10/22/2019 **EBSCOhost** 

Record: 1

**Title:** Combined therapy with levothyroxine and liothyronine in two ratios,

compared with levothyroxine monotherapy in primary hypothyroidism: a

double-blind, randomized, controlled clinical trial.

Authors: Appelhof BC; Department of Endocrinology and Metabolism, Academic

Medical Center, University of Amsterdam, F5-161, P.O. Box 22700, 1100

DE Amsterdam, The Netherlands. b.c.appelhof@amc.uva.nl

Fliers E

Wekking EM

Schene AH

Huyser J

Tijssen JG

Endert E

van Weert HC

Wiersinga WM

Source: The Journal Of Clinical Endocrinology And Metabolism [J Clin

Endocrinol Metab] 2005 May; Vol. 90 (5), pp. 2666-74. Date of

Electronic Publication: 2005 Feb 10.

Publication Type: Clinical Trial; Comparative Study; Journal Article; Randomized

Controlled Trial; Research Support, Non-U.S. Gov't

Language: English

Journal Info: Publisher: Oxford University Press Country of Publication: United States

NLM ID: 0375362 Publication Model: Print-Electronic Cited Medium: Print ISSN: 0021-972X (Print) Linking ISSN: 0021972X NLM ISO Abbreviation: J. Clin. Endocrinol. Metab. Subsets: Core Clinical (AIM);

**MEDLINE** 

Imprint Name(s): Publication: 2017-: New York: Oxford University Press

Original Publication: Springfield, III.: Charles C. Thomas

MeSH Terms: Hypothyroidism/\*drug therapy

Thyroxine/\*administration & dosage

Thyroxine/\*therapeutic use

Triiodothyronine/\*administration & dosage

Adolescent; Adult; Aged; Cognition/drug effects; Double-Blind Method

; Drug Therapy, Combination ; Female ; Humans ; Male ; Middle Aged

; Thyrotropin/blood

Abstract: Controversy remains about the value of combined treatment with

levothyroxine (LT4) and liothyronine (LT3), compared with LT4 alone in primary hypothyroidism. We compared combined treatment with LT4 and LT3 in a ratio of 5:1 or 10:1 with LT4 monotherapy. We conducted a double-blind, randomized, controlled trial in 141 patients (18-70 yr old)

with primary autoimmune hypothyroidism, recruited via general

practitioners. Inclusion criteria included: LT4 treatment for 6 months or more, a stable dose for 6 wk or more, and serum TSH levels between

0.11 and 4.0 microU/ml (mU/liter). Randomization groups were: 1)

10/22/2019 **EBSCOhost** 

> continuation of LT4 (n = 48); 2) LT4/LT3, ratio 10:1 (n = 46); and 3) LT4/LT3, ratio 5:1 (n = 47). Subjective preference of study medication after 15 wk, compared with usual LT4, was the primary outcome measure. Secondary outcomes included scores on questionnaires on mood, fatigue, psychological symptoms, and a substantial set of neurocognitive tests. Study medication was preferred to usual treatment by 29.2, 41.3, and 52.2% in the LT4, 10:1 ratio, and 5:1 ratio groups, respectively (chi2 test for trend, P = 0.024). This linear trend was not substantiated by results on any of the secondary outcome measures: scores on questionnaires and neurocognitive tests consistently ameliorated, but the amelioration was not different among the treatment groups. Median end point serum TSH was 0.64 microU/ml (mU/liter), 0.35 microU/ml (mU/liter), and 0.07 microU/ml (mU/liter), respectively [ANOVA on In(TSH) for linear trend, P < 0.01]. Mean body weight change was +0.1, -0.5, and -1.7 kg, respectively (ANOVA for trend, P = 0.01). Decrease in weight, but not decrease in serum TSH was correlated with increased satisfaction with study medication. Of the patients who preferred combined LT4/LT3 therapy, 44% had serum TSH less than 0.11 microU/ml (mU/liter). Patients preferred combined LT4/LT3 therapy to usual LT4 therapy, but changes in mood, fatigue, well-being, and neurocognitive functions could not satisfactorily explain why the primary outcome was in favor of LT4/LT3 combination therapy. Decrease in body weight was associated with satisfaction with study medication.

Substance Nomenclature: 06LU7C9H1V (Triiodothyronine)

9002-71-5 (Thyrotropin) Q51BO43MG4 (Thyroxine)

Entry Date(s): Date Created: 20050212 Date Completed: 20050609 Latest Revision:

20131121

**Update Code: 20181210** 

**PMID**: 15705921

**Database:** MEDLINE Complete