

# Dr Soji Swaraj

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Diabetes - Weight/Metabolic Clinic - PCOS - Thyroid - Osteoporosis - General Endocrinology

Alexandra Middleton  
Naturopathic Nutritionist  
info@alexandramiddleton.com.au

23-05-2019

Dear Alexandra,

**RE: Katharina (Kat) Jacob - DOB: 06-07-1985**

Thanks indeed for your kind and detailed letter regarding Kat who has been getting advice from you regarding her fatigue, exercise intolerance, food intolerances, insomnia, stress and recent thyroiditis. This pleasant 33-year-old movement coach, is engaged to be married next year to David, is a nonsmoker, nondrinker and obviously very active. I believe last year she was treated with some iodine supplements to help her and was previously euthyroid and earlier this year presented with tremors and was found to have a suppressed TSH and the T4 toxic at 33, T3 at 9.5. Anti-TPO antibodies were slightly raised at 65 and then 139 as her T4 came down spontaneously to 16 and T3 from 9.5 down to 4.4 while waiting to see me. Other bloods show an improvement in her cholesterol profile over the last few years from 5.2 to 3.6 and interestingly an impaired fasting glucose of 5.5. I wonder if she has insulin resistance contributing to her inflammatory state. The thyroid ultrasound wasn't consistent with thyroiditis, but is a pretty non-specific investigation. I note the recent family history you mentioned of mum with rheumatoid arthritis and her past history of surgical intervention for Wolff-Parkinson-White. She had a Mirena inserted for contraception by her gynaecologist two years ago and she is hoping not to conceive until after the wedding in June next year.

In the past, she has had issues with gut candidiasis, which has improved with your treatment.

## DIAGNOSES

1. Wolff-Parkinson-White with surgical correction.
2. Thyroiditis.
3. Gastrointestinal candidiasis.
4. ? Insulin resistance with impaired fasting glucose.

## MEDICATIONS AS OF TODAY

1. Folic acid.
2. B12, zinc, magnesium.
3. CoQ10.
4. Niacinamide.

On examination today, her skin is clear, hair is strong, neck palpation is non-tender, but a slightly boggy thyroid gland typical of thyroiditis, no nail changes, no tachycardia, BP 108/80 in both arms, heart sounds were dual with no murmurs. Weight was 53 kg, waist 77 cm, there was no acanthosis on the neck nor any striae.

## SUGGESTED PLAN:

1. I have reassured Kat that she probably has recovering thyroiditis and may have no relationship to the iodine supplementation she received.
2. However, we should ensure that she is clinically euthyroid before she tries to conceive next year, the impaired fasting glucose is interesting as she is not overweight, but I often see insulin resistance manifest when athletes become more sedentary.
3. I have given her a form for all the blood tests that you were considering and I was wondering if you would be happy to postpone the oestrogen, progesterone, gonadotropins and DHEA until after her Mirena is out next year.
4. In the meantime, I have asked her to pursue an anti-inflammatory diet under your supervision increasing vegetables and decreasing cereal carbohydrates as practical and ensuring resistance exercise everyday to increase her circulating myokines.

5. She will have repeat TFTs in three months' time and if there is any progress of her TSH above normal, I will see her immediately and consider Thyroxine replacement.
6. I would like her to keep her TSH between 0.5 and 2 before she conceives and then to have it checked every six weeks in pregnancy.

Thank you for involving me in your patient's care. Please do not hesitate to contact me if you have any concerns with this plan.

Kind regards,

SOJI SWARAJ  
Consultant Endocrinologist  
Concord Hospital

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