

THE TREATMENT OF THYROTOXICOSIS IN PATIENTS AGED OVER SIXTY

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The authors reported comparative results from the treatment of thyrotoxicosis in patients over and under 60 years of age. Sixty patients aged over 60 years were comparatively examined with 300 younger patients. It was established that the initial dosage of antithyroid drugs was higher in older patients. They showed good tolerance to treatment, the side effects were rare and rapidly reversible. Beta-blockers exerted a very good effect even in lower doses than those applied in cardiology. Digitalis preparations were necessitated in cases with thyrotoxic heart. The operative treatment of nodular forms of thyrotoxicosis showed good results, however, patients and their relatives abstained from it. TRH-test was used as criterion of successful treatment along with the clinical symptomatics and normal T_3 and T_4 values. The recovery process in elderly patients was slower and longer and that was why their treatment lasted up to 2,5-3 years

Key-words: Thyrotoxicosis, elderly patients, treatment

It is necessary to make definite changes in treatment of elderly patients than standard methods (7). In most cases this treatment is carried out by standard programs, although our previous observations as well as literature data show that thyrotoxicosis in elderly has special differences in clinical, hormonal and immunological aspects (3-5).

We have the purpose to evaluate the peculiarities of treatment of thyrotoxicosis in patients aged over

60 years.

MATERIAL AND METHODS

Sixty patients aged over 60 years treated for thyrotoxicosis (T) were examined and their results were compared with the results of another group of 300 patients with T under 60. The examination was retrospective. The diagnosis was based on clinical features, total T_3 and T_4 measurements, ultrasound and radioiodine scanning of thyroid gland, and TRH-test. The treatment was performed by meztol and tapazole. In two cases propylthiouracil (propycil) was used. Surgical treatment of

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nodular forms was realized in clinics of Varna, Sofia, and Dobrich. Treatment with radioiodine and management of complications was performed.

RESULTS AND DISCUSSION

Among the clinical forms in elderly patients there is a predominance of thyroid adenoma. The other forms have identical distribution between young and old patients. Comparing the treatment in our patients we realized that initial dose in old patients was 45-60 mg daily while for young it was only 30-45 mg. The explanation was the decreasing drug resorption in old organisms. Atypical and oligosymptomatic forms in old patients lead to late diagnosis when the disease advanced into a severe state and that determined the necessity of active treatment.

Despite the higher dosage the tolerance to imidazol was better in old patients: they had no gastrointestinal side effects. Agranulocytosis was the most common unwanted effect of metizol treatment. Only one woman in the beginning of treatment with 45 mg metizol developed leukopenia which was reversible and soon passed on without special treatment. In 2,34 % of the cases it was necessary to add corticosteroid drugs and leukogen to influence agranulocytosis in young patients. Allergic reactions in elderly

patients were not observed in our study. In young patients we noticed allergic reactions to metizol in 1,17 %, to tapazole in 1,5 %, and to both drugs in 1,17 %. Our previous studies showed that liver disorders were rare in strictly treated patients (2). In this investigation, 1,5 % of young patients had increased ALAT and 1,1 % - ASAT levels. Beta-blockers were very useful in smaller dose than in cardiologic practice (1), with gradually reducing dose for a period of 2 months (average 38 ± 8 days). When beta-blocker was contraindicated we obtained good cardiovascular effect with Falicard. Some old patients like younger one had psycho-neurotic symptoms with excitement, insomnia, irritation, and hyperkinesis. The dose of sedative drugs in elderly was higher than in young patients. In 11 old patients an asteno-depressive syndrome was predominating. In these cases our treatment was carried out combined with psychiatrist and we reached particularly good results by using Amitryptilin. Only in two patients after reaching euthyroid state a depression remained. Leading complication in old patients was thyrotoxic heart - in 53,3 %; in younge age it was found in 10,33 %. In 37 patients with cor thyreotoxicum cardiotoxic treatment was required. The resistance to digitalis during hyperthyroidism is well known. In our

patients about 15 days of antithyroid treatment was enough to restore the sensitivity. We found digitalis intoxication with typical clinical and EGG changes in 2 patients on 6-7 day from the beginning of metizol therapy. We did not use cordaron in thyrotoxic arrhythmia because our own studies as well as literature data showed that treatment with amiodoron (cordaron) leads to unpredictable changes such as hyperthyroidism, hypothyroidism, and diffuse euthyroid goitre (6). We diagnosed diabetes mellitus in 6 patients among 300 young ones (2 %) and in 15 patients among 60 old patients (8,33 %). The diabetes was mild and in the period of 1 to 4 months of antithyroid therapy glucose tolerance was restored in most cases. In treatment of endocrine ophthalmopathy we preferred the parenteral way. In mild and moderate cases - phonophoresis with hydrocortison locally (8); in severe - I. m. and I. v. corticosteroids (80-100 mg). Thyroid myopathy was quite often symptom in old patients (23,3 %) and required the use of calcium drugs, Fluorid, Tridin, Vitamin D₂, anabolic steroids. This was not necessary in young patients. All patients with thyroid adenoma and multinodular goitre after reaching euthyroid state were sent for operation. Only in 7 patients it was performed early and late results of

operative interventions were very good: no mortality or thyrotoxic crisis, two patients with postoperative hypoparathyroidism and hypothyroidism. There was no relapse in operated patients during a 3-year period. Only 3 patients received radioiodine with very good result. About 78 % of young patients recovered after 20-22 months of treatment, the old - after 32-34 months. Our criteria for recovery from T were euthyroid clinical state, normal T₃ and T₄ levels. To confirm these criteria we performed TRH-test which showed that in some euthyroid patients the answer to TRH was still like during the active T and they were not ready for withdrawal of antithyroid treatment yet.

CONCLUSIONS

1. It was established that the treatment of T in elderly patients required higher dose of antithyroid drugs without serious side effects.
2. Leading complication in old patients was thyrotoxic heart prone to digitalis treatment.
3. The process of recovery in elderly was slow, relapses were frequent and that was why their treatment was prolonged up to 2,5-3 years.

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Лечение на тиреотоксикозата у пациенти над 60 години

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Резюме: Авторите съобщават сравнителни резултати от лечението на тиреотоксикозата у пациенти над и под 60-годишна възраст. Проучени са 60 болни на възраст над 60 години и резултатите са сравнени с група от 300 млади пациенти. Установено е, че началната доза на анти tireoидните препарати е по-висока у възрастните пациенти. Поносимостта на лечението у пациентите над 60 години е добра, страничните явления са редки и бързо обратими. Ефектът на бета-блокериите в по-малки дози в сравнение с тези в кардиологията е много добър. При тиреотоксично сърце се налага включване и на дигиталисови препарати. Оперативното лечение при нодозните форми е с добри резултати, но болните и близките им рядко се съгласяват с тази интервенция. ТРХ-тестът се прилага като критерий за излекуване наред с данните от клиничната картина и нормалните стойности на Т3 и Т4. Процесът на оздравяване е по-бавен и по-продължителен при възрастните болни и поради това лечението им трае 2,5 - 3 години.