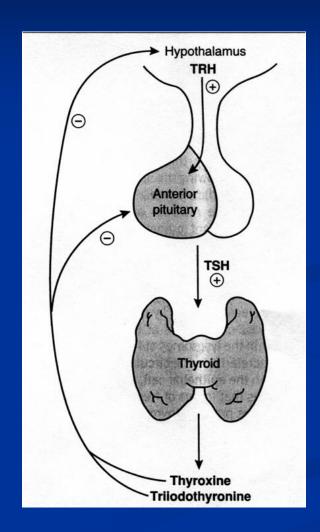
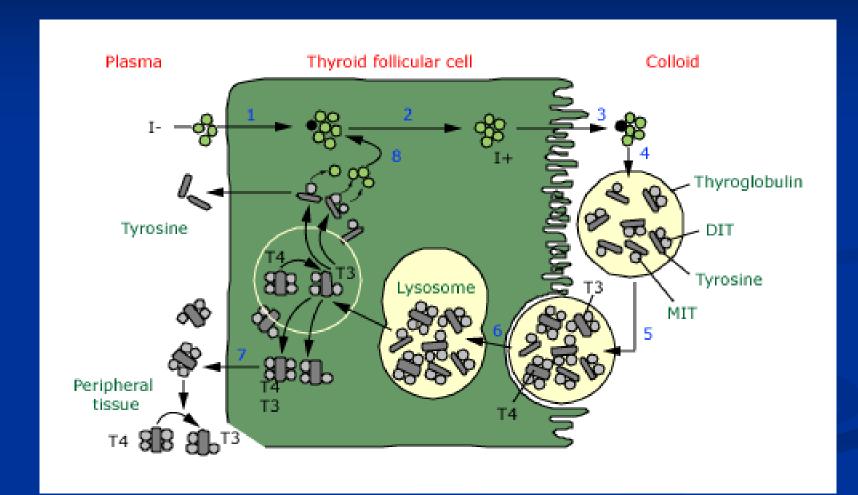
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# **Thyroid Gland Hormones**





#### ■ Iodide

Needed for synthesis of thyroid hormones Sources:

- Iodized salt
- Iodated bread
- Dairy products

Daily requirement: 75 micrograms which is about 10g of iodized salt

The oxidation, iodination, and coupling reactions are catalyzed by iodine or thyroid peroxidase enzyme

Lysosomal enzymes hydrolyze thyroglobulin

Most of released T<sub>4</sub> is converted in periphery to T<sub>3</sub> by deiodinase enzyme

Thyroid hormones travel in blood bound to a specific thyroxine binding globulin (TBG)

#### Thyroid hormones MOA

- Thyroxine reaches target cells by the aid of the carrier protein. Thyroxine easily passes plasma membrane (highly lipophilic)
- Most of T4 is converted to T3 in target cells
- Only the T3 form enters the nucleus and binds nuclear receptor protein
- The hormone-receptor protein complex binds specific response elements on DNA leading to a direct effect on the level of transcription
- The mRNA produced then codes for specific proteins that mediate effects of thyroid hormones

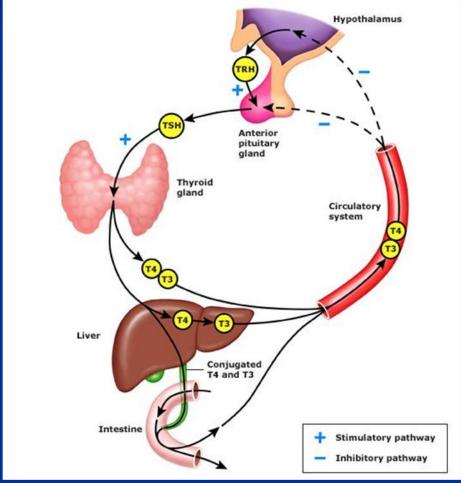
- Thyroid content:
- $T_4$  (Thyroxine) >  $T_3$  (4:1)
- Source:
- $T_4$  = thyroid gland;  $T_3$  = deiodination of  $T_4$  (80% of T3 is formed by deiodination of T4 in peripheral tissues)
- Potency:
- $T_3 > T_4$  (Free T3 is 3-5 times more active than free T4)
- Protein binding:
- $T_4 > T_3$  (T4 99.97% bound; T3 99.5% bound)
- Half-life:

$$T_4 = 1 \text{ wk}; T_3 = 1 \text{ day}$$

#### ■ General effects of thyroid hormones:

- Promote growth & development (essential for growth in childhood)
- Calorigenic effect:
- ↑ BMR; ↑ O<sub>2</sub> consumption; ↑ general metabolism; ↑ CHO metabolism
- † lipolysis; † lipid breakdown
- | Cholesterol blood level
- $\uparrow \beta$ -adrenergic receptors in most tissues
- ↑ GIT motility...

Pathways of thyroid hormone metabolism



### Disorders affecting the thyroid gland: Hypothyroidism

In Children  $\rightarrow$  Cretinism In adults  $\rightarrow$  Myxedema

- Causes:
- Surgical removal of thyroid
- Thyroiditis (Hashimoto's= chronic lymphocytic thyroiditis= an AI inflammatory disease causing atrophy of thyroid; infectious; transient; postpartum hemorrhage...)
- Severe deficiency or excess of iodine
- Severe deficiency of one or more of the synthesis enzymes
- Severe pituitary or hypothalamic dysfunction
- Drug induced...

### Hypothyroidism-symptoms

Cold intolerance, lethargy, constipation Slowing of mental function and motor activity Weight gain but appetite decreased, abnormal menses, dry/thick skin, hair loss, and hoarse voice

Stroke volume and heart rate decreased; non pitting edema

 $R_x: HRT$ 

- **■** Thyroid hormones preparations:
- Thyroid USP (bovine, ovine, porcine) oral
- Thyroid extract (Thyroglobulin) oral
- $\ell$  thyroxine sodium; synthetic  $T_4$ , oral
- Liothyronine sodium, synthetic T<sub>3</sub>, oral & I.V
- Liotrix, synthetic  $T_4$  &  $T_3$  (4:1), oral All have  $t_{1/2}$  of 1 wk except liothyronine Allergies more with animal preparations

- Clinical uses to thyroid hormones:
- Hypothyroidism
- Thyroid cancer
- Wt. reduction (abuse!!!)
- d- isomer as compared to l- isomer:
- d- is equipotent to the l- with respect to its effects on blood cholesterol levels, but has ¼ the potency with respect to other effects (e.g. growth and development, calorigenic effect...etc)

- Side effects to thyroid hormones:
- Hyperthyroidism
- Allergic reactions

## Hyperthyroidism

Thyrotoxicosis
Grave's disease

Hyperthyroidism
 Hyperplasia of thyroid
 Exophthalmos

### Hyperthyroidism-symptoms

Heat intolerance

Nervousness, irritability, emotional instability

Fatigue

Weight loss but increased food ingestion

Increased bowel movements (diarrhea)

Abnormal menses

Tachycardia and atrial arrhythmias (atrial fibrillation)

- $\blacksquare$   $\mathbf{R}_{\mathbf{x}}$  of hyperthyroidism:
- Propranolol
- Antithyroid drugs
- Surgery

Propranolol controls the manifestations of thyrotoxicosis

It has no antithyroid activity

- Antithyroid drugs:
- \*\* Thiourea derivatives (Thionamides)

Methimazole, Carbimazole, Propylthiouracil Carbimazole (pro-drug) is converted to Methimazoel

Potency:

Methi. > Carbi. > Propyl. All effective orally

MOA:

Inhibitors to thyroid perioxidase enzyme Interfere with oxidation, iodination, and coupling reactions. Propyl.  $+ \downarrow$  peripheral deiodination of  $T_4$ 

#### Side effects to thionamides:

- Allergy
- Hepatic dysfunction
- Agranulocytosis (also an absolute contraindication to their use)
- Methimazole is teratogenic (aplasia cutis congenita);
   propyltiouracil is not
- Disadvantages:
- Delayed onset of action (12-18 hrs)
- Prolong R<sub>x</sub>
- Side effects
- High relapse rate

### \*\* Iodide (K<sup>+</sup> or Na<sup>+</sup>):

Solution and oral tab.

- MOA:
- $\downarrow$  oxidation  $\downarrow$  release of  $T_4$ ,  $T_3 ? \downarrow$  uptake
- Major side effects:

Allergy (test for iodide hypersensitivity)

Widely used before thyroid surgeries to \upsilon vascularity of the thyroid gland

### \*\* Radioactive iodine=RAI (131I):

Sol., Caps.

- Diagnostic use (small dose)
- R<sub>x</sub> of hyperthyroidism and Grave's disease (intermediate dose)
- R<sub>x</sub> of thyroid Ca (large doses)
- In the US, over 60% of endocrinologists select radioiodine as first-line therapy for Grave's disease
- It is the preferred therapy for women desiring pregnancy in the near future. After RAI therapy, they must wait 4-6 months before conceiving

- Advantages: higher remission rates 10% will fail first treatment and require a second dose of <sup>131</sup>I
- Disadvantage: hypothyroidism is dose dependent
- Contraindications: pregnancy (absolute),
   ophthalmopathy (relative RAI therapy may cause or worsen this condition)
- Side effects:
- Pulmonary fibrosis
- Teratogenicity and carcinogenicity

#### \*\* Lithium carbonate:

Oral and S.R tab.

Has similar MOA to iodide

Has narrow therapeutic window

Also the drug of choice to treat manic depressive psychosis

Side effects:

Nausea, diarrhea, drowsiness, blurred vision Ataxia, tinnitus and diabetes insipidus

#### \*\* Iodinated contrast media:

e.g. Ipodate

Given orally

Contain iodine +

Inhibit peripheral conversion of T<sub>4</sub> to T<sub>3</sub>

Inhibit release of  $T_4 \& T_3$ 

Similar side effects to iodide

Allergic reactions