**Guidelines on Screening Procedures: Thyroid Disease**

**Explanation of the guidelines on screening procedures for thyroid disease**

The guidelines on screening procedures for thyroid disease contained essential information that included indications for testing, risk factors, signs and symptoms, the tests that are available, and monitoring (British Columbia Ministry of Health, 2018). Some sources of information on screening procedures discussed the difference between screening and case finding through the assistance of symptoms and signs of thyroid dysfunction (Helfand, 2003). In this context, a discussion of the accuracy of recommended screening tests based on the patients’ complaints. As such, the commonly recommended screening procedures were noted to include the previous history of the patient, actual physical examination, the presence of antithyroid antibodies, or thyroid function tests such as the recommended various assays for TSH and T4 (Helfand, 2003). Concurrently, British Columbia Ministry of Health (2018) clearly itemized the following tests: thyroid stimulating hormone (TSH), free thyroxine (fT4), free triiodothyronine (fT3) and anti-thyroid peroxidase (TPO) testing. The information contained an algorithm for thyroid function tests for diagnosis and monitoring in symptomatic patients and pregnant women with risk factors (British Columbia Ministry of Health, 2018). The figure identified thyroid stimulating hormone (TSH) value with might be below the lower limit of  normal (hyperthyroidism suspected) or above the upper limit of normal (hypothyroidism); and thus, subsequent tests and screening could be performed, as deemed needed.

**Explanation of strengths and limitations of the guidelines**

The strengths of the guidelines included the following: (1) the incorporation of essential information pertinent to confirming whether a patient has thyroid illness or not; (2) clear presentation and structure of information according to headings and sub-headings; (3) incorporation of an algorithm for thyroid function tests; (4) incorporation of potential causes of abnormal hormone levels (TSH, fT4 and fT3); (5) the stipulation of monitoring of the thyroid disease; and (6) links to reputable references for those who require further information about the guidelines. On the other hand, there were limitations in terms of the guidelines being classified as a draft; which meant, some information could still be edited, revised, or improved, upon review.

**Explanation on how the guidelines might support clinical decision making**

The guidelines are critical in learning about essential information which would support making clinical decisions at the work-setting. As learned, guidelines serve as a means to lessen risks and propensities for harm from apparent overtreatment in a predominant number of patients at low risk for disease-specific mortality and morbidity; while appropriately treating and effectively monitoring patients identified to be at higher risk. Moreover, clinicians and health practitioners are warned that the guidelines should be replace clinical judgements; yet should be used in conjunction with advanced knowledge and experience, as well as collaboration with patients and health care provider in terms of discussing prognosis of the health issue (Haugen, et al., 2016). By virtue of the term, guidelines, these information provide clear directions and strategies that would help clinical decision making in the most optimized and effective manner, without jeopardizing the health of the patients.

**References**

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