

The 3 different treatments for an overactive thyroid

Treatment	Cannot use if	Advantages	Disadvantages
Tablets carbimazole, propylthiouracil (PTU)	You have had a severe reaction to one of these drugs.	 Quite quick to work (4-6 weeks). Sudden swings in thyroid hormone level unlikely. Painless. 	 12-18 months course of tablets. Thyroid overactivity comes back in 60-70% of patients after treatment. 10% risk of rash or other minor side-effects. Very rarely stops production of white blood cells.
Radioiodine	You are pregnant or breast feeding.	 Painless. Permanent - low chance of over activity coming back. 	 Slow action (up to 6 months): tablets may be needed during this time. High chance (60%-80%) of permanent thyroid under activity requiring thyroxine tablets. May worsen eye problems. Need to avoid prolonged close contact with others for a 1-2 weeks after treatment.
Surgery	You are unfit for an operation or your thyroid over activity is not controlled first.	 Quick (days). Permanent - low chance of over activity coming back. 	 Risk of general anaesthetic. Low risk of causing hoarse voice or damage to calcium controlling glands. Likely to cause thyroid under activity requiring thyroxine tablets. Temporary discomfort. Neck scar.

Who do I contact if I have any questions? Patient self-help groups and further information

Endocrine Specialist Nurses

uhsussex.ens@nhs.net

Royal Sussex County Hospital

Endocrine specialist nurse

01273 696955 Ext. 64379

Princess Royal Hospital, Haywards Heath Endocrine specialist nurse

01444 441881 Ext. 65660

If you have any urgent or emergency questions then your GP can advise you or they will contact the hospital on your behalf.

British Thyroid Foundation www.btf-thyroid.org There is a link to short videos about thyroid treatment options on our website, www.bsuh.nhs.uk/services/diabetes-andendocrinology/

This leaflet is intended for patients receiving care in Brighton & Hove or Haywards Heath

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