

Treatment Plan

For: Emily Chapman

Date: 02/04/2024

Current issues/symptoms:

18 months postpartum, 8 months post breastfeeding. Experiencing low energy, weight gain/inability to lose weight
Digestive bloating, sluggish bowel movements (approx 3-4 x week)
Experiencing heavy periods
Energy 6/10, Sleep 7/10, Mood 7/10, Libido 8/10, Stress 8/10

Summary of key issues suspected or identified: (at this stage)

- Maternal family history of hypothyroidism: and recent thyroid tests shows subclinical hypothyroid levels:
 - TSH:** 2.6 (optimal range 0.5-1.5) - thyroid stimulating hormone
 - T4:** 9.9 (optimal range 15-16) - the inactive thyroid hormone
 - T3:** 3.9 {as of 05/23} (optimal range 5-6) - the active thyroid hormone (made from T4)
- These subclinical levels will definitely be giving you symptoms.
- No thyroid antibodies tested (need to check for any autoimmune involvement ie. **Hashimoto's hypothyroidism**)
- History of low iron in pregnancy (no recent Iron Studies blood test)
- No supplementation through breastfeeding
- Heavy periods: could be related to the sluggish thyroid function? And/or the Implanon? And/or having low iron levels (ie. it's a cycle: having low iron leads to heavier periods and heavier periods leads to low iron!)
- Heavy periods contributing to low iron levels, which are effecting your thyroid function (metabolism) and your energy levels
- High volume of running per week increases risk of 'runner's anaemia' (ie. foot strike haemolysis, where there is an increased turn over of red blood cells, therefore higher drain on your iron stores)
- Some degree of postpartum depletion; involving multiple nutrient levels, and also those affecting thyroid function (eg. iodine, selenium, zinc, iron, vitamin A, vitamin D)
- Constipation, bloating & wind: query suboptimal digestive processes (common with low thyroid hormones) and imbalanced in gut microbiome? (common with autoimmune thyroid condition) Having optimal bowel clearance (1-3x daily) is essential for detoxification, hormone health, immune system regulation, and overall wellbeing.
- Query optimal energy intake (esp for output), daily protein + essential fats in diet. **More diet focus to come.**

Next steps:

As discussed, the first step is some specific tests to identify potential key drivers behind your symptoms.

1. BLOOD TESTS

I'd like to assess your nutritional levels and some metabolic markers to give us more in depth information about what may be behind your symptoms. Once we have these, we can streamline your treatment plan specifically for you:

- Full thyroid panel: TSH, T4, T3, Thyroid antibodies, Reverse T3
- Iron studies
- Vitamin B12
- Folate
- Vitamin D
- Serum Zinc
- Morning cortisol

As mentioned, the GP may be reluctant to request all of these (particular the full thyroid panel) but what they don't request, I can instead. This will be an out of pocket expense, ie. not covered by Medicare as I'm a private provider. The GP is likely to order other basics like Full Blood Count, Liver & Kidney Function, Lipid Studies (hopefully) etc which are all useful too.

***Keywords to mention to GP to help get these tests requested:**

"Strong family history of hypothyroidism, so I want to see if I also have the antibodies for Hashimoto's hypothyroidism.

Having difficulty shifting weight despite doing regular exercise and having good diet.

I'm feeling tired all the time, especially over last 8 months even after weaning (it hasn't improved).

Have a history of low iron and have been experiencing heavy periods for many months too.

I don't get enough sun for Vitamin D, think it may be affecting my energy and mood.

Haven't had any thorough blood tests for years. Feel many of my symptoms may be nutritional."

Once you have the pathology request form - please do not have the blood test.

Instead, upload your request form to your My Appointments account for me (or email) so I can cross check and request those tests that have been left off. I'll email this request form to you, along with instructions and my Blood Test Rules. I'll be able to view all the blood results results (those requested by GP and myself) so once they're all through usually in 1-2 weeks.

2. URINARY IODINE TEST

I'd also like to have your iodine level tested. As discussed briefly, iodine is an essential nutrient for the production of thyroid hormone, T4. The body's stores are commonly depleted during pregnancy and breastfeeding, particularly if there is no iodine supplementation to support the mother's needs also. This is another contributing factor to thyroid issues starting after pregnancy.

With a very low T4 result previously shown (9.9, 9.6) it's essential to test your iodine level before introducing any iodine supplement, especially in the potential presence of thyroid antibodies.

I've requested the test from my end (with Nutripath) so you should receive an email from the lab to finalise the last steps before they send you the collection kit. This is a urine sample you take first thing in the morning and send back to lab for analysis.

Next time

Once all your test results are through, we'll have a follow up consultation to go through the results. We'll cover what they all mean, how they're contributing to what's happening for you and how you're feeling, and most importantly what we can do about them.

I'll then create your customised Treatment Plan for your specific needs.

If you have any questions, please let me know.
