

**Thyroid Conditions**

**Strategies for Schools / Teachers**

**Overview of strategies for schools.**

Both hypo- and hyperthyroidism can affect children quite markedly at school, in that they suffer from fatigue and behavioural problems. Fatigue (which can be extreme) is one of the most debilitating symptoms of both thyroid conditions. However, hyperthyroid children are also hyperactive, leading them to be labelled disruptive. Often thyroid patients feel that their personalities have been adversely affected, and others complain of their “laziness” or hyperactivity, and emotional instability.

Their schoolwork can be adversely affected by their lack of concentration or poor memory. Following treatment, hypothyroid patients can have an increase in energy which can also lead to a decreased attention span and concentration in school, leading to further behavioural problems.

As with sufferers of other conditions, thyroid patients also have to deal with the following issues:

* People’s lack of knowledge and understanding of thyroid disorders
* The fact that, even though their thyroid condition is being treated, they will probably not feel well for some time as it takes a long time to control a thyroid condition, and it takes time for the body to adjust to the treatment
* Restrictions on lifestyle, due to fatigue and other symptoms
* Potential social isolation
* The severity of thyroid conditions vary from patient to patient. Some, therefore, respond to treatment more quickly than others
* Over-protectiveness on the part of others
* Missed schooling
* Impact on learning
* The need to take daily medication
* Medication side effects (especially for hyperthyroid patients)
* And, just the fact that they are “different” from their peers

There are also anecdotal reports which suggest that some older children and teenagers, in an effort to fit in with their peers, do not always comply with their medication regimes, and so may revert to the symptoms of their diagnosed thyroid condition

Schools need to be sensitive of the child’s potential problems with concentration and learning and with sport. Do not expect immediate and permanent resolution of symptoms once treatment is commenced – thyroid conditions take time to resolve. However, ongoing problems may indicate that the child is not taking their medication regularly or that their medication is not being managed adequately.

School staff should seek precise written information from the child’s endocrinologist (via the parent) as to the severity of an individual situation, whether sport is advisable, duration of restrictions on activity and a time line expected for recovery of normal concentration. For adolescents in years 11 and 12, overactivity of the thyroid can be triggered by stress, careful monitoring is required and the educational examinations board in the state must be notified to seek special consideration, should sudden changes take place.

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