

AMIODARONE

Treating amiodarone-induced thyrotoxicosis (AIT)

If possible, consider stopping amiodarone.
However, AIT can be treated if patients continue on amiodarone therapy.

*Treating the underlying
arrhythmia is more important!*



For type 1 AIT, treatment is aimed at blocking thyroid hormone production:

- Thionamides, often at high doses.
- Surgery, if patients need rapid control and medication has failed.
- RAI is not an option, due to impaired iodine uptake.

If amiodarone is stopped, consider RAI treatment once urinary iodine levels are normal. It is important to treat the underlying thyroid disorder, especially if amiodarone may need to be restarted at any time in the future.

For type 2 AIT, treatment is supportive, as the thyroiditis is self-limited:

- High dose steroids are often used to help control inflammation and lead to more rapid recovery.
- Glucocorticoids also block $T4 \rightarrow T3$ conversion and may help control hyperthyroidism.
- No definitive treatment is needed after recovery.

