

"She's not 'just tired': Exposing the hidden thyroid epidemic in women."**DISCLAIMER**

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Josh: Hi, I'm Josh Casey. Welcome to QuidelOrtho Science Bytes – your source for diagnostic insight and information. In this episode, we'll talk about the surprising fact that women are 10 times more likely than men to develop a thyroid condition yet are often undiagnosed due to medical bias and lack of awareness.

It's not uncommon for women to visit an emergency department with health concerns that are then dismissed as stress or weight-related issues rather than receiving proper diagnostic testing to identify the true cause. Today, we'll explore how diagnostics play a key role in identifying and addressing thyroid issues in women, opening doors for the right treatment before conditions worsen.

Joining us is my colleague, Jeff Houtz, senior global product manager for QuidelOrtho. Together we'll dive into how healthcare providers can overcome biases in diagnosis, improve screening practices and interpret lab results to better provide better care for women with thyroid conditions. Jeff manages thyroid and reproductive endocrine diagnostic products at QuidelOrtho and has 35 years of experience in research and development, product development and medical education in a range of disease states including reproductive and thyroid disorders.

Providing accurate and meaningful diagnoses for improved healthcare has always been a driving motivation for Jeff in his career. He has been instrumental in creating numerous CME and P.A.C.E.-accredited learning opportunities for physicians, nurses and laboratorians in the U.S. and Europe. And in addition to assay development, Jeff is passionate about patient advocacy which has led him to work closely with the Graves' Disease and Thyroid Foundation and Thyroid Federation International.

Jeff has also collaborated with Lifetime TV in support of programs on the balancing act and access health focused on thyroid disease. Jeff is also a family man married for 30 years with two adult children. Welcome, Jeff. Thank you for joining us today.

Jeff: Thanks, Josh. I'm happy to be here and glad to be spending some time with you.

Josh: Great. Let's dive right in then. Why are thyroid diseases in women commonly under diagnosed?

Jeff: It's interesting, thyroid diseases in women are usually underdiagnosed for a couple of reasons. First, the symptomology can be very vague, especially early on in any autoimmune disorder. And because they kind of wax and wane, as autoimmune disorders will do, the symptoms will be explained away for various other reasons other than there's some sort of organ-driven, such as the thyroid. Women's health, especially related to hormone imbalances like these can present those kinds of strange



symptomology, and because it can easily be attributed to other things including hyper or hypothyroidism or menopause or a variety of other autoimmune disorders (lupus, diabetes) because of, again, the nature of being so vague, this can cause a delay in diagnosis because the physicians are looking at the symptom and chasing down the symptom rather than trying to find out what the underlying cause of that symptom might be. So because of that, there seems to be a delay sometimes in the diagnosis.

Josh: I see. So, it can be a complex diagnosis. How could diagnostics play a role in addressing the medical bias aspect?

Jeff: So, I love this part because for me, diagnostics can play really a critical role in addressing this because, again, of the ubiquitous nature of the symptoms, you need some kind of data point to point to and because you know, diagnostics give you an objective and measurable data point in diagnosing these conditions like thyroid disease. That can be very helpful, especially for example, like in hyperthyroidism, there's a biomarker called TSI (Thyroid Stimulating Immunoglobulin), and it is the primary cause of people who are finding themselves in a hyperthyroid bucket, so to speak. About 70 to 80 percent of the people that have hyperthyroidism are there because of that particular biomarker, TSI. And so things like this are very useful in identifying early accurate, diagnosis – using it to not just to diagnose but also to monitor treatment or even stop the cessation.

The cessation of treatment can also be associated with using these biomarkers. So having that kind of data point and tying it in to the symptomology is very critical on getting the right diagnosis and moving forward.

Josh: Got it. Biomarkers don't bring any bias to the equation.

Jeff: That's right.

Josh: So, what do doctors and patients need to know most when it comes to diagnosing a thyroid condition?

Jeff: So especially frontline caregivers a lot of the endocrines know this very well I mean the guidelines are pretty clear, but for the frontline caregiver, the general practitioner or OBGYN: A lot of women use their OBGYN as their family practice medicine physician who they typically go to – so, understanding that these thyroid conditions, as I mentioned earlier, can kind of wax and wane it's not an acute disorder. Very rarely is an acute situation it's a chronic situation that kind of comes and goes but because of that understanding that any test that you get is a snapshot in time. In order to get a proper diagnosis, you really need a kind of broader spectrum look, not just the symptoms, but then also understanding what those symptoms could be generated by. For example, you know you could have a racing heart and sometimes people might end up getting sent to the cardiologist because of, you know, that seems like an important thing but understanding what that could be in the underlying causes of those things mean you have to take a better broader look at things.

Looking at multiple test results, history is important and again, the symptomology, but again, that early symptomology can be vague. So these diagnostic data points are critical for narrowing down the cause of them.



Josh: Right, right. So it's what we see with a lot of conditions that a single test isn't always going to rule in or rule out the doctor's suspicions. So bottom line, what is the average cost when it comes to diagnostic testing for thyroid conditions and are these types of tests normally covered by insurance?

Jeff: I can't probably speak specifically to the cost because it can vary, but the thyroid function tests that are common among physicians that can be ordered literally by anyone, nurse practitioners, general practitioners or specialists. TSH, T3, T4, TSI things like these can be ordered relatively cheaply between 30 to maybe 150 dollars per test.

Most of these all have CPT codes, which means they're all covered by insurance and can be billed associated to the different states. It does vary from state to state here in the United States, but not drastically. So the range of 30 to 150 dollars a test is probably fairly accurate. But again, it's always advisable depending on where you live, to check with your insurance provider locally to get the right answer.

Josh: That's great. And that makes sense, especially given how common thyroid disorders are. But that's all the time we have for today.

Thank you, Jeff, for this very insightful and comprehensive discussion on thyroid. I hope everyone enjoyed the conversation. Please be sure to review the sections and links within the podcast description to learn more. Based on today's episode I'll leave you with our pop quiz so you can test what you've learned. The question is if you are experiencing unexplained symptoms, like fatigue, anxiety or weight changes, would you push for a thyroid test or accept a different explanation? You can go back and listen again if you'd like more details. Thank you for joining us. Please subscribe to QuidelOrtho Science Bytes, our monthly podcast brought to you by QuidelOrtho Corporation where we are transforming the power of diagnostics into a healthier future for all. Until next time, take care everyone.

References and Reading Materials:

[Thriving Through Menopause: Jeff Houtz of QuidelOrtho On Wellness Tips for Women Over 45 | by Shawna Robins | Authority Magazine | Aug, 2024 | Medium](#)