

A Survey of Management of Uncomplicated Graves' Disease Shows That Use of Methimazole Is Increasing and Use of Radioactive Iodine Is Decreasing

ATD therapy, 30% would use RAI, and 20% would use thyroidectomy. Of those recommending ATD, 54% would use PTU and 46% would use methimazole and switch to PTU when pregnancy was confirmed.

Conclusions

During the past two decades, there has been a shift away from RAI and toward ATDs for treatment of patients with uncomplicated Graves' disease.

ANALYSIS AND COMMENTARY ● ● ● ● ●

Although the authors noted that only a small proportion of the members of the various societies participated in the survey, 730 is a substantial number of responses from clinical endocrinologists, and these clinicians probably have a strong interest in the management of Graves' disease. I am one of them.

The changes in practice during the past 20 years are substantial and based on several influential studies noted below. There has been a shift away from RAI and toward ATDs for therapy of uncomplicated Graves' disease, although most U.S. endocrinologists still prefer RAI, which is in contrast to the strong preference for ATDs by their European, Latin American, and Asian colleagues. The dramatic avoidance of PTU is based on the report of Rivkees and Szarfman showing

that PTU, but not methimazole, has been associated with severe hepatic injury in young patients (2). However, methimazole causes congenital defects and PTU does not (3), thus leading to the preferential use of PTU in pregnancy.

The near-uniform avoidance of using RAI in patients with Graves' ophthalmopathy is striking and attributable mainly to the Italian studies showing that RAI worsens ophthalmopathy and that this can be prevented by corticosteroids (4,5).

It is difficult to predict how patients with Graves' disease will be treated 20 years from now, but I hope that we will have some rational therapy that is directed at the autoimmune origin and that makes our entire current armamentarium obsolete.

References

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