The Role of Patient Education**

Patient education is foundational in promoting adherence to treatment regimens. In the context of thyroid disorders, education should encompass various aspects: understanding the disease, the importance of adherence, potential side effects of medications, and strategies for managing these medications effectively [22].

1. **Disease Knowledge:** Patients who possess a solid understanding of their condition are more likely to adhere to treatment. Education programs should focus on explaining thyroid function, the implications of thyroid hormone imbalance, and the consequences of untreated or poorly managed thyroid disorders. Utilizing clear, straightforward language and visual aids can enhance patient comprehension [22].
2. **Understanding Medication:** Education regarding the specific medications prescribed—including their mechanisms, dosage, and administration—is crucial. Patients should be informed about the significance of taking medications at the same time every day, the importance of regular monitoring, and the potential consequences of skipping doses.

3. **Adverse Effects Management:** Providing information about potential side effects and the anticipated benefits of medication can empower patients. When patients understand what to expect, they are less likely to become discouraged when side effects occur. Moreover, education should emphasize that most side effects can be managed effectively with the guidance of healthcare professionals [22].

### **Pharmaceutical Interventions for Adherence Enhancement**

Pharmaceutical interventions can also be tailored to enhance adherence among thyroid patients. Various strategies can be employed, including:

1. **Simplification of Regimens:** Complex medication regimens can lead to confusion and non-adherence. Pharmaceutical companies and healthcare providers can work together to develop once-daily formulations or combination therapies that simplify the treatment regimen for patients [23].
2. **Reminders and Adherence Tools:** Mobile applications and electronic reminder systems can be developed or repurposed to serve specific populations, helping patients track their medications and appointments. Some applications can even sync with pharmacy refill notifications to remind patients when it's time to take their medication or pick it up.
3. **Provider-Patient Communication:** A collaborative approach to healthcare is essential. Regular follow-ups and open lines of communication between patients and healthcare providers can aid in tracking adherence, addressing concerns, and providing reinforcement.
4. **Personalized Care Plans:** Tailoring treatment plans to align with individual patient needs can significantly improve adherence. Personalized plans might consider factors such as lifestyle, co-existing medical conditions, and patient preferences regarding medication formulations and routes of administration.

5. **Involvement of Pharmacists:** Pharmacists serve as accessible healthcare professionals who can provide education and support for managing thyroid disorders. They can conduct medication reviews, offer counseling on the safe use of medications, and educate patients on potential drug interactions [23].

### **Monitoring and Managing Adverse Effects of Thyroid Medications:**

Thyroid medications play a crucial role in treating various disorders related to the thyroid gland, particularly hypothyroidism, hyperthyroidism, and thyroid cancer. These medications, such as levothyroxine, liothyronine, and antithyroid drugs, are designed to restore hormonal balance and mitigate the symptoms associated with thyroid dysfunction. However, the administration of these medications requires careful monitoring and management due to potential adverse effects [24].

Monitoring is a cornerstone of effective thyroid treatment. Regular assessment of thyroid hormone levels, patient symptoms, and potential side effects is essential to adjusting dosages and ensuring efficacy. The complexity of thyroid hormone regulation necessitates an individualized approach; each patient's response may vary based on factors such as age, weight, coexisting medical conditions, and concurrent medications [24].

For instance, levothyroxine, a synthetic form of thyroxine (T4), is commonly prescribed for hypothyroidism. Maintaining the appropriate therapeutic range is vital, as both under-treatment and over-treatment can lead to significant health effects. Patients must undergo periodic blood tests (typically TSH, Free T4, and possibly Free T3 tests) to evaluate hormone levels and guide therapeutic adjustments [24].

### **Common Adverse Effects of Thyroid Medications**

Thyroid medications can cause a range of adverse effects, some of which may be mild, while others are potentially severe. The most common adverse effects associated with potassium iodide, methimazole, propylthiouracil (PTU), and levothyroxine include:

1. **Levothyroxine:** Potential side effects include palpitations, anxiety, weight loss, and heat intolerance if the dosage is too high. In some cases, prolonged over-treatment may lead to osteoporosis, particularly in postmenopausal women, due to increased bone resorption [25].
2. **Antithyroid Medications (Methimazole, PTU):** These drugs are susceptible to adverse reactions such as agranulocytosis (a potentially severe drop in white blood cells), liver injury, and skin rashes. These side effects can necessitate discontinuation of therapy and careful monitoring of blood counts and liver function.
3. **Iodine-based Treatments:** High doses of iodine can cause hyperkalemia and renal impairment, particularly in sensitive populations, such as those with underlying kidney disease.
4. **Interactions with Other Medications:** Thyroid medications can also interact with other drugs, leading to changes in efficacy and increasing the risk of adverse effects. For example, anticoagulants, antidepressants, and medications used for diabetes can be influenced by thyroid hormone levels, potentially leading to increased bleeding risk, altered mental status, or hypoglycemia [25].

### **Mechanisms Behind Adverse Effects**

Understanding the mechanism of action and pharmacokinetics of thyroid medications is essential in grasping their adverse effects. For instance, levothyroxine is a prohormone that undergoes conversion to T3; thus, fluctuations in its levels can substantially affect metabolism and overall homeostasis. Over-treatment with levothyroxine may lead to symptoms associated with hyperthyroidism due to excess T3 and T4 circulating in the bloodstream [25].

On a cellular level, antithyroid medications function by inhibiting thyroid peroxidase, an enzyme crucial for the synthesis of thyroid hormones. Though effective, these medications can lead to an autoimmune-type reaction, resulting in blood dyscrasias or hepatic toxicity [26].

### **Strategies for Management**

Effective management of adverse effects begins with thorough patient education. Patients must be informed about the signs and symptoms of potential side effects to facilitate early recognition and intervention. Regular follow-up appointments should be scheduled to review blood test results, assess symptomatology, and gauge medication adherence [27].

Additionally, tailoring dosage adjustments based on individual factors is crucial. For instance, geriatric patients or those with limited physiological reserves may require lower doses and closer monitoring to avoid risks associated with over-treatment [27].

Healthcare providers should also remain vigilant for drug interactions that may amplify adverse effects. Keeping an updated list of medications the patient is taking, including over-the-counter supplements and herbs, helps mitigate risks. Upon recognizing an adverse effect, a comprehensive approach may involve either modifying the dosage, switching to a different medication, or implementing supportive measures to alleviate symptoms [28].

### **Role of Healthcare Professionals**

Healthcare professionals, including endocrinologists, primary care physicians, pharmacists, and nursing staff, play an integral role in monitoring and managing the adverse effects of thyroid medications. Endocrinologists spearhead patient management by providing specialized care in tailoring therapies to individual patient needs and advising on the appropriate frequency of follow-ups [29].

Pharmacists contribute by educating patients on the proper use of their medications, potential side effects, and interaction risks. They can also provide essential services such as medication reconciliation during transitions of care.

Furthermore, nurses are instrumental in educating patients on recognizing side effects, maintaining motivation for adherence, and fostering communication between patients and their healthcare teams regarding any arising concerns [29].

### **Interdisciplinary Collaboration: Pharmacists as Part of the Thyroid Care Team:**

The complexity of endocrinological disorders, particularly thyroid diseases, necessitates a collaborative approach to patient care. Among these conditions, hypothyroidism and hyperthyroidism represent significant public health concerns that can dramatically affect a patient's quality of life. Effective management of these disorders hinges on the seamless integration of various healthcare professionals, with pharmacists playing a pivotal role within the thyroid care team [30].

Pharmacists are highly trained healthcare professionals who possess extensive knowledge of medications, their effects, and their interactions. In recent years, the scope of pharmacy practice has expanded, recognizing pharmacists as integral contributors to patient care beyond their traditional roles in community and hospital settings. In the context of thyroid care, pharmacists not only dispense medications for thyroid disorders—such as levothyroxine for hypothyroidism or antithyroid agents for hyperthyroidism—but they also engage in direct patient care activities that enhance treatment outcomes [31].

One of the primary responsibilities of pharmacists within a thyroid care team is medication management. They review patient prescriptions to ensure appropriateness, correct dosing, and adherence to therapy. Proper management of thyroid medication is critical, as both under-treatment and over-treatment can have severe consequences. For instance, inadequate levels of levothyroxine can result in persistent symptoms of hypothyroidism, including fatigue, weight gain, and depression. Conversely, excessive doses can precipitate conditions like osteoporosis or cardiac arrhythmias. Pharmacists help mitigate these risks through vigilant monitoring and patient education, ensuring that dosages are tailored to individual needs based on factors such as age, weight, comorbid conditions, and laboratory results [32].

Patient education is another significant aspect of a pharmacist's role in thyroid care. Many patients have limited understanding of their thyroid condition, the importance of medication adherence, and lifestyle factors that can influence thyroid function. Pharmacists serve as valuable educators who can demystify complex medical concepts and provide patients with the knowledge they need to manage their condition effectively. They can explain



the role of thyroid hormones, the implications of missing doses, and the necessity of routine monitoring through thyroid function tests [33].

Moreover, pharmacists are adept at addressing common concerns and misconceptions surrounding thyroid medications, such as potential side effects or interactions with other medications or supplements. This counseling is crucial, as patients often take multiple medications for various health conditions, making them susceptible to drug interactions that can compromise therapeutic efficacy. By fostering open communication and providing tailored advice, pharmacists empower patients to take charge of their health, improving adherence and overall outcomes [34].

The effectiveness of any healthcare team largely depends on clear communication and collaboration among its members. In a thyroid care team, the integration of pharmacists enhances the interdisciplinary approach to patient management. Pharmacists work alongside endocrinologists, primary care physicians, nurses, dietitians, and other healthcare professionals to ensure a holistic approach to patient care [34].

Regular team meetings and case discussions allow for the sharing of insights, treatment plans, and patient progress updates. For example, a pharmacist might identify a patient who is not responding well to levothyroxine therapy and collaborate with the endocrinologist to adjust the medication regimen or investigate potential medication interactions. This collaborative spirit fosters a culture of shared accountability and enhances the quality of care provided to patients [35].

The integration of pharmacists into the thyroid care team offers numerous benefits that extend beyond individual patient outcomes. Research has demonstrated that interdisciplinary collaboration leads to reduced hospital admissions, improved management of chronic diseases, and enhanced patient satisfaction. For patients with thyroid disorders, access to pharmacists can decrease the likelihood of medication errors and enhance their ability to manage their condition effectively [35].

Additionally, involving pharmacists in patient care can lead to significant cost savings for the healthcare system. By improving medication adherence and reducing complications associated with

mismanagement of thyroid diseases, pharmacists can decrease the need for more expensive interventions, such as hospitalizations or emergency room visits. Moreover, pharmacists' expertise in formulary management and cost-effective prescribing can help manage healthcare costs while ensuring that patients receive effective medications at the right price [36].

Despite the many benefits of incorporating pharmacists into the thyroid care team, certain challenges remain. One of the primary obstacles is the recognition of pharmacists as essential members of the healthcare team by other professionals and patients. Efforts to increase awareness of pharmacists' roles and capabilities within endocrinology are crucial to facilitate collaboration [37].

Furthermore, as healthcare systems evolve, it is essential to establish formalized roles and responsibilities for pharmacists in thyroid care. This includes developing guidelines for interprofessional education and training programs that emphasize the competencies required for effective teamwork in managing thyroid disorders [38].

### **Impact of Pharmacist Integration on Patient Outcomes in Thyroid Disorders:**

Pharmacists play a crucial role in healthcare, particularly in managing chronic conditions that require ongoing medication management and patient education. Among these conditions, thyroid disorders—namely hypothyroidism, hyperthyroidism, and various other thyroid dysfunctions—represent a significant public health issue. These disorders not only affect an individual's metabolism, growth, and development but can also lead to more severe health risks if left untreated. The integration of pharmacists into the management of thyroid disorders has shown promising effects on patient outcomes, providing a multifaceted approach that enhances medication adherence, counseling, and overall patient engagement [38].

Thyroid disorders arise from an imbalance in the production of thyroid hormones, primarily thyroxine (T4) and triiodothyronine (T3). Hypothyroidism, characterized by an underactive thyroid, results in insufficient hormone levels that can lead to symptoms such as fatigue, weight gain, and depression. Conversely, hyperthyroidism involves

overproduction of thyroid hormones, which can cause anxiety, weight loss, and a racing heart. Both conditions necessitate ongoing treatment, usually involving medications like levothyroxine for hypothyroidism and antithyroid agents such as methimazole for hyperthyroidism [39].

Effective management of these disorders hinges on the understanding that maintaining thyroid hormone levels within a targeted range is crucial for patient well-being. This often requires regular monitoring of thyroid-stimulating hormone (TSH) levels, patient adherence to prescribed medication regimens, and lifestyle modifications. In this context, the role of the pharmacist becomes pivotal [39].

Pharmacists are increasingly recognized as essential members of the healthcare team, particularly in chronic disease management. Their expertise in pharmacotherapy allows them to provide comprehensive medication management, patient education, and counseling. In the scenario of thyroid disorders, pharmacists can help address common challenges that arise during treatment [40].

Firstly, pharmacists can assist in medication therapy management by reviewing patient medication regimens for potential drug interactions and contraindications. Given the complexity of managing thyroid conditions, which may often co-occur with other chronic diseases such as diabetes and cardiovascular conditions, the risk of drug interactions is prevalent. By identifying these interactions, pharmacists can collaborate with physicians to adjust therapy accordingly, thus safeguarding patient health [41].

Secondly, the role of pharmacists encompasses patient education—a fundamental aspect of managing thyroid disorders. Patients frequently lack knowledge regarding their condition, the importance of medication adherence, and the implications of missed doses. Pharmacists can provide counseling that demystifies thyroid disorders, explains how medications function, and emphasizes the significance of consistent follow-ups and laboratory tests [41].

A study published in the *Journal of the American Pharmacists Association* demonstrated that patients receiving education and support from pharmacists showed a statistically significant improvement in

medication adherence compared to those who did not have such support. Increased adherence directly correlates with improved clinical outcomes, better management of symptoms, and reduced hospitalizations or emergency room visits [42].

Medication adherence remains a significant hurdle in managing thyroid disorders. Research indicates that adherence rates are often suboptimal, particularly in conditions requiring lifelong therapy. The integration of pharmacists into the care continuum can enhance adherence through the implementation of personalized medication management plans, which not only consider the medications prescribed but also address potential barriers to adherence [43].

Pharmacists can employ motivational interviewing techniques to engage patients in discussions about their treatment plans. This patient-centered approach empowers individuals to express their concerns and preferences, fostering an environment where they feel invested in their health outcomes. Additionally, the development of reminder systems, pill organizers, or digital health applications, facilitated by pharmacists, can contribute to improved adherence rates [44].

Through regular follow-ups, pharmacists can monitor for any side effects or complications arising from medications, allowing for prompt adjustments. This proactive strategy can prevent the exacerbation of symptoms and minimize the risk of complications associated with unmanaged thyroid disorders [44].

The emergence of collaborative practice models within healthcare emphasizes the importance of interdisciplinary teamwork. In the management of thyroid disorders, this model encourages pharmacists to work closely with doctors, endocrinologists, and other healthcare providers. Such collaboration ensures holistic patient care, where each provider's expertise enhances outcomes [44].

For example, when a patient presents with elevated TSH levels, a pharmacist can communicate with the prescribing physician to evaluate the medication dosage or examine the patient's adherence. This level of integrated care leads to timely interventions and ultimately better management of the disorder [45].

The success of these collaborative models has been supported by various studies, including those that highlight reduced hospital readmissions and improved patient satisfaction scores. The patient-centered approach fosters a culture of accountability and engagement, which is paramount in managing chronic conditions effectively [46].

Ultimately, the integration of pharmacists in managing thyroid disorders contributes significantly to improving patients' quality of life. Patients who receive thorough education, tailored medication management, and continuous support report better overall satisfaction with their care. They experience fewer symptoms associated with thyroid imbalances, allowing them to engage more fully in daily activities and interpersonal relationships [47].

Additionally, by mitigating complications associated with poor management, pharmacists can enhance long-term health outcomes for individuals with thyroid disorders. This comprehensive approach not only influences clinical metrics such as TSH levels but also addresses mental and emotional well-being—a crucial factor in chronic disease management [48].

#### **Future Directions and Recommendations for Pharmacist Involvement in Thyroid Care:**

Thyroid disorders, such as hypothyroidism, hyperthyroidism, and thyroid cancer, affect millions of individuals globally. The American Thyroid Association estimates that one in eight women will develop a thyroid disorder in her lifetime, while men are also increasingly affected. Despite these alarming statistics, thyroid dysfunction remains underdiagnosed and undertreated [49]. Effective management of thyroid disorders requires a comprehensive understanding of thyroid physiology, pharmacotherapy, and patient-centered care practices.

Currently, management often falls to primary care physicians, endocrinologists, and, in some cases, nurse practitioners. However, the complexity of thyroid disorders necessitates a collaborative approach that leverages the expertise of pharmacists to optimize patient care. Pharmacists are uniquely positioned to offer critical support through medication management, patient education, and lifestyle interventions, which can be pivotal in improving adherence and treatment outcomes [50].

#### **Pharmacist Opportunities in Thyroid Care**

##### **1. Medication Management and Adherence:**

Pharmacists play a vital role in medication therapy management (MTM). In patients with thyroid disorders, this includes reviewing and monitoring levothyroxine therapy, understanding drug interactions, and managing side effects. For patients on polypharmacy, pharmacists can assist healthcare providers by identifying potential interactions with medications that can affect thyroid function, such as anticoagulants and diabetes medications. Future efforts should promote pharmacist-led MTM sessions specifically focused on thyroid medications to enhance adherence and optimize therapeutic outcomes [51].

##### **2. Patient Education and Counseling:**

Providing patient education is one of the core functions of pharmacists. In thyroid care, pharmacists can facilitate comprehensive discussions about medication timing, the importance of consistent dosing, dietary interactions (such as calcium and iron absorption interference), and the management of symptoms. Research suggests that improved patient education correlates with better health outcomes, including adherence to therapy. Hence, pharmacists should be encouraged to develop educational materials tailored to diverse populations, addressing cultural and linguistic considerations [52].

##### **3. Screening and Detection:**

As healthcare shifts towards preventive measures, pharmacists can participate in community outreach programs for thyroid screening. By offering services such as point-of-care testing for thyroid-stimulating hormone (TSH) levels in community pharmacies, pharmacists can assist in early detection efforts. Future initiatives should include training programs for pharmacists to interpret screening results and make referrals to appropriate healthcare providers [53].

4. **Chronic Care Management:**

Chronic care management programs have gained traction in recent years, emphasizing coordinated care for patients with long-term health conditions. Pharmacists can serve as care managers for patients with chronic thyroid diseases, aiding in the development of comprehensive care plans, monitoring progress, and facilitating regular follow-ups to ensure optimal disease management. Future directions should include the integration of pharmacists in accountable care organizations (ACOs) to enhance chronic disease management and patient outcomes [54].

5. **Collaboration with Healthcare Teams:**

Effective collaboration among healthcare professionals is crucial for the holistic management of thyroid disorders. Pharmacists should be viewed as essential members of the healthcare team, providing insights that bridge the gaps between different specialties. Future frameworks should actively promote interprofessional education and collaborative practice arrangements, allowing pharmacists to share their expertise while gaining insights from other health professionals [55].

**Recommendations for Future Implementation**

To advance pharmacist involvement in thyroid care, several recommendations can be put forth:

1. **Educational Initiatives:**

Develop targeted educational programs for both pharmacists and healthcare providers focusing on the nuances of thyroid disorders, treatment strategies, and best practices for patient counseling. Continuing education opportunities, workshops, and certification programs specifically addressing thyroid disorders should be emphasized [56].

2. **Research and Evidence Generation:**

Funding and resources should be allocated for research exploring the impact of pharmacist interventions on patient outcomes in thyroid care. Evidence from such studies will bolster the case for

pharmacist participation as essential healthcare providers in this area [57].

3. **Advocacy and Policy Development:**

Professional organizations should advocate for policies that recognize and reimburse pharmacist-led services related to thyroid care. This may include expanding the scope of practice laws to enable pharmacists to adjust thyroid medication dosages and collaborate directly with prescribing providers [58].

4. **Integration of Technology:**

Utilizing telehealth platforms and digital health tools can enhance communication between pharmacists and patients, facilitating remote consultations and follow-ups. Incorporating technology into thyroid care can streamline procedures and improve access for patients, particularly those in rural areas [59].

5. **Community-Centric Approaches:**

Promote community engagement initiatives that empower pharmacists to serve as resources for thyroid health in local populations. Through awareness campaigns and health fairs, pharmacists can educate the community about thyroid health, promote screening, and provide a point of care for questions and medication concerns [60].

**Conclusion:**

In conclusion, integrating pharmacists into the management of thyroid disorders represents a transformative approach to patient care that addresses the complexities associated with these conditions. Pharmacists bring a wealth of knowledge and expertise that enhances medication management, optimizes therapeutic outcomes, and promotes patient education. By actively participating in a multidisciplinary healthcare team, pharmacists can ensure that patients receive comprehensive support, which includes monitoring for medication interactions, managing side effects, and reinforcing adherence to treatment plans. This integration not only improves patient engagement and empowerment but also contributes to better clinical outcomes and overall quality of life for individuals with thyroid disorders.

Moving forward, it is essential for healthcare systems to recognize and embrace the value of pharmacists in thyroid care. Continued research and education on the role of pharmacists can facilitate their effective integration into clinical practice. Such initiatives will pave the way for improved management strategies, ultimately enhancing the health and well-being of patients with thyroid disorders. The collaborative efforts of healthcare professionals, including pharmacists, will ensure that patients receive holistic and patient-centered care, fostering a healthier future for those affected by these prevalent endocrine disorders.

#### References:

1. Choungnet C, Brassard M, Leboulleux S, et al. Molecular targeted therapies for patients with refractory thyroid cancer. *Clin Oncol* 2010; 22(6): 448–455.
2. Matsui J, Funahashi Y, Uenaka T, et al. Multi-kinase inhibitor E7080 suppresses lymph node and lung metastases of human mammary breast tumor MDA-MB-231 via inhibition of vascular endothelial growth factor-receptor (VEGF-R) 2 and VEGF-R3 kinase. *Clin Cancer Res* 2008; 14(17): 5459–5465.
3. Randolph LA, Walker CK, Nguyen AT, et al. Impact of pharmacist interventions on cost avoidance in an ambulatory cancer center. *J Oncol Pharm Pract* 2018; 24(1): 3–8.
4. Okamoto K, Kodama K, Takase K, et al. Antitumor activities of the targeted multi-tyrosine kinase inhibitor lenvatinib (E7080) against RET gene fusion-driven tumor models. *Cancer Lett* 2013; 340(1): 97–103.
5. Finn A, Bondarenka C, Edwards K, et al. Evaluation of electronic health record implementation on pharmacist interventions related to oral chemotherapy management. *J Oncol Pharm Pract* 2017; 23(8): 563–574.
6. Kiyota N, Schlumberger M, Muro K, et al. Subgroup analysis of Japanese patients in a phase 3 study of lenvatinib in radioiodine-refractory differentiated thyroid cancer. *Cancer Sci* 2015; 106(12): 1714–1721.
7. Matsui J, Yamamoto Y, Funahashi Y, et al. E7080, a novel inhibitor that targets multiple kinases, has potent antitumor activities against stem cell factor producing human small cell lung cancer H146, based on angiogenesis inhibition. *Int J Cancer* 2008; 122(3): 664–6715.
8. Zhu C, Ma X, Hu Y, et al. Safety and efficacy profile of lenvatinib in cancer therapy: a systematic review and meta-analysis. *Oncotarget* 2016; 7(28): 44545–44557.
9. Demachi K, Suzuki S, Kamata H, et al. Impact of outpatient pharmacy services collaborating with oncologists at an outpatient clinic for outpatient chemotherapy prescription orders. *Eur J Oncol Pharm* 2019; 2(1): e10.
10. Suzuki S, Chan A, Nomura H, et al. Chemotherapy regimen checks performed by pharmacists contribute to safe administration of chemotherapy. *J Oncol Pharm Pract* 2017; 23(1): 18–25.
11. Sakurai H, Suzuki S, Kawasumi K, et al. Survey of pharmacists involved in cancer treatment in cancer medicine cooperation base hospitals. *Jpn J Pharm Health Care Sci* 2013; 39(12): 717–725. (in Japanese)
12. Tahara M. Management of recurrent or metastatic thyroid cancer. *ESMO Open* 2018; 3(Suppl. 1): e000359.
13. Meier K, Bergsbaken J, Suzuki S. Initiatives to improve safety of oral anticancer agents delivered by community pharmacists. *EMJ* 2018; 3(2): 60–68.
14. Suzuki H, Suzuki S, Kamata H, et al. Impact of pharmacy collaborating services in an outpatient clinic on improving adverse drug reactions in outpatient cancer chemotherapy. *J Oncol Pharm Pract* 2019; 25: 1558–1563.
15. Suzuki S, Odanaka M, Funazaki H, et al. Evaluation of improvement of adherence following pharmacist intervention for hand/foot skin reactions induced by sorafenib. *Jpn J Pharm Health Care Sci* 2011; 37(5): 317–321. (in Japanese)
16. Schlumberger M, Tahara M, Wirth LJ, et al. Lenvatinib versus placebo in radioiodine-refractory thyroid cancer. *N Engl J Med* 2015; 372(7): 621–630.
17. Nkansah N, Mostovetsky O, Yu C, et al. Effect of outpatient pharmacists' non-

- dispensing roles on patient outcomes and prescribing patterns. *Cochrane Database Syst Rev* 2010; 7: CD000336.
18. Suzuki S, Abbott R, Sakurai H, et al. Evaluation of community pharmacist ability to ensure the safe use of oral anticancer agents: a nationwide survey in Japan. *Jpn J Clin Oncol* 2017; 47(5): 413–421.
  19. Suzuki S. Management of lenvatinib oral chemotherapy. *Pharm Mon* 2016; 58(7): 1705–1713, <https://ci.nii.ac.jp/naid/4002084095/4/> (in Japanese)
  20. Sugama Y, Suzuki S, Kamata H, et al. Evaluation of clinical pharmacist collaborating service with oncologist at outpatient booth in cancer chemotherapy from a questionnaire survey. *J Basic Clin Pharm* 2017; 8(3): 111–115.
  21. Cipolle RJ, Strand LM, Morley PC. *Pharmaceutical care practice*. 2nd ed. New York: McGraw-Hill, 2004.
  22. Durante C, Haddy N, Baudin E, et al. Long-term outcome of 444 patients with distant metastases from papillary and follicular thyroid carcinoma: benefits and limits of radioiodine therapy. *J Clin Endocrinol Metab* 2006; 91(8): 2892–2899.
  23. Kamata H, Suzuki S, Demachi K, et al. Drug cost savings resulting from the outpatient pharmacy services collaborating with oncologists at outpatient clinics. *Eur J Oncol Pharm* 2020; 3(1): e22.
  24. Suzuki S, Sakurai H, Kawasumi K, et al. The impact of pharmacist certification on the quality of chemotherapy in Japan. *Int J Clin Pharm* 2016; 38(5): 1326–1335.
  25. Curcio C, Baqui MM, Salvatore D, Rihn BH, Mohr S, Harney JW, Larsen PR, Bianco AC. 2001 The human type 2 iodothyronine deiodinase is a selenoprotein highly expressed in a mesothelioma cell line. *J Biol Chem* 276:30183–30187.
  26. Baqui MM, Gereben B, Harney JW, Larsen PR, Bianco AC. 2000 Distinct subcellular localization of transiently expressed types 1 and 2 iodothyronine deiodinases as determined by immunofluorescence confocal microscopy. *Endocrinology* 141:4309–4312.
  27. Schneider MJ, Fiering SN, Thai B, Wu SY, St Germain E, Parlow AF, St Germain DL, Galton VA. 2006 Targeted disruption of the type 1 selenodeiodinase gene (*Dio1*) results in marked changes in thyroid hormone economy in mice. *Endocrinology* 147:580–589.
  28. Garber JR, Cobin RH, Gharib H, Hennessey JV, Klein I, Mechanick JI, Pessah-Pollack R, Singer PA, Woeber KA, American Association Of Clinical E, American Thyroid Association Taskforce On Hypothyroidism In A. 2012 Clinical practice guidelines for hypothyroidism in adults: cosponsored by the American Association of Clinical Endocrinologists and the American Thyroid Association. *Thyroid* 22:1200–1235.
  29. Wiersinga W, Duntas LH, Fadeyev VV, Nygaard B, Vanderpump MPJ. 2012 2012 ETA Guidelines: the use of L-T4+L-T3 in the treatment of hypothyroidism. *Eur Thyroid J* 1:55–71.
  30. Stagnaro-Green A, Abalovich M, Alexander E, Azizi F, Mestman J, Negro R, Nixon A, Pearce EN, Soldin OP, Sullivan S, Wiersinga W. 2011 Guidelines of the American Thyroid Association for the diagnosis and management of thyroid disease during pregnancy and postpartum. *Thyroid* 21:1081–1125.
  31. Oppenheimer JH, Schwartz HL, Surks MI. 1972 Propylthiouracil inhibits the conversion of L-thyroxine to L-triiodothyronine. An explanation of the antithyroxine effect of propylthiouracil and evidence supporting the concept that triiodothyronine is the active thyroid hormone. *J Clin Invest* 51:2493–2497.
  32. Salvatore D, Bartha T, Harney JW, Larsen PR. 1996 Molecular biological and biochemical characterization of the human type 2 selenodeiodinase. *Endocrinology* 137:3308–3315.
  33. Saberi M, Sterling FH, Utiger RD. 1975 Reduction in extrathyroidal triiodothyronine production by propylthiouracil in man. *J Clin Invest* 55:218–223.
  34. Bianco AC, Salvatore D, Gereben B, Berry MJ, Larsen PR. 2002 *Biochemistry*,

- cellular and molecular biology, and physiological roles of the iodothyronine selenodeiodinases. *Endocr Rev* 23:38–89.
35. Yen PM. 2001 Physiological and molecular basis of thyroid hormone action. *Physiol Rev* 81:1097–1142.
36. Geffner DL, Azukizawa M, Hershman JM. 1975 Propylthiouracil blocks extrathyroidal conversion of thyroxine to triiodothyronine and augments thyrotropin secretion in man. *J Clin Invest* 55:224–229.
37. LoPresti JS, Eigen A, Kaptein E, Anderson KP, Spencer vCA, Nicoloff JT. 1989 Alterations in 3,3',5'-triiodothyronine metabolism in response to propylthiouracil, dexamethasone, and thyroxine administration in man. *J Clin Invest* 84:1650–1656.
38. Biondi B, Cooper DS. 2008 The clinical significance of subclinical thyroid dysfunction. *Endocr Rev* 29:76–131.
39. Mandel SJ, Berry MJ, Kieffer JD, Harney JW, Warne RL, Larsen PR. 1992 Cloning and in vitro expression of the human selenoprotein, type I iodothyronine deiodinase. *J Clin Endocrinol Metab* 75:1133–1139.
40. Braverman LE, Ingbar SH, Sterling K. 1970 Conversion of thyroxine (T4) to triiodothyronine (T3) in athyreotic human subjects. *J Clin Invest* 49:855–864.
41. Kaplan MM, Yaskoski KA. 1980 Phenolic and tyrosyl ring deiodination of iodothyronines in rat brain homogenates. *J Clin Invest* 66:551–562.
42. Jonklaas J, Burman KD, Bianco AC. 2013 Treatment of Hypothyroidism: Possibilities on the Horizon (For The American Thyroid Association Spring Program Committee). *Thyroid* 23:ix–xi.
43. Krzyzanowska MK, MacKay C, Han H, et al. Ambulatory toxicity management (AToM) Pilot: results of a pilot study of a pro-active, telephone-based intervention to improve toxicity management during chemotherapy for breast cancer. *Pilot Feasibility Stud* 2019; 5: 39.
44. Cabanillas ME, Schlumberger M, Jarzab B, et al. A phase 2 trial of lenvatinib (E7080) in advanced, progressive, radioiodine-refractory, differentiated thyroid cancer: a clinical outcomes and biomarker assessment. *Cancer* 2015; 121(16): 2749–2756.
45. Zhu J, Ebert L, Liu X, et al. A mobile application of breast cancer e-support program versus routine care in the treatment of Chinese women with breast cancer undergoing chemotherapy: study protocol for a randomized controlled trial. *BMC Cancer* 2017; 17(1): 291.
46. Dong X, Sun G, Zhan J, et al. Telephone-based reminiscence therapy for colorectal cancer patients undergoing postoperative chemotherapy complicated with depression: a three-arm randomised controlled trial. *Support Care Cancer* 2019; 27(8): 2761–2769.
47. Hintistan S, Nural N, Cilingir D, et al. Therapeutic effects of nurse telephone follow-up for lung cancer patients in Turkey. *Cancer Nurs* 2017; 40(6): 508–516.
48. Ream E, Gargaro G, Barsevick A, et al. Management of cancer-related fatigue during chemotherapy through telephone motivational interviewing: modeling and randomized exploratory trial. *Patient Educ Couns* 2015; 98(2): 199–206.
49. Tahara M, Brose MS, Wirth LJ, et al. Impact of dose interruption on the efficacy of lenvatinib in a phase 3 study in patients with radioiodine-refractory differentiated thyroid cancer. *Eur J Cancer* 2019; 106: 61–68.
50. Hollowell JG, Staehling NW, Flanders WD, Hannon WH, Gunter EW, Spencer CA, Braverman LE. 2002 Serum TSH, T(4), and thyroid antibodies in the United States population (1988 to 1994): National Health and Nutrition Examination Survey (NHANES III). *J Clin Endocrinol Metab* 87:489–499.
51. Peeters RP, Wouters PJ, Kaptein E, van Toor H, Visser TJ, Van den Berghe G. 2003 Reduced activation and increased inactivation of thyroid hormone in tissues of critically ill patients. *J Clin Endocrinol Metab* 88:3202–3211.
52. Singer PA, Cooper DS, Levy EG, Ladenson PW, Braverman LE, Daniels G, Greenspan FS, McDougall IR, Nikolai TF.

- 
- 1995 Treatment guidelines for patients with hyperthyroidism and hypothyroidism. Standards of Care Committee, American Thyroid Association. *JAMA* 273:808–812.
53. Gullo D, Latina A, Frasca F, Le Moli R, Pellegriti G, Vigneri R. 2011 Levothyroxine monotherapy cannot guarantee euthyroidism in all athyreotic patients. *PLoS One* 6:e22552.
54. Razvi S, Weaver JU, Butler TJ, Pearce SH. 2012 Levothyroxine treatment of subclinical hypothyroidism, fatal and nonfatal cardiovascular events, and mortality. *Arch Intern Med* 172:811–817.
55. Dow KH, Ferrell BR, Anello C. 1997 Quality-of-life changes in patients with thyroid cancer after withdrawal of thyroid hormone therapy. *Thyroid* 7:613–619.
56. Hays MT, Nielsen KR. 1994 Human thyroxine absorption: age effects and methodological analyses. *Thyroid* 4:55–64.
57. Mebis L, Van den Berghe G. 2011 Thyroid axis function and dysfunction in critical illness. *Best Pract Res Clin Endocrinol Metab* 25:745–757.
58. Woeber KA. 2002 Levothyroxine therapy and serum free thyroxine and free triiodothyronine concentrations. *J Endocrinol Invest* 25:106–109.
59. Huang SA, Bianco AC. 2008 Reawakened interest in type III iodothyronine deiodinase in critical illness and injury. *Nat Clin Pract Endocrinol Metab* 4:148–155.
60. Alevizaki M, Mantzou E, Cimponeriu AT, Alevizaki CC, Koutras DA. 2005 TSH may not be a good marker for adequate thyroid hormone replacement therapy. *Wien Klin Wochenschr* 117:636–640.