universally accepted recommendations for the management of subclinical hypothyroidism, but LT4 is recommended if the patient is a woman who wishes to conceive or is pregnant or when TSH levels are >10 mIU/L. Most other patients can simply be monitored annually. A trial of treatment may be considered when young or middle-aged patients have symptoms of hypothyroidism or risk of heart disease. It is important to confirm that any elevation of TSH is sustained over a 3-month period before treatment is given. Treatment is administered by starting with a low dose of LT4 (25–50 μg/d) with the goal of normalizing TSH.

SPECIAL TREATMENT CONSIDERATIONS

Rarely, LT4 replacement is associated with pseudotumor cerebri in children. Presentation appears to be idiosyncratic and occurs months after treatment has begun.

Because maternal hypothyroidism may both adversely affect fetal neural development and be associated with adverse gestational outcomes (miscarriage, preterm delivery), thyroid function should be monitored to preserve euthyroidism in women with a history or high risk of hypothyroidism. Although epidemiologic studies have demonstrated the association of miscarriage and preterm delivery with the presence of thyroid autoantibodies detected either during or prior to gestation, randomized controlled trails evaluating LT4 therapy in this population have not demonstrated benefit. Because of the known increase in thyroid hormone requirements during pregnancy in hypothyroid women, LT4 therapy should be targeted to maintain a serum TSH in the normal range but <2.5 mIU/L prior to conception. Subsequently, thyroid function should be evaluated immediately after pregnancy is confirmed and every 4 weeks during the first half of the pregnancy, with less frequent testing after 20 weeks' gestation (every 6–8 weeks depending on whether LT4 dose adjustment is ongoing). The increment of LT4 dosage increase depends upon the etiology of hypothyroidism, with athyreotic women requiring more (~45%) than those with Hashimoto's who may have some residual thyroid function. Women should increase LT4 from once-daily dosing to nine doses per week as soon as pregnancy is confirmed to