

# 2004 THYROID DISEASE REPORT CARD

Developed by Mary J. Shomon

Patient Advocate, Webmaster of <http://thyroid.about.com> and <http://www.thyroid-info.com>

*Author of Living Well With Hypothyroidism, Living Well With Autoimmune Disease, The Thyroid Diet Guide, The Thyroid Guide to Fertility, Pregnancy and Breastfeeding Success, and Sticking Out Our Necks: The Thyroid Disease News Report*

**January 2004 / Washington, DC** – January is Thyroid Disease Awareness Month, and to mark this annual effort to increase public awareness about thyroid conditions, patient advocate and author Mary Shomon has issued her 2004 Thyroid Disease Report Card. The Report Card grades groups and individuals based on their impact on the health and quality of life of America's more than 27 million thyroid patients.

Scoring a failing grade of F is the Ralph Nader-founded group Public Citizen. The May 2003 issue of the group's *Worst Pills, Best Pills* newsletter condemned Armour Thyroid, a prescription thyroid drug that has been on the market for more than 100 years. The group urged practitioners and patients not to use it, alleging that only "unscrupulous" practitioners are prescribing the natural drug.

"Public Citizen is a public menace for thyroid patients," says Shomon. "Their Health Research Group, led by Sidney Wolfe, MD, is carelessly banishing a safe, inexpensive, and effective drug, one prescribed more than two million times annually. Yet, despite numerous requests, Public Citizen refuses to justify their controversial recommendation."

In contrast, Shomon has awarded an A to the American Autoimmune Related Diseases Association (AARDA), recognizing their success at raising autoimmune disease awareness among the public, researchers, and policymakers. Thanks in large part to AARDA, the NIH created an office to study autoimmune disease and funded a number of autoimmune "Centers of Excellence" and Newsweek named autoimmunity one of 2003's top health stories.

Says Shomon, "Thanks to the comprehensive and tireless efforts of AARDA, we are closer to finding ways to prevent and even potentially cure thyroid conditions, which are the most common of the more than 60 autoimmune conditions."

Others graded in the 2004 Thyroid Disease Report Card include:

- Drug Companies: Abbott Laboratories, Forest Laboratories and King Pharmaceuticals: D
- Dairy Queen: C+
- Endocrinology Researchers: C
- America's Doctors: D
- Holistic/Alternative Medicine Community: B+
- American Academy of Clinical Endocrinologists (AACE): C
- U.S. Food and Drug Administration (FDA): D
- Larry Ladd, Perchlorate Activist: A
- Drug Companies, Attorneys for the Synthroid Class Action Lawsuit: F

The full Thyroid Disease Report Card is online at <http://www.thyroid-info.com/reportcard>

A free thyroid disease brochure, with a comprehensive symptoms list, is available for download at <http://www.thyroid-info.com/freebrochure.htm> or by mail by sending a SASE to Thyroid Brochure, P.O. Box 0385, Palm Harbor, FL 34682.

# 2004 THYROID DISEASE REPORT CARD

## SUMMARY OF GRADES

### **Public Citizen / Health Research Group / Worst Pills, Best Pills Newsletter Grade: F**

In 2003, the Ralph Nader-founded public interest group Public Citizen made it clear that it has become a public menace for thyroid patients. In May of 2003, the group's health newsletter, *Worst Pills, Best Pills*, issued a "Do Not Use" warning for Armour Thyroid, a natural prescription thyroid drug that has been on the market for more than 100 years. Their article urged practitioners and patients not to use the drug, claiming "...natural thyroid appears to have become a niche market for unscrupulous complementary and alternative medicine (CAM) practitioners... Some of these CAM practitioners are also promoting natural thyroid as part of their weight loss programs."

Despite numerous requests directed to Sidney Wolfe, MD, the director of Public Citizen's Health Research Group, and editor of *Worst Pills, Best Pills*, as well as other organizational representatives, the group has failed to provide any facts or scientific support for their accusations regarding Armour Thyroid, which is used by thousands of reputable practitioners, including MDs. At one point, Public Citizen was even sending out official letters to concerned readers, defending their position, and erroneously claiming that Armour Thyroid was an over-the-counter "herbal supplement" being recommended by naturopaths. A formerly reputable group has turned to disseminating error-filled, poorly researched information, and carelessly called for the removal of a safe, inexpensive, and effective drug – one that is prescribed more than two million times a year. It's no surprise why they've earned a failing grade of F in the Thyroid Disease Report Card.

For more information, see:

<http://thyroid.about.com/library/drugs/bl-worstpills-public-citizen.htm>

### **American Autoimmune Related Diseases Association (AARDA) Grade: A**

The American Autoimmune Related Diseases Association (AARDA) gets an A, in recognition of the group's successful efforts to raise the visibility of autoimmune disease among the public, healthcare and medical researchers, legislators and policymakers, and federal agencies. In 2003, thanks in main part to the efforts of AARDA, the NIH created a formal office to study autoimmune disease, and funded a number of autoimmune "Centers of Excellence." Newsweek magazine also named autoimmunity one of 2003's top health stories.

Says Shomon, "Thanks to the comprehensive and pioneering efforts of AARDA, led by the tireless Virginia Ladd, we are moving closer to finding ways to prevent -- and even potentially cure -- thyroid disease, which are the most common of the more than 60 autoimmune conditions."

### **Drug Companies Abbott Laboratories, Forest Laboratories and King Pharmaceuticals Grade: D**

The thyroid drug companies have not exactly shown themselves to be particularly customer-focused in 2003. Abbott Laboratories has attempted to hang on to market share, by arguing that the methodology used to approve a "generic" version of levothyroxine – and in particular, their top-selling thyroid drug Synthroid -- is flawed, and that until the method is changed, no generic to Synthroid should be approved. Meanwhile, Synthroid is still inexplicably substantially more expensive than its competitors' levothyroxine products in many markets. Since Synthroid has a virtual lock on the market with many endocrinologists, this leaves patients – and insurers – paying more for a product that hasn't been shown to be any better than its competitors.

Forest Laboratories saw the FDA ban further production of their levothyroxine drug, Levothroid, because it had still failed to obtain FDA approval, a move ordered back in 1997 by the FDA. The company finally ended up getting back into the market by re-releasing Levothroid using Lloyds Pharmaceutical's FDA-approved levothyroxine formulation. FDA concerns about the manufacturing of Thyrolar, Forest's synthetic T4/T3 drug, have resulted in stalled production, and a lack of availability throughout the nation, leaving patients high and dry, and the company refusing to provide an estimated date when the product will return to the market.

As for King Pharmaceuticals, all we have to say are two words: "Levoxyl recalls!" The company's levothyroxine drug, the second most popular levothyroxine after Synthroid, has faced recall after recall in 2003, for various quality and potency problems, causing some patients to give up entirely and switch to other drugs.

## Dairy Queen International

### Grade: C+

Earlier in 2003, Dairy Queen launched a television ad, created by New York's Grey Worldwide Advertising, in which a very overweight man returns several times to a Dairy Queen counter, requesting a particular ice cream treat. At one point, he shows up in a ballet outfit, trying to pretend that he is a twin sister of a girl he is with, and when the counter clerk looks at him strangely, he says he has a "thyroid problem." The insinuation is, of course, that the reason he is so overweight and not slim like his "twin" is his thyroid.

After hearing from a number of thyroid patients who found the ad insulting, I contacted the president and executive vice president of Dairy Queen, to share with them the concerns of the thyroid patient community. I explained that:

- there are an estimated 27 million thyroid patients in America
- a percentage of thyroid patients are not only not overweight, but are underweight, and a percentage are normal weight. "Thyroid problem" -- therefore -- is not code for "fat" or "overweight."
- making fun of people with diseases is not typically considered "funny."

After quite a bit of back and forth with various spokespeople, I finally was able to get through to Executive Vice President of Marketing, Michael Keller, to make the case for thyroid patients. At that point, Dairy Queen was finally willing to *reevaluate its position* and they finally decided to edit the ad to remove the offending

thyroid reference. Keller and his Dairy Queen management realized that the ad didn't work, because it alienated a large, vocal group of potential customers.

Dairy Queen gets a C. That's the average of the F the company would have received for approving and running its thyroid-offensive ad and not changing it, and an A for agreeing to pull the ad when contacted by thyroid patients.

In the end though, it's not often that a company or organization is willing to not only say it has been wrong, but to be willing to do what it takes to make things right! So Dairy Queen gets kudos for that. And ice-cream loving thyroid patients of America can go back to eating our dip cones and Blizzards again!

## The Endocrinology Research Community

### Grade: C

Okay, at least the researchers are actually researching quality of life issues for thyroid patients. This is something to be grateful for, because most endocrinology researchers are only excited about diabetes, or they couldn't be bothered with studying practical, real-life issues related to the thyroid, and instead are pumping out stuff like "Cytotoxic T Lymphocyte-Associated Molecule-4 Polymorphism after Antithyroid Withdrawal." So the publication in 2003 of a number of studies that looked at the impact on people's symptoms of combination T4/T3 therapy for hypothyroidism, versus levothyroxine (T4 only), were promising.

The research community got our hopes up, only to let us down...hard.

Two studies, published in the October 2003 issue of the *Journal of Clinical Endocrinology & Metabolism (JCEM)*, both claim to show that combining thyroxine (T4) and T3 is not superior to T4 alone for the treatment of patients with hypothyroidism. One 15-week study looked at 40 hypothyroid patients with depressive symptoms and determined that T4/T3 combination therapy did not improve either mood or personal sense of well being. A second study compared a combination T4 and T3 therapy with T4 in a 20-week double-blind, random order, crossover trial of 110 hypothyroid patients. Half the patients received T4 therapy for 10 weeks and then T4 and T3 therapy for 10 weeks. The other half of the subjects received the combination therapy first. Once again, the researchers found no significant benefits for combination therapy compared to T4 alone.

Then, in December of 2003, the *Journal of the American Medical Association (JAMA)* published another study, which looked at 46 patients with hypothyroidism resulting from

autoimmune thyroid disease (Hashimoto's Disease). In the JAMA study, the two groups of patients either continued to receive their current synthetic T4 dose or received 50 µg less of their current dose of T4 plus 7.5 µg of T3, twice daily. The synthetic T4 doses of patients in both groups were adjusted to keep patients at so-called "normal" thyroid levels, according to blood tests. After four months, there were no differences in body weight, blood pressure, or lipid levels between the two groups of patients after this four-month study. Additionally, no significant differences were observed in any of the standardized tests that assessed hypothyroidism symptoms or mental function.

Are you detecting a trend here? All these studies set out to contradict the findings of Drs. Bunevicius, Prange, and colleagues, who since 1999, have published three separate research studies that have supported the use of T3.

Levothyroxine therapy is big business (Synthroid is one of the top three selling drugs in America, and a highly profitable drug sold at high markup as well), and anything that will take away business from the levothyroxine manufacturers has got to be a threat, so it's no surprise that research studies are setting out to prove that levothyroxine should be the only game in town. And doctors, reading these new studies with less than a critical eye, are likely to go along with the findings.

But should they? No, say many thyroid patients, and the experts who treat them, who believe that the studies are seriously flawed, for a variety of reasons.

**The Wrong Amount of T3 Was Used** -- According to Dr. Ken Blanchard, author of *What Your Doctor Doesn't Tell You About Hypothyroidism*, both studies suffer from incorrect amounts of T3. According to Blanchard, both the JCEM and JAMA studies used too much T3. Says Blanchard: "...any T4/T3 study that does not give T4/T3 in about a 98%/2% T3 T4/T3 ratio and does not give T3 in time-release form will not come close to reproducing normal thyroid physiology."

**They Contradict Clinical Experience** -- According to holistic practitioner Roby Mitchell, MD: "...we only have to look back at all the prospective, randomized, double blinded, placebo-controlled trials 'proving' that hormone replacement with Premarin and Provera would reduce heart disease, Alzheimer's and didn't cause breast cancer. No clinician who routinely uses T3 therapy would buy either of these studies read or unread as they just don't match up with clinical experience. That's the first criterion for establishing the validity of any study...If monotherapy with T4 was universally effective, there would be no driving force behind the addition of T3."

**The Dosages and Timing of Dosing Were Not Optimized** -- Chronic Fatigue, fibromyalgia and metabolism expert Jacob Teitelbaum, MD has felt that the failure of these types of studies is that instead of adjusting the thyroid therapy dose to what feels best, the doctors often used a "one size fits all" approach. Teitelbaum believes that more T3 needs to be used, or possibly the natural desiccated thyroid drug rather than the synthetics, for optimal results. According to Dr. Teitelbaum: "Sadly, it seems the researchers did not consult with physicians experienced in the use of this approach. They would have noted: (1) Use an ~ 4:1 ratio of T4 to T3( not 10:1) (2) adjust the dose to that which feels best to the patient, while keeping the Free T4 level in the normal range (3) If one type of thyroid does not work adequately, try another (their study posits that only one "brand" of shoe is best for everyone instead of asking the key question - "Did one form work best for some patients and the other type for others?") (4) Do some patients benefit from split dosing (eg, twice a day) while some do fine with once a day? (5) Are there other components of the natural thyroid that also result in a better outcome (6) For those who still respond poorly, what other problems are being missed?"

**Normal Range Used is No Longer Normal** -- Blood levels of T4, T3, and TSH were maintained in the normal range in the majority of patients in this study. However, this study does not take into account that after the study was completed, new guidelines were issued indicating that the target TSH range should be maintained between 0.3 and 2.0-3.0, rather than .5 to 4.6-5.0. Patients in the study typically had TSH in the 2.0-2.5 range throughout treatment. Some patients, however, do not achieve optimal thyroid hormone replacement results unless the TSH level is in the lower end of the normal laboratory range, i.e., between .5 and 2.0.

**Study Size is Too Small** -- None of the studies included a large number of patients. Compared to the estimated 27 million-plus Americans with some form of thyroid disease, sample sizes of 20, 50 and 100 are really absurd. They certainly aren't large enough to be statistically valid or applicable. Would doctors change treatments for diabetes or heart disease based on studies of 20 or 50 people?

Back to the drawing board, researchers. And your first stop before you embark on any more misguided research efforts is to sit down and LISTEN to the doctors who are actually working with and successfully treating thyroid patients. Don't talk to the endocrinologist who sees his patients once a year for 10 minutes, has his nurse take blood for a TSH test, and sends the patient away in tears, feeling sick and miserable. Talk to the doctors who have healthy, satisfied patients who are living well with their thyroid conditions. Find out what protocols those doctors

are using, and test THOSE protocols, using the latest lab standards.

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## America's Doctors in General Grade: D

"You're stressed, depressed, or PMSed." "What do you expect after menopause? Everyone gets stressed out and gains weight." "All you need to do is get off the couch, and stop eating so much – then you'll stop gaining weight!" "Well, you're 17 and you're losing a lot of weight so you must be anorexic!" "It's normal to be exhausted, gain weight and your hair fall out when you hit your 40s...get used to it!" "You must have a lot of stress in your life, that would explain your symptoms." "You've just had a baby, everyone is depressed and exhausted after having a baby."

These are all actual comments made by doctors to people who were looking for help – and who later ended up getting diagnosed as having thyroid disease by *other* doctors.

Why is it that when you come in complaining of any one of the most common thyroid symptoms – which include: fatigue, anxiety, depression, unexpected weight changes, fertility problems, or hair loss – you are not automatically given a thyroid test? Given that experts have discovered that we have millions of Americans who are undiagnosed, this should be a no-brainer. And yet, we have doctors who refuse to do thyroid tests because they are containing costs for their HMO, or because it's not their idea in the first place, or because they are so uninformed about thyroid disease that they think they can rule out a thyroid problem because, as one doctor said, "I can tell you don't have a problem just by feeling your neck." Or, as one doctor told a new mother, "You couldn't have a thyroid problem, because if you did, you wouldn't have been able to get pregnant." (This despite the fact that post-partum is one of the most common times to develop a thyroid problem).

Come on doctors. It's *Endocrinology 101*. A woman has a 1 in 5 chance of developing a thyroid problem in her lifetime, and post-partum, perimenopause and beyond are the most common times. Men's risk goes up after the age of 60. Fatigue, weight changes, anxiety, depression, infertility, hair loss – these should all ring BELLS that say "THYROID TEST!"

DO THE TEST!!! And maybe you'll score better than a sad D on behalf of America's 27 million thyroid sufferers.

## **The Holistic and Alternative Medicine Community**

### **Grade: B+**

The thyroid patients of America need to issue a huge thank you to the holistic and alternative medical community, because, for the most part, these are the doctors who actually understand thyroid problems, treat them properly, and put into practice their belief that, as I've proclaimed since 1997, "we're patients...NOT lab values!"

Holistic and alternative practitioners – and here I refer to MDs, osteopathic physicians, and others who are in a position to diagnose and prescribe – are most likely to diagnose based on a complete clinical evaluation, and the full range of tests – i.e., Free T4, Free T3, antibodies testing -- and not just "by the numbers" seen on a TSH blood test.

Holistic and alternative practitioners are far more likely to work with Armour thyroid, Thyrolar, and T3, treatments that -- though safe, effective, and frequently less expensive than levothyroxine -- are laughed at or written off by many uninformed endocrinologists and doctors.

Holistic and alternative practitioners realize that success is a patient who feels well and is substantially relieved of symptoms, not a patient whose blood test results show a "normal range" TSH.

Holistic and alternative practitioners would earn an A, instead of a B+, if a few bad apples among them would stop charging exorbitant fees without warning, requiring thousands of dollars in tests through their own labs, or insisting that thyroid patients will only get well on a regimen of vitamins, herbs and supplements that only THEY sell -- at exorbitant markups of course.

## **The American Academy of Clinical Endocrinologists (AACE)**

### **Grade: C**

In 2003, the American Association of Clinical Endocrinologists (AACE) has been both friend and foe to America's thyroid patients, earning them a C grade. The group kicked off 2003 with its annual thyroid awareness effort, and chose a worthy objective: to encourage the public's awareness of mild thyroid failure and the importance of routine testing for the half of all thyroid patients who are undiagnosed. Their campaign, titled "Hiding in Plain Sight: Thyroid Undercover," was a good effort to help get the word out.

The group turned around, however, and in May of 2003, in a *US News & World Report* article on patient-ordered blood testing, AACE president Hossein Gharib showed that he and his organization aren't always with the times or in tune with patients. Here's a quote from the article:

Many thyroid patients...have become convinced that they need a free T3 test to detect a specific thyroid hormone. They've dumped doctors who order only a more general test for TSH, or thyroid stimulating hormone. Free T3 is available from HealthcheckUSA as part of a \$75 test. Yet it may not be worth ordering, says Hossein Gharib\*, a thyroid specialist at the Mayo Clinic in Rochester, Minn., and president of the American Association of Clinical Endocrinologists. "Hey, we live in a free world, but it's not a 'free T3' world. TSH is the gold standard for thyroid function," he says. "T3 tests are not very reliable. And you would only try one if the TSH is abnormal." Yet patients with normal TSH who still feel lousy insist a further test can pinpoint their problem.

Clearly, Gharib and his colleagues have not been talking to the millions of patients who don't feel well when subject to, as some practitioners have referred to it, "The Tyranny of the TSH." And they haven't been consulting with the many thousands of enlightened practitioners who believe that Free T3 testing is an essential part of their management of thyroid disease.

But the AACE redeemed itself somewhat when it encouraged doctors to consider using the TSH range of 0.3 to 3.04, rather than .5 to 5.0 -- as the diagnostic normal range for thyroid disease. AACE believed that using the new narrower range would result in proper diagnosis for millions of Americans who suffer from a mild thyroid disorder, but have gone untreated. AACE made the decision to narrow the range because of data suggesting many people may have low-level thyroid problems that could be improved with treatment and a narrower TSH range will give doctors reason to more carefully consider those patients. This announcement, while long-overdue, was much-needed, and represented a radical shift in the awareness of the endocrinology community. After decades of denying that patients within the normal range of TSH could in fact have a thyroid condition, they finally acknowledged what patients and advocates have been saying quite vocally for years: that the high and low end of the normal range is not, in fact, normal for most people.

It is, however, also clear that the endocrinology community still has a way to go in terms of true understanding of the patient condition, when you read that Dr. Gharib, in announcing AACE's new position, pronounced thyroid disease "a condition that is easy to

diagnose and treat." (Question for Dr. Gharib – if it's so easy to diagnose, why does your own organization estimate that half of the 27 million thyroid patients in America are UNdiagnosed?)

The AACE has finally moved into the 21st century in terms of its awareness that the outdated TSH reference range needed revisiting. But this acknowledgement of what patients and some enlightened practitioners have known for years is just a first step toward a far greater awareness that is needed. Let's hope that AACE spends more effort keeping in step with the times, and more time listening to the needs of patients, and less time declaring how easy it is to diagnose and treat thyroid disease.

## **The U.S. Food and Drug Administration (FDA)**

### **Grade: D**

What is the FDA thinking? Between their ballyhooed decision to ban ephedra in diet supplements (while allowing the exact same ingredients in the exact same dosages to continue to be sold in cold and flu remedies), and trying to prevent Americans from buying from the Canadian pharmacies that sell the exact same drugs sold in America, but at far lower prices -- example, Synthroid .088 mg, 100 tablets, \$18.00 from Canada/Canadapharmacy.com, and 90 tablets, \$32.99, from USA/Drugstore.com -- and trying to institute even tougher rules to control vitamins, herbs and supplements, the FDA seems to have become an official branch, watchdog, spokesperson and enforcer for America's pharmaceutical industry.

We have the Dietary Supplement Health and Education Act (DSHEA) of 1994, which provides more than enough teeth for the FDA to sink into supplements they deem dangerous. They were able to ban ephedra, after all. But they're looking to beef that law up and make it even broader and tougher on supplement makers. How long before you won't be able to get your vitamin C, or selenium, or even your plain old multivitamin, thanks to the efforts of the FDA and backed by the big drug companies. And, surprise surprise, the whole effort is actually championed by the misguided public health babysitter, Public Citizen, which says they "do not advocate the ban of dietary or herbal supplements, only that they be tested for safety prior to marketing..." and are "...opposed to the promotion of these products for any use that has not been proven to the Food and Drug Administration."

Well, if the FDA is catering to the whims of America's drug companies – who don't want to lose prescription drug business to supplements – and with drug trials

typically costing millions and taking years, then exactly how will the use of most of these products be "proven to the FDA?"

Have no doubt... The big drug companies – aided by their seeming lackeys, the FDA -- are out to independently eliminate the supplement, vitamin and herb market, so they can ultimately own it, regulate and control it. Expect overpriced bottles of Abbott Astragalus, Merck Magnesium, GlaxoSmithKline Ginseng, Bayer B-Complex and Pfizer Fish Oil to hit the shelves at a store near you in the not too-distant future...

## **Larry Ladd, Perchlorate Awareness Activist**

### **Grade: A**

Perchlorate is a chemical used in the production of rocket, rocket fuel and fireworks. Excessive exposure to perchlorate is thought to cause a variety of health concerns -- among them thyroid disease and thyroid cancer. Perchlorate that has ended up contaminating water supplies throughout the nation. The most extensive contamination appears to be the American West and Southwest in general, and throughout the country in targeted areas where rocket and fireworks manufacturers maintained facilities. Perchlorate exposure is now an issue throughout the nation, however, as experts have found that perchlorate contaminated water is frequently used to irrigate California and other Western/Southwestern grown fruits and vegetables. In the past year, we are finally seeing regulators and scientists starting to take a harder and more substantial look at the issue of perchlorate, and its potential health impact. And the credit for this increased awareness must go to Larry Ladd.

Larry is a medical geographer who has single-handedly brought the issue of perchlorate into the public eye. Larry's own town of Rancho Cordova CA has lost 20 municipal water wells to rocket fuel contamination. Larry maintains the site <http://www.perchlorate.org/>, and serves as the nation's leading community activist and advocate on behalf of awareness of the dangers of environmental perchlorate. Reducing perchlorate overexposure is one factor in helping to prevent thyroid disease -- and we have Larry Ladd to thank for the fact that it's even on the legislative, media and public radar!

## **Drug Companies and Attorneys Involved in the Synthroid Class Action Lawsuit**

### **Grade: F**

In 1997, research results, funded by Synthroid's manufacturer, were finally published in the *Journal of the*

*American Medical Association (JAMA)*, showing that Synthroid was not superior to its competitors. This research had been suppressed by the manufacturer for years before it was finally published. Two weeks after the publication of the research findings, class action lawsuits were filed for \$8.5 billion against the manufacturer on behalf of patients who purchased Synthroid during the period of January 1, 1990 to August 1, 1997 -- the period during which study results were allegedly suppressed, and patients were paying more for a product that was by then known to be equal -- and not superior -- to its competitors.

The research study published in JAMA estimated that the annual overpayment by patients totaled as much as \$356 million a year. Estimated overpayment was \$40 to \$60 per year per patient -- or \$264 to \$408 per patient for each patient who was on Synthroid the full 6.5 years that results were not published. For the estimated five million patients taking Synthroid, that represented overpayment of \$200 to \$310 million per year, or a total of \$1.3 to \$2 billion over the 1990-1997. For the estimated 8 million patients, the overpayment estimate is \$321 to \$496 million per year overpayment, or a total of \$2.1 to \$3.2 billion in the 1990-1997 period.

Surprisingly, however, in August 1997, a proposed settlement of the class action lawsuit was hastily agreed to, and this shockingly fast resolution agreed on payment of only \$91 million, an amount which did not even represent even one year of the most conservative estimate of overpayment by the patients taking Synthroid.

Of course, the class action lawyers -- including firm Allan Kanner & Associates -- stood to collect as much as a third of the settlement, or \$30 million, so it was in their best interests to settle quickly. Very little marketing and advertising was actually done to make Synthroid users aware of the opportunity to participate in the lawsuit, and ultimately, only 800,000 patients found out about the suit and were able to file to be part of the class.

Despite the quick settlement, the finalization of the case dragged on and on, and lawyers refused to provide any updated information to consumers -- even failing to update the main webpage for the suit, <http://www.synthroidclaims.com/>, for years -- until final approval took place in late 2003. Checks were finally shipped, and patients were supposed to get \$106 if they had been on Synthroid since 1990, and \$71 for those on the product since 1995. It's apparent, however, that there has been sloppy accounting, a possible effort to lower amounts paid to patients (and therefore inflate the legal fees), or both, because numerous patients who were on the drug since well before 1990 are reporting receiving only the \$71 amount.

All in all, patients paid too much, got far too little back, and still getting ripped off, and who actually got richer during the process? You guessed it... The manufacturer who overcharged in the first place, and then settled for pennies on the dollar to avoid paying back what they'd overcharged in the first place, and the law firms who rushed to settle so quickly, concerned about their own pocketbooks, and who could care less about the consumers. No surprise then, that the manufacturer and the lawyers all strike out with a failing grade of F.

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A free brochure on thyroid disease, featuring a comprehensive list of symptoms and helpful resources, is available in a downloadable version at <http://www.thyroid-info.com/freebrochure.htm> or in a print version by sending a self-addressed stamped #10 envelope to Thyroid Brochure, P.O. Box 0385, Palm Harbor, FL 34682.

The Thyroid Disease Report Card is developed by patient advocate Mary Shomon, author of the best-selling book, *Living Well With Hypothyroidism: You're Your Doctor Doesn't Tell You... That You Need to Know*, published in 2000, now in a

17<sup>th</sup> printing with HarperCollins. She is also author of 2002's popular *Living Well With Autoimmune Disease*, and several patient guides, including the *Thyroid Diet Guide*, and the *Thyroid Guide to Fertility, Pregnancy and Breastfeeding Success*. Her new book, *Living Well With Chronic Fatigue Syndrome and Fibromyalgia*, will be published by HarperCollins in April of 2004. Since 1997, Shomon has developed, edited and published the Internet's most popular thyroid patient websites -- <http://thyroid.about.com/> and <http://www.thyroid-info.com/> -- and various patient newsletters, including *Sticking Out Our Necks*.

Mary Shomon can be contacted by email at [mshomon@thyroid-info.com](mailto:mshomon@thyroid-info.com). Members of the press can leave a message on her toll-free line at 888-810-9471.