



## Spotlight on –

## Clyde Sector

### Thyroid Function Tests (TFT) and monitoring of Levothyroxine treatment for Primary Hypothyroidism

The British Thyroid Association (BTA) 2015 guidelines describe the clinical and biochemical goals of levothyroxine treatment as follows:

1. Provide resolution of patient symptoms
2. Achieve normalisation of serum TSH with improvement in thyroid hormone concentration
3. Avoid over-treatment, especially in the older population

There is population evidence that over-replacement with levothyroxine is associated with atrial fibrillation, CVAs and osteoporosis. The BTA guidelines recommend avoiding TSH  $<0.1$  mU/L particularly in older persons and post-menopausal women. It must be emphasised that this is in the context of treatment for primary hypothyroidism and not in other clinical scenarios such as treatment post thyroid cancer.

Comments added to TFT requests in the laboratory aim to highlight the goals of therapy as detailed above whilst recognising that treatment needs to be tailored to the individual, taking into account patient wellbeing, age and relevant co-morbidities.

Ref: Management of Primary Hypothyroidism statement by the British Thyroid Association Executive Committee. Clinical Endocrinology 2015.

## Haematology – Sample Acceptance Criteria

Haematology requests for non precious samples must have the following on **both the request form and sample**:

- **CHI number/unique identifier (i.e. ICE number/military number)**
- **Forename and surname**
- **DOB**

The only exception are requests from an area which does not have the ability to create a unique identifier or if the patient is a temporary resident i.e. not from Scotland and will not have a CHI number.

These requests must have the following on **both the request form and sample**:

- **Forename and Surname**
- **DOB**
- **Patient address**

Samples without all 3 of the above will be rejected with a comment explaining which details are missing.



## Highland Centrifuge Audit Results

In recent months an audit has been carried out by Clyde Biochemistry to assess centrifuge use within Highland primary care practices. From the 21 audited there was an 86% response rate, which is greatly appreciated.

56% of practices who responded have use of a centrifuge within their surgery which is used for stabilising serum samples that will not be received and analysed within the 12-hour time period.

Our data suggests that only 50% of centrifuge users employ the use of sealed centrifuge buckets, a recommended biosafety precaution, to prevent the potential spread of aerosols during centrifugation.

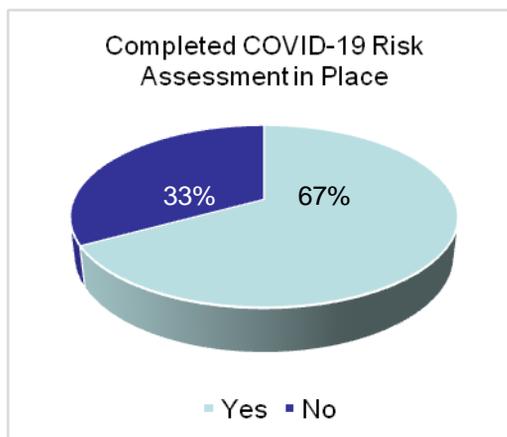
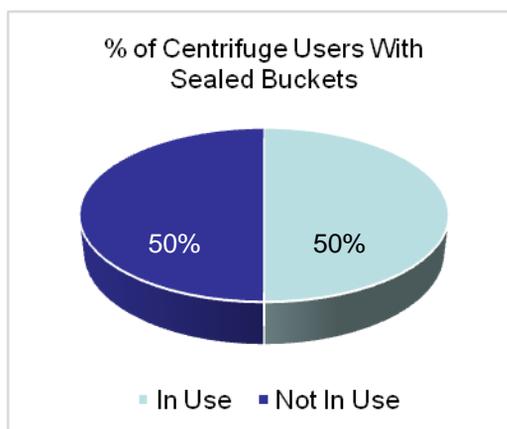
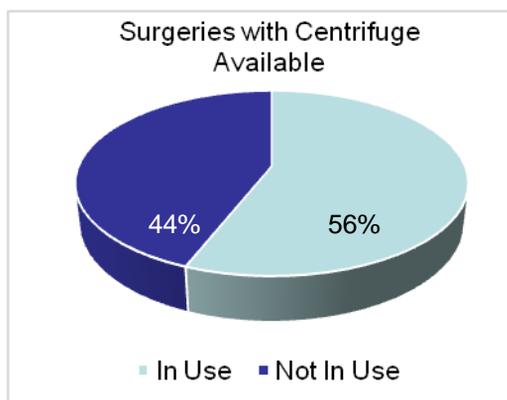
At the time our audit process was being carried out, only 12 out of the 18 GP practices had fully completed any risk assessment for COVID-19, something which is deemed essential to aiding management of the risk of infection.

It is our recommendation that all primary care practices using centrifuges consider the guidelines in the link below to maintain good practice and compliance with H&S guidelines.

<https://www.nhsggc.org.uk/media/264295/centrifuge-requirements-in-non-laboratory-areas-v1-1.pdf>



These elf-ful hints would also be beneficial to any practice looking to procure a new centrifuge.



**A very Merry Christmas to all our readers**

We would be delighted with your feedback on issues that you would like us to address in the newsletter.

Comments or suggestions can be sent to:

John Mallon ([John.Mallon@ggc.scot.nhs.uk](mailto:John.Mallon@ggc.scot.nhs.uk)), Dr Iain Jones ([iain.jones@nhs.net](mailto:iain.jones@nhs.net)) or Martin Wight ([martinwight@nhs.net](mailto:martinwight@nhs.net))