Thyroid consensuses – Guidelines for clinical practice

Laura S. Ward1*, Lea M. Z. Maciel2*

Science advances quickly, and access to scientific communication has become increasingly easier and wider, in a way that we are constantly bombarded by information. This flow of information occurs in vertiginous speed, drown us in novelty, and we may not be able to distinguish what actually or relevant and what may be applied in our daily practice. Even full-time researchers that study exclusively given topics have difficulty in interpreting, qualifying, and applying all this specific information.

How can I decide what is better for my patient?

Several societies and entities, such as the AMB/CFM/ANS in their Projeto Diretrizes [Guidelines Project] (1), have been dedicated to establish ways to optimize patient care based on literature evidence. The process of elaborating Guidelines, Consensuses, and Application Guides of this evidence in medical practice is tiresome, lengthy, and demands that all existing evidence is considered in a critical way, free of conflicts of interest. The American Thyroid Association (2) and the European Thyroid Association (3), in particular, have published important consensuses that many of us have already been using. However, what is recommended in the US or Europe may not be recommended or convenient for us. Therefore, the Thyroid Department of the Brazilian Society of Endocrinology and Metabolism gathered some experts who are not only dedicated to the study of evidence, but also produce and publish it.

This Special Edition presents four consensuses that show the Brazilian experience in patient management, implementation of diagnostic and therapeutic proposals for the management of patients with Congenital Hypothyroidism, Subclinical Hypothyroidism, and Hyperthyroidism, besides a consensus on the best way to use and interpret Thyroid Function Tests.

Consensuses are guidelines for our practice, and are determined based on the population, the majority of the people in common situations. They have to be interpreted and applied in a balanced and sensible way, considering the particularity of each situation, the availability of tests and professionals, the preferences of the patient, and our own expertise as doctors. Consensuses are not laws. They are neither absolute nor definitive, as new evidence changes them constantly. Consensuses should not, in any way, replace the doctor-patient relationship. We are offering you a tool, a guideline.

All consensuses presented here were reviewed by Dr. Nathalia Carvalho de Andrade, with whom we have also been working in the elaboration of the AMB/CFM/ANS Guidelines, using the same methodology and scientific rigor (1).

We published these consensuses in Portuguese to make them accessible for our colleagues all over this wide country. We also published them in English in the digital version of the journal, for our consensuses to be compared with those of other societies.

Correspondence to:
Laura S. Ward
Laboratório de Genética Molecular do Câncer, Faculdade de Ciências Médicas, Universidade Estadual de Campinas
Rua Tessalia Vieira de Camargo, 126
13083-887 – Campinas, SP, Brazil

Received on Abr/30/2013
Accepted on Abr/30/2013
We hope that they are useful to aid your clinical decisions and to make your work routine easier.

Disclosure: no potential conflict of interest relevant to this article was reported.

REFERENCES