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An Overview of Hyperthyroidism

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Description

When you have hyperthyroidism, also known as an overactive thyroid, your thyroid produces and secretes large amounts of thyroid hormone. Your metabolism may increase as a result of this disorder. A quick pulse, weight loss, increased appetite, and anxiety are all signs of hyperthyroidism. Antithyroid medications, radioactive iodine, beta blockers, and surgery are all options for treating hyperthyroidism. When you have hyperthyroidism, your thyroid produces and releases more hormones than you require. Another name for this is hyperactive thyroid. Triiodothyronine (T3) and thyroxine are the two primary hormones that your thyroid produces (T4). A medical professional must treat hyperthyroidism because it can have an impact on the entire body. A butterflyshaped gland, the thyroid is situated at the front of your neck. You have glands, which are organs, all over your body. Hormones, which support your body's growth and function, are produced and released by a few of your glands. The thyroid gland is crucial for many of your body's essential processes, such as controlling body temperature, regulating the rate of your heart the management of metabolism (the process that transforms the food you put in your body into energy that helps your body function). Your body is in equilibrium and all of your systems perform properly when your thyroid gland is functioning appropriately. Your entire body may be affected if your thyroid ceases to produce thyroid hormones as it should, either in excess or insufficiently [1].

The difference between hyperthyroidism and hypothyroidism is how much thyroid hormone your thyroid produces and releases. Both disorders are medical conditions. Think of an image that relates to the term "hyper." Most likely, you were thinking quickly or with a lot of enthusiasm. Your thyroid is overactive and creates and releases an excessive amount of thyroid hormone when you have hyperthyroidism. The prefix "hypo-" denotes "low" or "not enough" in the medical field. Your thyroid is underactive when you have hypothyroidism, and it doesn't produce and release as much thyroid hormone as your body requires. Grave's disease: In this condition, your thyroid is attacked by your immune system. Your thyroid overproduces thyroid hormone as a result of this. Graves' illness is a genetic disorder (passed down through a family) [2].

There is a possibility that other family members could develop Graves' disease if one member of your family does. Those identified as female at birth experience it more frequently than those born as male. With roughly 85% of cases, Graves' disease is the most frequent cause of hyperthyroidism. Nodules in the thyroid gland known as thyroid nodules are lumps or cellular growths. Your body may receive more hormones from them than it requires. Rarely are thyroid nodules malignant. Thyroiditis: An inflammation of your thyroid gland, which may be painful or not, is known as thyroiditis (silent). It might occur within a year of having a baby (postpartum thyroiditis). Your thyroid may not be able to recover from thyroiditis, which would result in hypothyroidism. Iodine overdose: If you have hyperthyroidism and take too much iodine, either through your food

or prescription drugs, your thyroid may generate extra thyroid hormone. Your thyroid uses the mineral iodine to produce thyroid hormone. Hyperthyroidism may also result from receiving intravenous iodinated contrast (iodine "dye"). Amiodarone, a drug with high iodine content, can also result in hyperthyroidism [3].

During a physical examination in their office, your healthcare practitioner may check the following if you are exhibiting signs of hyperthyroidism: a thyroid: In order to determine whether your thyroid is swollen, lumpy, or painful, your doctor may gently feel it via the exterior of your neck. Your physician might examine your eyes for edoema, redness, bulging, and other Graves' eye disease symptoms. Your heart: Using a stethoscope, your healthcare professional may check for a rapid or irregular beating. Your hands: Your healthcare professional could ask you to extend your hands to check for tremors. They might also check your fingernails for changes. Your skin: Your healthcare professional may feel your skin to check for warmth and moisture [4].

Blood tests are used to detect hyperthyroidism. A blood sample may be requested by your doctor to check for elevated thyroid hormone levels. Testing for thyroid function is what this is. TSH levels are lower than normal and thyroid hormones T3 and T4 levels are higher than usual in people with hyperthyroidism. Imaging examinations to identify hyperthyroidism. Your doctor can diagnose hyperthyroidism and identify a potential cause for it by taking a deeper look at your thyroid. Your healthcare provider may use the following imaging tests to check your thyroid [5].

Conflict of Interest

None.

References

- Devereaux, Danielle and Semhar Z. Tewelde. "Hyperthyroidism and thyrotoxicosis." *Am Med Clin* 32 (2014): 277-292.
- Rebecca S. Bahn, Henry B. Burch, David S. Cooper, Jeffrey R. Garber and M. Carol Greenlee, et al. "Hyperthyroidism and other causes of thyrotoxicosis: management guidelines of the American Thyroid Association and American Association of Clinical Endocrinologists." *Thyroid* 21 (2011): 593-646.
- Kelly, Dearbhla M., Tim Lynch and Liam F. Casserly. "Abdominal tremor in thyrotoxicosis." Neuro 89 (2017): 1424-1425.
- 4. Brent, Gregory A. "Graves' disease." J Med 358 (2008): 2594-2605.
- Chan, Yeung, Chow So and C. S. Cockram "Gynaecomastia as a presenting feature of thyrotoxicosis." Postgrad Med J 882 (1999): 229-231.

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