



Celiac Disease and Thyroid Conditions

Updated Dec 2013

Celiac Disease and Thyroid Disease: The Connection

Researchers have found autoimmune thyroid diseases to be more common in people with CD than in the general population.

- The reasons for this relationship are not clear, but these are the facts we do know:
- It is likely CD and thyroid disease will occur together because they are both common autoimmune diseases.
- There is evidence CD may predispose individuals to develop other autoimmune diseases, such as thyroid disease.
- Thyroid disease is often diagnosed before CD; physicians may test for thyroid disease more than CD because it is so common.

What does the thyroid gland do?

Your thyroid is a small gland just below your Adam's apple. This gland produces thyroid hormones whose main job is to regulate metabolism. These hormones affect every system in our body and help to control its functions, for example, temperature regulation.

Thyroid Disease

If your thyroid gland stops producing adequate amounts of hormones it causes your whole body to slow down. This is called hypothyroidism. If your thyroid begins to over-produce hormones it causes your metabolism to significantly increase. This is called hyperthyroidism. Hashimoto's disease and Grave's Disease are two common causes of hypothyroidism and hyperthyroidism (respectively). Both are autoimmune diseases: autoimmune disease basically means your body's immune system is attacking its own tissues.

Grave's Disease

- Your Body's immune system attacks the thyroid and causes it to produce too many thyroid hormones (hyperthyroidism).
- Hyperthyroidism is not as common as hypothyroidism.
- Common Symptoms:
 - Weight Loss
 - Rapid pulse
 - Protruding eyes
 - Feeling too warm
 - Nervousness
 - Insomnia
 - Irritability
 - Heart palpitations
 - Diarrhea
 - Muscle weakness

Questions to ask your doctor:

Should I take medication for this disease?

How long will I need to take this medicine and how will I know when to stop taking it?

What are the side effects of these medicines?

How often do I need to get my blood drawn to monitor this medicine's effect on my body?

What else can trigger DH?

Should I take nutritional supplements?

Could I have associated food intolerances?

Where can I have a bone density study?

What other concerns should I have?

How can I find out about the diet?

How often should I follow-up with the doctor?

With the dietitian?

Hashimoto's Disease (Also called Chronic Lymphocytic Thyroiditis)

- Your body's immune system attacks the thyroid which causes a decrease in production of thyroid hormone (hypothyroidism).
- You may have hypothyroidism and not experience any symptoms for years until your body becomes overstressed, i.e. after a pregnancy or a traumatic illness.
- Symptoms can be very subtle and nonspecific, mimicking other illnesses, so it is important to get a TSH thyroid test if you experience any of the following symptoms:
 - Tiredness
 - Weight gain
 - Dry skin
 - Often feeling cold and low body temperature
 - Coarse, dry hair or hair loss
 - Enlarged thyroid gland in the neck
 - High cholesterol
 - Dizziness
 - Depression
 - Muscle cramps
 - Constipation
 - Decreased concentration or difficulty remembering things
 - Slowed heartbeat
 - Yellowish skin
 - Nausea
 - Lack of coordination

Testing for Thyroid Function

- It is recommended that people have their TSH (thyroid stimulating hormone) measured once a year. This is currently the best screening test for thyroid function. After receiving a patient's results, doctors may want to do more specific thyroid tests to determine whether the problem is of autoimmune Origin.
- If a person is diagnosed with hypothyroidism, the doctor will prescribe a thyroid hormone replacement. There are different strengths of hormone replacement, so finding the right dosage may take some time.
- Treatment for hyperthyroidism is more complex. It usually is treated with antithyroid drugs, but if the condition persists radioactive iodine or surgery may be needed.
- If you do not respond positively to any thyroid hormone treatment, discuss testing for CD with your doctor, as you may be malabsorbing the medication.

Hypothyroidism and the Gluten-Free Diet (GF)

- Some Patients with CD have reported a lower need for thyroid hormone replacement after being on the GF diet for a period of time.
- What is the reason for this? One reason is that the GF diet allows the small intestine to heal, and therefore thyroid medication may be better absorbed. The GF diet may also cause a lower inflammatory response and reduce the inflammation of the thyroid gland.

This document may be reproduced for educational purposes only.

Other helpful information is available at www.GLUTEN.org.

Advances in celiac disease are fast-paced. If this document is more than 2 years old, please visit our website for updated documents.

This information should not be used to diagnose or treat gluten-related disorders or other medical conditions. For questions about these conditions consult your healthcare team when considering this information.

Please consider your local GIG Branch as another resource.

Gluten Intolerance Group (GIG)
31214 – 124th Ave. S.E.
Auburn, WA 98092-3667

Phone: 253-833-6655
Fax: 253-833-6675

www.GLUTEN.org
customerservice@GLUTEN.org

The Mission of the Gluten Intolerance Group is to empower the gluten-free community through consumer support, advocacy and education.

To make a donation or become a volunteer to GIG, visit our website or call the office at 253-833-6655.