



## THYROID DYSFUNCTION SCREENING



### Recommendation

We recommend against screening *asymptomatic non-pregnant* adults aged 18 years of age and older for thyroid dysfunction (hyperthyroidism or hypothyroidism) in primary care settings (strong recommendation; low-certainty evidence).

This recommendation does not apply to adults who are pregnant or who have the following risk factors for thyroid dysfunction:

- Previously diagnosed thyroid disease or surgery
- Individuals receiving thyroid medications or medications that may affect thyroid function (e.g., lithium, amiodarone)
- Previous or ongoing exposure to thyroid radioiodine therapy or head and neck radiotherapy
- Individuals with pituitary or hypothalamic diseases

### 1. How is thyroid dysfunction identified?

- Thyroid dysfunction is diagnosed based on abnormal levels of serum thyroid-stimulating hormone (TSH) and can be characterized as either hyperthyroidism or hypothyroidism.

### 2. How is screening defined?

- Screening is routinely assessing patients who do not have any symptoms or a reason to believe they might have thyroid problems.

### 3. What is the rationale for a recommendation against screening?

- Screening has potential harms, such as overdiagnosis of thyroid dysfunction, which can lead to additional testing and require clinical follow-up.
- Diagnosis places a burden on the patient to fill medication for the rest of their lives and continually arrange for blood work (ranging from quarterly to annually).
- No convincing evidence was found to support that screening asymptomatic non-pregnant adults confers increased clinical benefit over usual care.
- Screening would consume resources without a demonstrated benefit.

### 4. Why is it a strong recommendation?

- A strong recommendation implies that most individuals would be best served by the recommendation. Specifically, in this case, it means most asymptomatic individuals would be best served by no screening.

### 5. What are some considerations for implementing this recommendation?

- If you do not routinely screen asymptomatic non-pregnant adults for thyroid dysfunction, there is no evidence-based reason to start.
- If you do routinely screen asymptomatic non-pregnant adults for thyroid dysfunction, you should reconsider this practice given the finding that it is unlikely to be an effective preventive strategy in this population.
- Remain alert to risk factors and symptoms suggestive of thyroid dysfunction and conduct appropriate diagnostic testing when warranted.