Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · GENERAL HEALTH

Thyroid disorders

common, easily tested, frequently mistaken for something else

The thyroid sets the pace of the body's metabolism. Too little hormone slows everything down; too much speeds it up. Both produce symptoms so easily attributed to stress, ageing, depression or the menopause that thyroid disease is regularly missed for years — despite being diagnosed by a single blood test.

Seek urgent assessment if you have

- a **rapidly enlarging neck lump**, difficulty swallowing or breathing, or a hoarse voice
- **fever with a racing heart, agitation and confusion** — a thyroid storm is a medical emergency
- **severe drowsiness, confusion or hypothermia** in someone with known hypothyroidism
- **chest pain or palpitations with faintness**
- **bulging eyes, double vision or loss of vision** with an overactive thyroid

Thyroid eye disease affecting vision needs same-day ophthalmology. A hard, fixed or rapidly growing neck lump, particularly with hoarseness, requires urgent assessment. In an emergency call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

Underactive thyroid

- tiredness that sleep does not fix, and feeling cold when others are not
- weight gain despite no change in eating, and constipation
- dry skin, brittle nails, hair thinning, loss of the outer eyebrow
- low mood, poor memory and concentration, slowed thinking
- heavy or irregular periods, and difficulty conceiving
- muscle aches, cramps, and a hoarse voice

Overactive thyroid

- weight loss despite a good or increased appetite
- palpitations, a racing or irregular pulse, tremor
- anxiety, irritability, restlessness, difficulty sleeping

- feeling hot, sweating excessively, heat intolerance
- frequent or loose bowel movements
- muscle weakness, particularly climbing stairs; eye changes in Graves' disease

Understanding the numbers

TSH is the pituitary's instruction to the thyroid, and it moves in the opposite direction to thyroid activity — a **high TSH means an underactive thyroid**, which surprises most people. **Free T4** is the hormone itself. Subclinical disease — an abnormal TSH with a normal T4 — is common and does not always need treating; the decision depends on the level, symptoms, antibodies, age and whether you are pregnant or trying to conceive. Antibody testing identifies autoimmune causes and predicts who will progress.

Taking levothyroxine properly

- Take it **on an empty stomach**, ideally 30 to 60 minutes before breakfast, or at bedtime at least two hours after eating.
- Take it at the **same time every day**, with water.
- **Separate it by four hours** from iron, calcium, indigestion remedies and multivitamins, all of which block absorption. This is the commonest reason a dose seems not to work.
- Recheck blood tests **six to eight weeks** after any dose change — earlier is uninterpretable.
- It is a replacement, not a stimulant. It will not cause weight loss beyond correcting the deficiency, and taking more than you need causes palpitations, anxiety and bone thinning.
- Requirements rise in pregnancy, often substantially and early — tell us as soon as you have a positive test.

Thyroid lumps

Thyroid nodules are extremely common and the great majority are benign. They are assessed with thyroid function tests, ultrasound, and a fine needle sample where the ultrasound features warrant it. A lump that is hard, fixed, rapidly growing, associated with a hoarse voice or with swollen neck glands needs urgent assessment.

When to think of the thyroid

Ask for a test if you have unexplained fatigue, weight change, palpitations, low mood, hair loss, irregular periods, infertility, recurrent miscarriage, or a family history of thyroid or autoimmune disease. It is also worth checking before attributing symptoms entirely to the perimenopause, since the two overlap almost completely and frequently coexist.

> **Why come to us.** We test **TSH, free T4 and, where indicated, free T3 and thyroid antibodies** in-house, alongside ferritin, B12 and vitamin D — because these travel together and fatigue is rarely one thing. Results are explained by a clinician in the same visit with a written plan, not a text message. Thyroid ultrasound is performed on site, and we can arrange endocrinology or ENT opinion without a referral. Open seven days a week, with published fees.

Full thyroid panel and ultrasound on site

Results explained the same visit. Seven days a week, no referral needed.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Blood Tests** · **Ultrasound Scans** · **Health Screening & MOT** · **Women's Health** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

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This leaflet is based on current NHS and NICE NG145 guidance on thyroid disease assessment and management. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.