

An Audit to assess diagnosis and management of congenital hypothyroidism in UHNM

Dr Taissir Idris, Dr Dhaara Iyer, Dr Uma Kumbattae

Background

Congenital hypothyroidism is a common presentation in infancy.. Incidence is 1:3500 livebirth.It is a preventable cause of developmental delay.So early diagnosis and treatment is essential. Screening programme has done a major role on the management of CH. 100% had clinical review – history and examination100% had documented family history in comparison to 75% in previous audit.

Aim

We aimed to improve our service and keeping with the gold standard management of CH in UK following BSPED guidelines. We have done an audit in 2013 looking at our data and re-audit in 2015.

Subjects & Methods

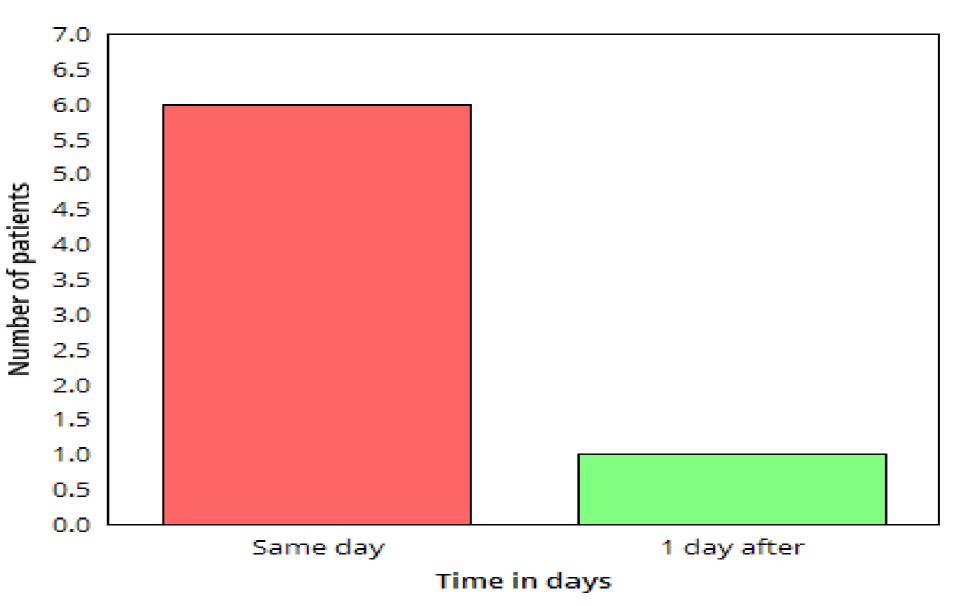
Audit the pathway for diagnosis and treatment of all cases diagnosed with CH in UHNM in the period from 01/01/05-31/12/2013.

Re-audit patients from 01/01/14-31/12/14.Following BSPED guidelines as standard.

We used a standard performa which was designed in the previous audit to collect all the information about children diagnosed with CH in the screening programme.

Looked at the time of notification, date of starting treatment, timing of clinical assessment, investigation, dose of throxine started ,time of the normalization of thyroid function tests and follow up in OPD clinics and feedback the outcome to the screening laboratory. 100% of the mothers had their thyroid function tests performed and results recorded in comparison to 75% from previous audit.

All the recorded maternal TSH levels were within the normal range.15% of the mothers had hypothyroidism in previous audit.



All neonates were commenced on levothyroxine

Results

Number of patients from this audit = 7 Number of patients from previous audit = 21.

Notification of positive results

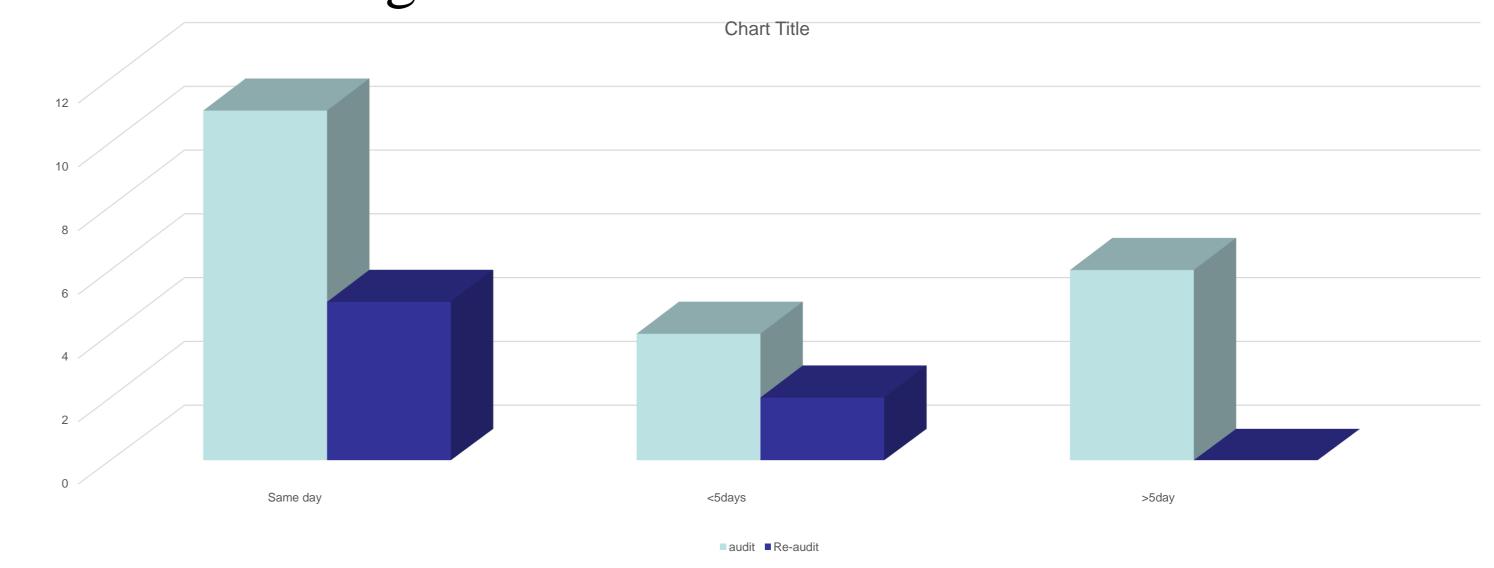
Time of notification	Number of pt in prev audit	Number of pt in Re-audit
<14days	13	6
16-25 days	5	1
unclear	2	0

Clinical appointment in relation to notification

6/7 were commenced on levothyroxine the same day they had their clinical review

1/7 was commenced on levothyroxine 1 day after clinical review.

Treatment Timing



The outcome was notified to the screening laboratory in 100% of cases. All patient had BSPED and British Thyroid Foundation information leaflet.

days	audit	Re-audit
Same day	8	3
Next day	8	1
day2	1	2
unclear	2	1

Radio isotope thyroid scan

Timing of the scan	Audit	Re-audit
Same day	10	3
<5days	7	3
>5days	2	1
Before the first clinical assessment	1	0
No scan	1	0

Discussion

The re-audit showed that our service is improved in certain aspects. All patients started on treatment within 2 days of notification. 85% of patients seen in OPD within 2days.All patients had maternal history documented, maternal thyroid status checked and outcome faxed to screening laboratory. OPD follow up improved as 71.4% of patient attended all the scheduled first year appointments.

Recommendation

Add scheduled appointments visit to the CH performa and give the parents a copy. Message reminder system regarding clinic times. Contact the parents in advance to confirm the appointments.