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Editorial

The Graves' disease, consensus 2016 of the French Society of Endocrinology

La maladie de Basedow, consensus 2016 de la Société française d'endocrinologie

This edition of the Annals of Endocrinology is dedicated to the French Society of Endocrinology (SFE) consensus statement on the management of Graves' disease. The consensus was drawn up during 2016 and presented and discussed at the 33rd Congress of the Society and made available for comment and discussion on the SFE website until the end of the year.

There have been too few randomized controlled studies in Graves' disease, making it difficult to found recommendations, and it was often necessary to resort to "expert opinion". Nevertheless, in drawing up the consensus statement, a rigorous methodology was adhered to [1].

Three face-to-face plenary meetings were held in order to:

- agree on methodology, set up subgroups for literature analysis and statement formulation, decide on which non-endocrinology experts to invite, detail conflicts of interest, and agree on how to reach consensus (by vote) in case of significant disagreement;
- present and discuss the statements and recommendations of the subgroups;
- and finalize and grade the recommendations ahead of the plenary session of the 33rd SFE Congress on October 8, 2016, in Bordeaux.

The 6 subgroups worked face-to-face or remotely, outside of the plenary meetings, on their specific topics:

- epidemiology and physiology;
- diagnostic strategy;
- treatment;
- Graves' disease and pregnancy;
- pediatric Graves' disease, and;
- orbitopathy.

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<https://doi.org/10.1016/j.ando.2018.08.003>,
<https://doi.org/10.1016/j.ando.2018.08.004>,
<https://doi.org/10.1016/j.ando.2018.09.002>,
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Manuscripts were submitted to independent reviewers, and suggestions were discussed in the workgroup before any changes were made. Grading was 1 (Recommendation) or 2 (Suggestion) and strength was rated as + (few or no data; expert opinion), ++ (limited data, small series, non-controlled studies) or +++ (controlled studies, sufficient power, solid data). The SFE is grateful for the involvement of members from abroad, which enabled a wider range of practices to be taken into account.

This was a consensus of professionals, and it seemed from the outset desirable and necessary to submit it to critical analysis by patients. We are thus very pleased to be able to include here an editorial from the association *Vivre sans Thyroïde* (Living without the Thyroid).

Finally, the task force is grateful to Iain McGill for the translation of the French manuscripts.

What is the life-expectancy for this consensus? – It is discussion with the patients that will provide an answer to that question! The association *Vivre sans Thyroïde* is glad to have been involved in drawing up this French consensus statement on the management of Graves' disease. The many patient testimonies we receive in our discussion forum and Facebook group show just how important is good management, from diagnosis onward, by specialists with real knowledge of the disease, and how important is the relation of trust between patient and doctor. Patients need to understand their disease and treatment.

Graves' disease is an especially stressful condition, with its ups and downs, passing from hyperthyroid phases, which can have their positive aspects (dynamism, weight-loss, etc. . .) but are exhausting for the organism, to sudden hypothyroidism, which, in contrast, is very hard to live with. Then there are treatment failures, recurrences. . . Particularly difficult to accept are the risks for pregnancy, which may have to be postponed and in any case will demand very close surveillance. If medical treatment is not enough, the patient has to choose which "definitive" solution to go for: surgery or radioiodine; and this decision is not easy to make. Afterwards, it is often difficult to find one's bearings: to get the dose right, and find a "normal" rhythm (which, compared to the hyperthyroid state, may feel very slow!).

Every day, we experience the important (and little known) impact of thyroid hormones on mind, with periods of hyperactivity and euphoria, but also of irritability, then dejection, depression, total lack of energy. . . – Not to mention the special problems of thyroid ophthalmopathy. . . Graves' disease has huge consequences for the quality of life. Patients need to feel listened to, with empathy and clear explanations, so that they can properly understand their disease and treatment and be actively involved in therapeutic decision-making. As well as a relationship of trust with a specialist team, being in touch with a patients' association can be very helpful, to share experience and learn from the experience of others who have "been there"; to feel a bit less alone, and be able to look to the future with some serenity.

Disclosure of interest

The authors declare that they have no conflicts of interest.

Reference

- [1] Qaseem A, Forland F, Macbeth F, Ollenschlager G, Phillips S, Van der Wees P. Guidelines International Network: toward International standards for clinical practice guidelines. *Ann Intern Med* 2012;156:525–31.

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