

Dietary Tips for Hypothyroidism

Hypothyroidism, or an underactive thyroid, is the most common thyroid disorder. In the United States, the leading cause is an autoimmune response known as Hashimoto’s disease. This condition can decrease the production of thyroid hormones, slow down metabolism and cause weight gain, hair loss, fatigue, dry skin, intolerance to cold, and impaired nutrient absorption and utilization. Pharmacological approaches are usually used as a primary treatment, but many nutritional factors can play a role in optimizing (or disrupting) thyroid function. The table below addresses some key dietary compounds to manage signs and symptoms of thyroid disease and to enhance one’s well-being and overall health.

Dietary Compounds	Should I avoid?
Isoflavones (soy)	Yes and no: Soy can affect the extraction of iodine from foods and disrupt the production of thyroid hormones. Instead of avoiding, the recommendation is to limit to 2-3 servings per week, ideally of the least processed or fermented types, such as tofu, tempeh, miso, and natto, as fermentation may help reduce certain detrimental aspects of soy. Note: Soy should NOT be consumed within 2-3 hours of taking thyroid hormone medication, as it can inhibit absorption.
Gluten	Maybe: Gluten may disrupt thyroid function, as the molecular structure of gliadin (a component of gluten) is similar to that of thyroid tissue. Note: Celiac disease increases the need for the thyroid hormone T4 due to malabsorption. Testing may be warranted.
Dairy	Maybe: Research has shown that patient’s with Hashimoto’s with lactose intolerance require significantly more thyroid medication to reach their thyroid stimulating hormone (TSH) goal. Patients may also experience intolerance to the protein found in dairy: casein, and whey.
Goitrogens	Yes: These substances can negatively affect the production of thyroid hormones by interfering with iodine uptake in the thyroid gland. Goitrogenic foods include cruciferous vegetables (e.g. cauliflower, broccoli, Brussel sprouts), soybeans and soy extract, peaches, strawberries, millet, radishes, spinach, and peanuts. Note: Cooking can help decrease this response. Goitrogens will not cause thyroid issues in normal people.
Coconut Oil	No: Contains medium-chain triglycerides (MCTs), which do not impair the conversion of the thyroid hormones T4 to T3. MCTs may increase basal body temperature, thereby increasing metabolism. Organic and unrefined is preferred. Note: Highly refined polyunsaturated vegetable oils (e.g. soybean and corn oils) and trans fats can reduce thyroid function as they are damaged/rancid.
Omega-3 fatty acids	No: Omega-3 fatty acids, including fish oil, help reduce inflammation and enhance immunity. Dietary sources include salmon, sardines, chia seeds, and flaxseeds. Note: Omega-3 fatty acids may increase the risk of bleeding, especially in patients taking blood-thinning medication. A supplemental dose of 2,000 mg per day may be utilized to decrease inflammation.
Oxalate	Maybe: Preliminary research has linked thyroid disease with oxalate buildup, which can cause inflammation. Oxalate is found in some foods, including spinach, rhubarb, rice bran, buckwheat, almonds, potato, and navy beans. A low-oxalate diet (less than 100 mg/day) may be considered.
Iron	No: Levels may be low in people with hypothyroidism, which can lead to hair loss, fatigue, brain fog, decreased libido, and palpitations. Serum ferritin should be kept between 70 to 90 ng/mL. Dietary sources include leafy greens, legumes, red meat, and chicken. If supplementation is required, aim for ferrous sulfate or ferrous fumarate (50 to 195 mg/day). Note: Include 250 to 500 mg vitamin C to enhance absorption and separate iron from thyroid medication by 4 hours.

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Source: Next Level Functional Nutrition, Academy of Nutrition and Dietetics, Linus Pauling Institute

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Tyrosine	No: The American Thyroid Association recommends tyrosine-rich food sources versus supplementation. Dietary sources include spirulina, soy, egg white, low fat cottage cheese, salmon, and turkey. Note: Tyrosine may interact with levodopa. Its use should be supervised by a doctor if thyroid hormone replacement is also being taken.
Zinc	No: Zinc is required for proper thyroid function; however levels may be low in people with hypothyroidism. Dietary sources include shellfish, herring, legumes, milk, and wheat bran. Note: Consider taking a multivitamin with 2 mg zinc to balance copper.
Vitamin A	No: Hypothyroidism affects the conversion of carotenoids to Vitamin A. The RDA of 5,000 IU is advised. Avoid excesses, as over 10,000 IU is considered toxic. Dietary sources include turkey, sweet potato, raw carrots, spinach, squash, mixed vegetables, apricots, and cantaloupe. Retinol-rich food sources include cod liver and egg yolks.
Vitamin B12	No: Levels may be low in people with hypothyroidism, which can lead to anemia. If supplementation is indicated, consider choosing methylcobalamin, as opposed to cyanocobalamin. Dietary sources include sardines, salmon, organ meats, mollusks, meat, dairy, and fortified cereals.
Vitamin D	No: Levels may be low in people with hypothyroidism. Dietary sources include low-mercury, fatty fish, such as herring, sardines, and cod; milk; dairy; eggs; and mushrooms. Ten to 15 min of sunlight exposure daily is also great. Supplementation may range from 1,000 to 5,000 IU/d day. Note: Higher doses may lead to toxicity. Consuming adequate vitamin A and vitamin K2 (e.g. green vegetables, organ meats, natto/ fermented soy, and grass-fed dairy/meat products) can help prevent it.
Vitamin E	No: Levels may be low in people with hypothyroidism, which can cause nerve and muscle damage. Supplementation may be considered (RDA 15 mg/day of α -tocopherol.) Dietary sources include plant seeds, especially sunflower seeds, almonds, and hazelnuts, vegetable oils (e.g., olive oil and sunflower oil), tomato, avocado, spinach, asparagus, Swiss chard, and broccoli. Note: High doses of α -tocopherol may increase the risk of bleeding in individuals taking anticoagulant drugs. A tolerable upper intake level (UL) for α -tocopherol in adults is set at 1,000 mg/day.
Iodine	Maybe: Both deficiency and excess have risks, so approach supplementation with caution (> 500 μ g/day), especially in those with Hashimoto's disease, as this can increase autoantibodies. Dietary sources include iodized table salt, saltwater fish, dairy, grains, spirulina and sea vegetables (e.g. nori, kelp, dulce.) Note: Try to use unrefined sea salt, such as Celtic, Hawaiian, and Himalayan.
Copper	No: Copper is required for proper thyroid function; however levels may be low in people with hypothyroidism. Dietary sources include meat, poultry, and eggs. Vegan sources include nuts, seeds, legumes, and grains. Consider a multivitamin containing 2 mg/serving.
Selenium	No: Levels may be low in people with hypothyroidism. Dietary sources include Brazil nuts, onions, meat, grains, tuna, crab, and lobster. Note: Excess selenium may harm thyroid metabolism, cause GI distress and increase the risk of cancer and type II diabetes. Supplement only if deficient and if antithyroid antibodies are present; RDA: 200 μ g/serving.
Vitamin B6 (pyridoxine)	No: Levels may be low in people with hypothyroidism. Vitamin B6 is essential for protein metabolism and cognitive and immune function. The RDA for men ages 19-50 yrs. is 1.3 mg/day; 51+ yrs, 1.7 mg/day. The RDA for women ages 19-50 yrs. is 1.3 mg/day; and 51+ yrs., 1.5 mg/day. Vitamin B6 is found in a variety of foods, including fish, poultry, nuts, legumes, potatoes, and bananas.

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Vitamin B2 (riboflavin)	<p>No: Levels may be low in people with hypothyroidism. Vitamin B2 helps the body break down carbohydrates, protein and fat and helps to produce energy. The RDA for riboflavin (1.3 mg/day for men and 1.1 mg/day for women), should prevent deficiency in most individuals. This can be easily met by eating a varied diet. Good sources include fortified wheat cereal, milk, cheddar cheese, egg (cooked), chicken (roasted), almonds, broccoli, and spinach.</p>
Magnesium	<p>May avoid: Levels may be high in people with hypothyroidism. Magnesium is required for the conversion of thyroid hormones (thyroxine (T4) to triiodothyronine (T3)). Dietary sources rich in magnesium include green leafy vegetables, unrefined grains, legumes, beans, and nuts. The tolerable upper intake level (UL) for supplemental magnesium is 350 mg/day. Note: Excessive intake of supplemental magnesium can result in adverse effects, especially in individuals with impaired kidney functions.</p>

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