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Case Record Format – Subclinical Thyroid Disorders

Table of Contents

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Glossary

FT3	Free T3 hormone
FT4	Free T4 hormone
TSH	Thyroid stimulating Hormone
aTPOab	anti TPO antibody
RAIU	Radio Active Iodine Uptake
PET Scan	Positron Emission Tomography Scan

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Introduction

Thyroid function is vital to every part of human body. It is now evident from global surveys that the prevalence of thyroid disorders is increasing, including subclinical thyroid disorders (subclinical hypothyroidism and autoimmune thyroiditis), amongst every age group; both sexes. The problem is a challenge for clinicians, researchers and health care workers alike. There also exists a lack of consensus regarding therapeutic management of subclinical thyroid diseases especially in early stages. The proportion of subjects who progress from subclinical to overt hypothyroid state is either not well documented or not exactly known. Moreover, thyroid disorders may also be associated with consequences like dyslipidemia, increased cardiovascular risk, menstrual problems etc. Therefore, a right approach towards subclinical thyroid disorders is need of hour.

The present case record is designed keeping in mind holistic aspects of case taking. This may help a physician to keep track of subject's wellbeing, and progression of thyroid disorders. However, the final decision to treat subclinical thyroid disease still lies with physician only. It is also suggested that opinion of endocrinologists may be sought if the subject is not responding, deteriorating or otherwise also, and if need arises case may be referred.
Let us treat it rationally and ethically.

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Biochemical Diagnosis of Thyroid Disorders*

FT3	FT4	TSH	aTPOab	
↔	↔	↔	↔	Normal
↔	↔	↔	↑	Autoimmune Thyroiditis (Euthyroid State)
↔	↔	↑	↔	Subclinical Hypothyroidism
↔	↔	↑	↑	Subclinical Hypothyroidism with Autoimmune Thyroiditis
↓	↓	↑	↔	**Hypothyroidism**
↓	↓	↑	↑	**Hashimoto thyroiditis**
↔	↔	↓	↔	Subclinical Hyperthyroidism
↑	↑	↓	↔ or ↑	**Hyperthyroidism/Graves'**

↔= within range
↓= below lower limit of range
↑= above upper limit of range

***The final diagnosis should be made along with other symptoms and signs of the subject.**

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Demographic Details

Registration No.:

Name

Age/Sex

Occupation

Residential address

Contact no.

Religion/nationality

Provisional diagnosis

Final diagnosis

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Quick Snapshot of Case

(To be filled up complete case taking)

Diagnosis
Date of first consultation
Last Follow Up done on
First investigations Report
Last Investigation Reports
Medicines Prescribed (in short form)

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Presenting Complaints and Details

(In order of their importance as per their appearance, rows may be added as per need)

1.
Onset Location Sensation Modalities Associated complaints Concomitants
2.
Onset Location Sensation Modalities Associated complaints Concomitants
3.
Onset Location Sensation

Modalities Associated complaints Concomitants
4.
Onset Location Sensation Modalities Associated complaints Concomitants
5.
Onset Location Sensation Modalities Associated complaints Concomitants

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Specific Questionnaire

Does the subject have? If the symptoms are covered in presenting complaints columns may be left blank

	Present/Absent	If Present, please specify details
Alopecia (Hair Fall)		
Amenorrhea		
Cold intolerance		
Constipation		
Depression		
Dry hair		
Dry skin		
Galactorrhoea		
Hoarseness of voice		
Impotence		
Lack of concentration		
Menorrhagia		
Mental retardation		
Pallor		
Slurred speech		
Swelling face or body		
Tiredness & Lethargy		
Weak memory		
Weight gain		

Past History

a) Any history of diseases in mother during pregnancy:
b) Any history of abnormal birth:
c) Birth weight:
d) First disease after birth:
e) Milestones (Walking, talking and sphincter control etc.) achievement:
f) Any recurrent complaints:
g) Any other relevant information:

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Medical History

S. No.	Age	Nature of Illness	Treatment Adopted	Response after treatment
1.				
2.				
3.				
4.				
5.				
6.				

Family History

Paternal	Diseases suffered with	Maternal	Diseases suffered with
Grand father		Grand father	
Grandmother		Grandmother	
Father		Mother	
Brother(s)		Uncle	
Sister(s)		Aunt	
Uncle			
Aunt			

You may add more rows if needed

Menstrual History

- Menarche:
- Last Menstrual Period:
- Duration of menstrual cycle:
- Duration of bleeding:
- Quantity of bleeding:
- Presence of clots:
- Abnormal discharge per vagina:
- Dysmenorrhea:
- Any other information:

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Physical Generals

	Details
Appetite	
Taste of mouth	
Thirst	
Desires	
Aversions	
Stool	
Urine	
Perspiration	
Sleep	
Dreams	
Tendencies	
Thermal reaction	
Any other information	

Mental Generals

The details regarding mental/psychological sphere of subject should be primarily written in subject's language, enquired in detail by physician and then further analyzed to hunt rubrics.

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General Physical Examination

Pallor	
Icterus	
Cyanosis	
Lymph nodes	
Hair & Skin	
Gait	
Oedema	
Pigmentation	
Tongue	
Nails	
Height	
Weight	
BMI	
Pulse Rate	
Blood Pressure	
Respiratory Rate	
Temperature	
Reflexes	
Any other	

Thyroid examination

Goiter palpation method as endorsed by WHO[1] (Assessment of Iodine Deficiency Disorders and Monitoring their Elimination): *"The subject to be examined stands in front of the examiner, who looks carefully at the neck for any sign of visible thyroid enlargement. The subject is then asked to look up and thereby to fully extend the neck. This pushes the thyroid forward and makes any enlargement more obvious. Finally, the examiner palpates the thyroid by gently sliding his/her own thumb along the side of the trachea (wind-pipe) between the cricoid cartilage and the top of the sternum. Both sides of the trachea are checked. The size and consistency of the thyroid gland are carefully noted. If necessary, the subject is asked to swallow (e.g. some water) when being*

examined - the thyroid moves up on swallowing. The size of each lobe of the thyroid is compared to the size of the tip (terminal phalanx) of the thumb of the subject being examined"

	Instruction	Observation
Grading	**Grade as per WHO grading[1] (0,1,2)**	
Consistency	**Soft/Hard**	
Mobility	**Mobile/Immobile**	
Lymph nodes examination	**Enlarged or not palpable**	
Any other information	**Presence of Nodule (?)**	

Systemic Examination

More rows may be added as per convenience

System	Details

Any other information:

Analysis and Evaluation

There may be minimal or no symptoms in subclinical thyroid diseases. The analysis and evaluation of the case aims at finding relevant symptoms and signs for prescription. The main sources of symptoms in such subject are presenting complaints, physical generals, mental generals, specific signs (if present), menstrual history, thermal reaction etc.

The selection of repertory is based upon generals, and it is suggested that identified repertory should be used and followed throughout the case, except where subject need specific medicine as in acute conditions. In such cases prescriptions may be keynote or specific.

[1] Available freely at http://whqlibdoc.who.int/hq/2001/WHO_NHD_01.1.pdf. Last accessed on 01.03.2013

Therapeutic Follow Up

Date	Prescription	Medicine Prescribed	Justification for selection	Dose Prescribed	Potency	Repetition	Instructions to Patient
	First						
	Second						
	Follow up						

Appropriate number of rows may be added as per need of case.

Follow Up-Check List

Variable	**Follow up (Monthly)**												
	Baseline	1	2	3	4	5	6	7	8	9	10	11	12
Pulse Rate	√	√	√	√	√	√	√	√	√	√	√	√	√
Blood Pressure	√	√	√	√	√	√	√	√	√	√	√	√	√
General Physical Examination	√	√	√	√	√	√	√	√	√	√	√	√	√
Goiter grading	√	√	√	√	√	√	√	√	√	√	√	√	√
FT3	√	-	-	√	-	-	√	-	-	√	-	-	√
FT4	√	-	-	√	-	-	√	-	-	√	-	-	√
TSH*	√	-	-	√	-	-	√	-	-	√	-	-	√
aTPOab*	√	-	-	-	-	-	-	-	-	-	-	-	√
USG Thyroid	√	-	-	-	-	-	-	-	-	-	-	-	√
Lipid profile	√	-	-	-	-	-	√	-	-	-	-	-	√
ECG	√	-	-	-	-	-	√	-	-	-	-	-	√
RAIU and PET Scan should be done only when necessary.													
Any other investigation which physician find necessary may be put here													

*TSH and aTPOab can be primary outcome measures for subclinical thyroid disease including autoimmune thyroiditis. The checklist may be updated as per need of case. But it is preferred that repetition of investigations should be ethical and justifiable.

Follow Up – Values

Variable	**Follow up (Monthly)**												
	Baseline	1	2	3	4	5	6	7	8	9	10	11	12
Pulse Rate													
Blood Pressure													
General Physical Examination													
Goiter grading													
FT3													
FT4													
TSH*													
aTPOab*													
Lipid profile													
VLDL													
LDL													
HDL													
Total Cholesterol													
Triglycerides													
Chol : HDL													
ECG													
Any other investigation which physician find necessary may be put here													

*Both TSH and aTPOab can be primary outcome measures for subclinical thyroid diseases.

Referral Details

Date	Reason for Referral	Referred to (Name of Physician/Hospital etc)

Adverse Reaction Information

Date	Details of adverse reaction(s)	Steps undertaken to deal

Follow up Sheet

Follow up may be done weekly, fortnightly or monthly, as per the need of the case.

Date	Old Symptoms & Signs	New Symptoms & Signs	Remedy Prescribed	Management, if any

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WHOBREF

In addition to regular follow up one may also use questionnaires to assess the general well-being of a subject. WHO Quality of Life questionnaire is one such example. It is freely available online at http://www.who.int/substance_abuse/research_tools/en/english_whoqol.pdf