

What About Thyroid Disease?

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INTRODUCTION

Thyroid disease is a general term for a medical condition that affects the function of the thyroid gland. Usually an autoimmune condition, thyroid disease can affect thyroid function in one of two ways:

- Hypothyroidism – caused by not having enough thyroid hormones
- Hyperthyroidism – caused by have too much thyroid hormones

Thyroid disease affects approximately 9% of the population. It is more prominent in women than men, and typical onset is in late middle age (average age 60 years old).

Most patients with thyroid disease are well managed, but a simple infection can destabilize them. This infection could be oral or systemic and could be as simple as an upper respiratory infection.

Psychological stress is also a factor (perhaps from the prospect of dental treatment) that can destabilize them to a certain degree.

COMMON EXAMPLES OF THYROID DISEASE

Although thyroid disease is usually a stand-alone disease, it has been implicated/associated with MEN – Multiple Endocrine Disorders

Stand-alone autoimmune presentations include *Hashimoto's Thyroiditis* (hypothyroidism) and *Graves' Disease* (hyperthyroidism)

IMPLICATIONS FOR DENTISTS

Most patients with well managed thyroid disease do not present a significant problem at the dental office and can handle regular dental treatment. However, when a patient's thyroid disease is not well managed, or if they have an oral or systemic infection, they are at a greater risk of suffering from the more serious complications of thyroid disease.

HYPOTHYROIDISM

- Hypothyroidism slows down metabolic processes. This puts the patient at a higher risk of infection and means they will be slower to heal from invasive procedures.
- Higher incidence of periodontal disease in patients with hypothyroidism.
- It is important to avoid giving patients with hypothyroidism sedatives and narcotic analgesics. CNS depressives will depress the patient's thyroid function even more and potentially risk putting the patient into a myxedema coma. Alternative measures such as stress reduction protocols and nitrous oxide are recommended.

HYPERTHYROIDISM

- Patients with hyperthyroidism are more likely to suffer from cardiovascular issues, specifically with fibrillation (usually atrial fibrillation).
- Because cardiac output can be up to 300% higher than normal, patients generally present with systolic hypertension.
- Sensitivity to epinephrine – important to avoid epinephrine and go with plain local anesthetic instead.