WHAT IF ANTIBODIES ARE PRESENT?

If antibodies are present you may be classified as having an autoimmune thyroid disease. Autoimmune simply means that your immune system is working against a part of your body - in this case, your thyroid. Graves' disease is autoimmune hyperthyroidism. Hashimoto's Thyroiditis is autoimmune hypothyroidism.

HOW IS PPT TREATED?

All treatment is based on the severity of symptoms and blood results. It is always a matter for discussion with your doctor.

Treatment of PPT can be unneccessary as it is often transitory. However, some cases do require treatment, even if only for a few weeks. During the hyperthyroid phase of PPT it may be necessary to prescribe medication such as beta-blockers. Treatment of the hypothyroid phase of PPT may require a daily supplement with thyroid hormone (the same as your body produces).

Blood tests should be repeated every 6-8 weeks to monitor changes in your thyroid hormone levels. Often the body is sensitive to changes in medication and thyroid hormone levels respond accordingly.

Even if your PPT resolves you will need ongoing monitoring to ensure that your thyroid condition does not re-emerge later during your life.

WHO IS AT RISK?

There are certain known risk factors:

- 30-50% of women who have TPO-Ab in their blood during the first trimester of pregnancy will develop PPT.
- Women with a family history of thyroid disease or autoimmune conditions are more likely to experience PPT.
- People with other autoimmune disorders such as Type 1 Diabetes, lupus, pernicious anemia and rheumatoid arthritis are also at risk.
- Previous PPT increases the likelihood of it reoccurring after later pregnancies.

CAN PPT BE PREVENTED?

As yet there is no way to prevent PPT from occurring. More research into this condition is necessary. The best way to prevent PPT from having an impact on your life is to be aware of the symptoms and to consult your doctor if you have any symptoms that you are worried about.

PPT & DEPRESSION - IS THERE A LINK?

Recent studies show that Post-Natal Depression could be related to PPT. It is already well known that depression is a symptom of hypothyroidism. One possible reason is that T3 is found in large quantities in the limbic system of the brain – which is involved with emotions. If you don't have enough T3 or its action is blocked by other brain chemicals, you may experience emotional changes including depression.

NEED TO KNOW MORE?

Thyroid Australia is voluntary patient support group which can assist in understanding your condition. They can provide you with information on PPT and other thyroid conditions.

POST-PARTUM THYROIDITIS

Important Information for You During Your Baby's First Year

Published with the support of the City of Monash

WHAT IS POST-PARTUM THYROIDITIS?

Post-Partum Thyroiditis (PPT) is an inflammation of the thyroid gland which may develop in as many as one in ten women after giving birth. The condition results in either hyperthyroidism or hypothyroidism, and may even be associated with depression. Onset is typically within the first twelve months after giving birth and it can be a transient or permanent condition.

WHAT IS THE THYROID GLAND?

The thyroid is a gland located in your neck just under the Adam's apple. It is shaped like a butterfly. It is reliant on Thyroid Stimulating Hormone (TSH) which is sent from the pituitary gland to release two thyroid hormones - Thyroxine (T4) and Triiodothyronine (T3). These hormones are essential for a number of physiological and psychological functions. Under normal circumstances, the release of the thyroid hormone into the bloodstream is carefully regulated. When thyroid inflammation occurs, the thyroid may become damaged and unable to maintain normal hormone levels.

HOW DOES IT HAPPEN?

Pregnancy suppresses immune function to prevent the formation of antibodies that harm the unborn baby or that cause the mother's body to reject the baby. After delivery the immune system rebounds and can produce antibodies that combat not only infections, but also your own body's glands and organs. The thyroid is one of the glands that may be targeted. Anti-Thyroid Peroxidase (TPO-Ab) and Anti-Thyroglobulin (Tg-Ab) antibodies are associated with an attack on the thyroid gland, causing inflammation and hormone levels to rise or fall.

WHAT ARE THE SYMPTOMS?

The signs and symptoms vary from woman to woman. Typically the symptoms are mild - in fact so mild that many women are unaware that they have this condition. PPT may be associated with an enlarged thyroid known as a goitre. 5-10% of women experience PPT symptoms which can be confused with other conditions such as depression. However, not all women with PPT will require medical treatment.

Symptoms of hypothyroidism (underactive thyroid):

- Feeling cold, even when others are not
- Excessive low energy or fatigue
- Depression (low mood, increased anxiety etc)
- Difficulty concentrating and/or poor memory (brain fog)
- A slow heart rate (bradycardia)
- Unexplained or excessive weight gain
- Muscle tiredness and cramps
- Dry, coarse and/or itchy skin
- Dry, coarse and/or thinning hair
- Constipation
- Heavy and/or more frequent periods
- Brittle, breaking nails

Symptoms of hyperthyroidism (overactive thyroid):

- Feeling hot, even when others are not
- Excessive low energy or fatigue
- Anxiety, nervousness and/or panic attacks
- Irritability
- Rapid heart rate (tachycardia)
- Unexplained or excessive weight loss
- Muscle weakness and/or tremors
- Thinning of your skin
- Fine, brittle hair and/or hair loss
- Diarrhoea or more frequent bowel movements
- Insomnia
- Increased sweating

Symptoms generally begin anytime between 2-12 months after your baby is born.

HOW LONG DO SYMPTOMS LAST?

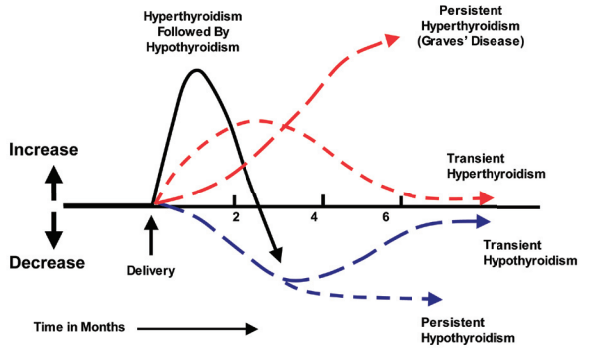
There are several pathways PPT can take:

1. Transient (short-term) hyperthyroidism or hypothyroidism. The thyroid gland will fully recover and all symptoms will disappear with time.
2. Permanent (life-long) hyperthyroidism or hypothyroidism. Medical assistance will be required to relieve symptoms.
3. Hyperthyroidism followed by hypothyroidism. For 25% of women with PPT, this hypothyroidism will be permanent.

The hyperthyroid phase usually begins anytime from 2 months after delivery. It may last until 6 months. The hypothyroid phase usually presents anytime between 3-12 months after delivery.

The diagram below shows the pathways PPT can take:

THYROID FUNCTION AFTER PREGNANCY



HOW IS PPT DIAGNOSED?

Your doctor will order some blood tests to check the levels of TSH, T4 and T3. They may also include tests for TPO-Ab and Tg-Ab. The results will give an indication of your thyroid function.

- If your T4 and T3 are high and your TSH is low you may be classified as hyperthyroid.
- If your T4 and T3 are low and your TSH is high you may be classified as hypothyroid.