

Thyroid: Nutrition Basics

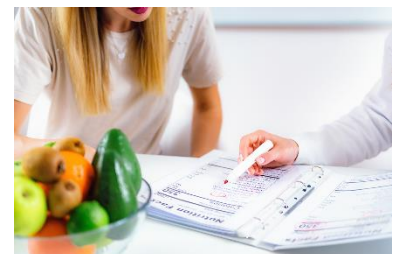
More research is needed to better understand the exact impact of foods and nutrients on thyroid health, but there is some scientific evidence for how a few specific types affect the thyroid in both positive and negative ways. No two thyroids or bodies are the same. Your dietitian will take an individualized diet approach based on your history, labs and symptoms.

While certain nutritional deficiencies—like too little iodine and selenium—*can* be the cause of hypothyroidism. These deficiencies are uncommon in the United States due to soil quality, diet, and use of iodized salt. **Autoimmune disease** is, in fact, the impetus for most cases of thyroid diseases in the Americas—Hashimoto's thyroiditis in the case of hypothyroidism (underactive thyroid) and Grave's disease in the case of hyperthyroidism (overactive thyroid).



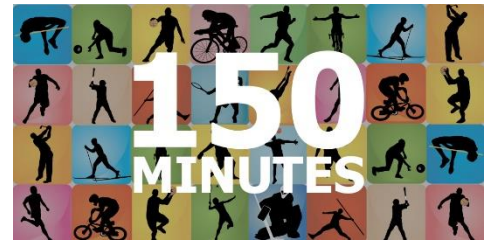
DIET TIPS FOR THYROID DISEASES:

1. **Weight Management:** A significant decrease in thyroid levels can disrupt hormonal function and slow metabolism by 15% - 40%. Hypothyroidism is associated most with weight GAIN, but hyperthyroidism can also cause some weight gain due to excess hunger and insulin resistance (see more: Hormones & Weight handout).
2. **Goitrogens:** In iodine deficiency, eating too many foods high in “goitrogens” may lower thyroid function even further. Cooking these foods can often help. See list of “Goitrogenic Foods.”
3. **Limit Soy Consumption:** Limit soy to 2-3 times/week and separate soy consumption from thyroid medications by 2-3 hours.
4. **Keeping blood sugar, or glucose, steady throughout the day can improve insulin and blood sugar control, helping with hunger and cravings. Discuss how to manage this with your dietitian!**
5. **Increase Dietary Fiber:** This helps to slow digestion, preventing a spike in blood sugar and insulin (and helps to improve constipation!).
6. **Increase protein at meals:** This helps to improve satiety, or fullness.
7. **Track food intake:** Often times, people trying to manage weight will eat a hypocaloric diet for a long period of time. Tracking will help to identify patterns and help your Dietitian adjust your intake.
8. **Meal Timing:** Timing of meals is important. Many hormones and the body's hypothalamus (hormone producer!) rely on consistency and steady meal timing—eating about every 4 hours and finishing dinner 2-3 hours before bedtime.



What about Physical Activity and the Thyroid?

1. The “ideal” type of physical activity for patients with thyroid disease is unclear.
2. What we do know: Engage in targeted physical activity—for example, perform endurance/aerobic activity for 20-60 minutes 2 times a week, OR perform HIIT for 20-30 minutes, 3 times a week.
3. DO perform Strength Training, to optimize lean body mass, 2-3 times a week.
4. And, increase “incidental” activities, such as walking when possible, opting for the stairs—becoming more active in general.
5. Exercise Frequency Total: 3-5 times/week for 30-60 minutes per session.



What are some other “GENERAL” strategies to consider with thyroid disease?

1. Improve SLEEP: Stress hormones and insulin require sleep to work well, 8 hours is ideal.
2. Avoid eating late at night: Eating late drives down leptin (fullness hormone) and increases insulin, cortisol and ghrelin (all hunger hormones).
3. Manage Stress: Stress increases cortisol, which increases blood sugar levels and insulin, decreasing fat burn.
4. Manage depression:
 - a. Consider foods with tryptophan, Vitamin B6 and Vitamin D
 - b. Consume foods rich in Omega-3 fatty acids
 - c. Consume foods that support dopamine—such as avocados, beets, apples and whole grains
 - d. Increase particular exercises, such as Yoga

