

Supplementary Data

SUPPLEMENTARY TABLE S1. TRIALS IN WHICH LT3+LT4 THERAPY WAS GIVEN ONCE DAILY TO TREAT HYPOTHYROID PATIENTS

Publications	Study design	LT3 therapy duration (weeks)	Patients who received LT3 (n)	Mean age (years)	LT3 dosage (mcg/day)	HR variation vs. LT4 (bpm)	SBP variation vs. LT4 (mmHg)	LT3-related ADR
Bunevicius, <i>et al.</i> (S1)	Controlled, randomized, double-blind	10	33 (31 F)	46±13 ^a	12.5	+3	No change	None
Bunevicius and Prange (S2)	Controlled, randomized, double-blind	10	26 F	45±9	12.5	N/A	N/A	No difference compared with the LT4 group
Bunevicius <i>et al.</i> (S3)	Crossover, double-blind	10	10 F	34	10	-8	N/A	No difference compared with the LT4 group
Walsh <i>et al.</i> (S4)	Crossover, randomized, double-blind	20	110 (101 F)	47±11	10	-1.5	No change	No difference compared with the LT4 group 2 pts withdrew due to worsening symptoms
Siegmund <i>et al.</i> (S5)	Crossover, randomized, double-blind	24	23 (20 F)	23-69	6.5	No change	+7	1 pt withdrew due to palpitations 1 pt withdrew due to AF (TSH <0.01)
Saravanan <i>et al.</i> (S6)	Controlled, randomized, double-blind	48	344 (286 F)	57±11	10	+2.2	-6.4	No difference compared with the LT4 group
Rodriguez <i>et al.</i> (S7)	Crossover, randomized, double-blind	12	27 (23 F)	47	10	No change	No change	Headache, difficulty sleeping, and muscle weakness at least 10% more likely
Appelhof <i>et al.</i> (S8)	Controlled, randomized, double-blind	15	93 (79 F)	48.3±9	1: 10 1.5 (T3:T4 molar)	+3.9 +7	+4 +12	Osteocalcin increased 1 pt had atrial premature beats
Escobar-morreale <i>et al.</i> (S9)	Crossover, randomized, double-blind	16	28 F	48±11	5 or 7.5	-3	No change	No ADR reported in the paper
Regalbuto <i>et al.</i> (S10)	Nonrandomized, noncontrolled	28	20 (17 F)	46±8	5.7 or 21.4	No change	No change	Osteocalcin increased
Slawik <i>et al.</i> (S11)	Crossover, double-blind	5	29 (8 F)	51±2	13.4 (mean)	No change	No change	No difference compared with the LT4 group
Nygaard <i>et al.</i> (S12)	Crossover, randomized, double-blind	24	59 (55 F)	46	20	N/A	N/A	No difference compared with the LT4 group
Fadayeve <i>et al.</i> (S13)	Randomized, controlled	24	16 F	40	12.5	No change	N/A	Urine deoxyypyridinoline increased
Trimboli <i>et al.</i> (S14)	Noncontrolled	6.4	21 (16 F)	43±12	Liquid LT3 7.3±3.4	N/A	N/A	No reported ADR
Kaminski <i>et al.</i> (S15)	Crossover, randomized, double-blind	16	32 (30 F)	42.6±13.3	15	+3	No change	No reported ADR
Krysiak <i>et al.</i> (S16)	Quasi-randomized, single-blind	24	17 F	31±6	8.8±1.7	N/A	N/A	2 women withdrew due to tachycardia, nervousness, heat intolerance, and weight loss

^aMean±SD.

ADR, adverse drug reactions; bpm, beat per minute; F, female number; HR, heart rate; LT3, liothyronine; SBP, systolic blood pressure.

SUPPLEMENTARY TABLE S2. TRIALS IN WHICH LT3+LT4 THERAPY WAS GIVEN TWICE DAILY TO TREAT HYPOTHYROID PATIENTS

<i>Publications</i>	<i>Study design</i>	<i>LT3 therapy duration (weeks)</i>	<i>Patients who received LT3 (n)</i>	<i>Mean age (years)</i>	<i>LT3 dosage (mcg/twice daily)</i>	<i>HR variation Vs. LT4 (bpm)</i>	<i>SBP variations Vs. LT4 (mmHg)</i>	<i>LT3-related ADR</i>
Sawka <i>et al.</i> (S17)	Placebo, control, double-blind	15	20 (17 F)	25–75	12.5	N/A	N/A	No difference compared with the LT4 group
Clyde <i>et al.</i> (S18)	Controlled, randomized, double-blind	16	23 (19 F)	43 ± 11 ^a	7.5	No change	No change	1 pt withdrew due to tremulousness, fatigue, and poor performance
Valizadeh <i>et al.</i> (S19)	Controlled, randomized, double-blind	16	30 (24 F)	39 ± 11	6.3	No change	No change	4 pts withdrew because of palpitation
Solter <i>et al.</i> (S20)	Open-label	36	15 (14 F)	31–55	10	N/A	N/A	None

^aMean ± SD.

SUPPLEMENTARY TABLE S3. TRIALS IN WHICH LT3 THERAPY WAS GIVEN DAILY AS ADJUVANT IN PSYCHIATRIC PATIENTS

Publication	Study design	LT3 therapy duration (weeks)	Patients who received LT3 (n)	Mean age (years)	LT3 dosage (mcg/day)	HR variation (bpm)	SBP variation (mmHg)	LT3-related ADR
Coppen <i>et al.</i> (S21)	Placebo, controlled	2	14 (7 F)	56 ± 4 ^a	25	N/A	N/A	2 out of 3 bipolar patients experienced manic symptoms
Gitlin <i>et al.</i> (S22)	Crossover, randomized, double-blind	4	16 (7 F)	41	25	No change	No change	Some reported muscle twitching and insomnia
Joffe (S23)	Crossover, double-blind	5	22 (13 F)	38.3 ± 11	25-37.5	N/A	N/A	None
Joffe and Singer (S24)	Randomized, double-blind	3	17 (9 F)	34.5	37.5	N/A	N/A	None
Appelhof <i>et al.</i> (S25)	Placebo, controlled, randomized, double-blind	8	60(36 F)	46 ± 11	25 or 50	N/A	N/A	4 patients had palpitations, sweating, nervousness, and tremor
Nierenberg <i>et al.</i> (S26)	Randomized, nonblinded	14	73 (41 F)	43 ± 11	45.2 ± 11.4 (mean)	N/A	N/A	10 pts on LT3 50 mcg had severe function limiting symptoms
Abraham <i>et al.</i> (S27)	Noncontrolled, nonblinded	3.5	12 (8 F)	48 ± 17	25-50	N/A	N/A	No difference compared with the other non-LT3 group
Cooper-Kazaz <i>et al.</i> (S28)	Placebo, controlled, double-blind, randomized	8	53 (29 F)	45.15	20-50	N/A	N/A	1 pt withdrew due to increased anxiety and agitation
Posternak <i>et al.</i> (S29)	Placebo, controlled, double-blind, randomized	6	23 (13 F)	40 ± 9	25	N/A	N/A	No difference compared with the other non-LT3 group (palpitations, sweating, and nervousness)
Garlow <i>et al.</i> (S30)	Placebo, controlled, double-blind, randomized	8	76 (44 F)	43 ± 10	25-50	N/A	N/A	No difference compared with the other non-LT3 group
Mohagheghi <i>et al.</i> (S31)	Controlled, double-blind	8	30 (23 F)	34 ± 8	50	N/A	N/A	No difference compared with the other non-LT3 group (tremulousness, sweating, feeling jittery, palpitations, chest pain, and feeling hot)
Walshaw <i>et al.</i> (S32)	Placebo, controlled, double-blind	16	10 (6 F)	37 ± 7	LT3 titrated T3-resin uptake = 0.65-1.36 units	N/A	N/A	None

^aMean ± SD.

SUPPLEMENTARY TABLE S4. TRIALS IN WHICH LT3 WAS GIVEN FOR METABOLIC PURPOSES

<i>Publication</i>	<i>Study design</i>	<i>LT3 therapy duration (weeks)</i>	<i>Patients who received LT3 (n)</i>	<i>Mean age (years)</i>	<i>LT3 dosage (mcg/day)</i>	<i>HR variation (bpm)</i>	<i>SBP variation (mmHg)</i>	<i>LT3-related ADR</i>
Gwinup and Poucher (S33)	Controlled, randomized	30	8	N/A	275 (mean)	+18	+9	2 pts dropped out due to nervousness and high HR 1 pt developed hyperglycemia
Hollingsworth <i>et al.</i> (S34)	Placebo controlled, randomized, double-blind	12	9 (2 F)	27–68	225	+ (8–32)	No constant pattern	All pts developed tachycardia 1 pt had AFIB 1 pt noted nervousness, palpitations, and weakness 6 were aware of a mild tremor
Bray <i>et al.</i> (S35)	Crossover, randomized, double-blind	10	12 (6 F)	17–50	225	+7.5 ± 2	No change	Weight loss primarily was from lean body tissue Only 6 patients had unspecific symptoms
Gardner <i>et al.</i> (S36)	Nonrandomized, noncontrolled	0.47	7 males	19–37	5 mcg LT3 every 3 hours × 20	N/A	N/A	Urea excretion was 9.1% higher in patients receiving LT3 during fasting
Moore <i>et al.</i> (S37)	Placebo, controlled, double-blind	12	8	N/A	60	N/A	N/A	4 patients left the study due to side effects
Koppeschaar <i>et al.</i> (S38)	Placebo, controlled	2	10	N/A	150	N/A	N/A	Nitrogen losses increased markedly during LT3 treatment, and they increased insulin resistance
Pasquali <i>et al.</i> (S39)	Placebo, controlled	11	14 (8 F)	37	40	N/A	N/A	None
Rosenbaum <i>et al.</i> (S40)	Crossover, randomized, single-blind,	5	22 (13 F)	32.2 ± 8 ^a	25	+2	No change	Increased norepinephrine excretion

^aMean ± SD.

Supplementary References

- S1. Bunevicius R, Kazanavicius G, Zalinkevicius R, Prange AJ, Jr. 1999 Effects of thyroxine as compared with thyroxine plus triiodothyronine in patients with hypothyroidism. *N Engl J Med* **340**:424–429.
- S2. Bunevicius R, Prange AJ 2000 Mental improvement after replacement therapy with thyroxine plus triiodothyronine: relationship to cause of hypothyroidism. *Int J Neuropsychopharmacol* **3**:167–174.
- S3. Bunevicius R, Jakubonien N, Jurkevicius R, Cernicat J, Lasas L, Prange AJ, Jr. 2002 Thyroxine vs thyroxine plus triiodothyronine in treatment of hypothyroidism after thyroidectomy for Graves' disease. *Endocrine* **18**:129–133.
- S4. Walsh JP, Shiels L, Lim EM, Bhagat CI, Ward LC, Stuckey BG, Dhaliwal SS, Chew GT, Bhagat MC, Cussons AJ 2003 Combined thyroxine/liothyronine treatment does not improve well-being, quality of life, or cognitive function compared to thyroxine alone: a randomized controlled trial in patients with primary hypothyroidism. *J Clin Endocrinol Metab* **88**:4543–4550.
- S5. Siegmund W, Spieker K, Weike AI, Giessmann T, Modess C, Dabers T, Kirsch G, Sanger E, Engel G, Hamm AO, Nauck M, Meng W 2004 Replacement therapy with levothyroxine plus triiodothyronine (bioavailable molar ratio 14: 1) is not superior to thyroxine alone to improve well-being and cognitive performance in hypothyroidism. *Clin Endocrinol* **60**:750–757.
- S6. Saravanan P, Simmons DJ, Greenwood R, Peters TJ, Dayan CM 2005 Partial substitution of thyroxine (T4) with tri-iodothyronine in patients on T4 replacement therapy: results of a large community-based randomized controlled trial. *J Clin Endocrinol Metab* **90**:805–812.
- S7. Rodriguez T, Lavis VR, Meininger JC, Kapadia AS, Stafford LF 2005 Substitution of liothyronine at a 1:5 ratio for a portion of levothyroxine: effect on fatigue, symptoms of depression, and working memory versus treatment with levothyroxine alone. *Endocr Pract* **11**:223–233.
- S8. Appelhof BC, Fliers E, Wekking EM, Schene AH, Huyser J, Tijssen JG, Endert E, van Weert HC, Wiersinga WM 2005 Combined therapy with levothyroxine and liothyronine in two ratios, compared with levothyroxine monotherapy in primary hypothyroidism: a double-blind, randomized, controlled clinical trial. *J Clin Endocrinol Metab* **90**:2666–2674.
- S9. Escobar-Morreale HF, Botella-Carretero JI, Gomez-Bueno M, Galan JM, Barrios V, Sancho J 2005 Thyroid hormone replacement therapy in primary hypothyroidism: a randomized trial comparing L-thyroxine plus liothyronine with L-thyroxine alone. *Ann Intern Med* **142**:412–424.
- S10. Regalbuto C, Maiorana R, Alagona C, Paola RD, Cianci M, Alagona G, Sapienza S, Squatrito S, Pezzino V 2007 Effects of either LT4 monotherapy or LT4/LT3 combined therapy in patients totally thyroidectomized for thyroid cancer. *Thyroid* **17**:323–331.
- S11. Slawik M, Klawitter B, Meiser E, Schories M, Zwermann O, Borm K, Peper M, Lubrich B, Hug MJ, Nauck M, Olschewski M, Beuschlein F, Reincke M 2007 Thyroid hormone replacement for central hypothyroidism: a randomized controlled trial comparing two doses of thyroxine (T4) with a combination of T4 and triiodothyronine. *J Clin Endocrinol Metab* **92**:4115–4122.
- S12. Nygaard B, Jensen EW, Kvetny J, Jarlov A, Faber J 2009 Effect of combination therapy with thyroxine (T4) and 3,5,3'-triiodothyronine versus T4 monotherapy in patients with hypothyroidism, a double-blind, randomised cross-over study. *Eur J Endocrinol* **161**:895–902.
- S13. Fadeyev VV, Morgunova TB, Melnichenko GA, Dedov, II 2010 Combined therapy with L-thyroxine and L-triiodothyronine compared to L-thyroxine alone in the treatment of primary hypothyroidism. *Hormones (Athens)* **9**:245–252.
- S14. Trimboli P, Centanni M, Virili C 2016 Liquid liothyronine to obtain target TSH in differentiated thyroid cancer patients. *Endocr J* **63**:563–567.
- S15. Kaminski J, Miasaki FY, Paz-Filho G, Graf H, Carvalho GA 2016 Treatment of hypothyroidism with levothyroxine plus liothyronine: a randomized, double-blind, cross-over study. *Arch Endocrinol Metab* **60**:562–572.
- S16. Krysiak R, Szkrobka W, Okopien B 2018 Sexual function and depressive symptoms in young women with hypothyroidism receiving levothyroxine/liothyronine combination therapy: a pilot study. *Curr Med Res Opin* **34**:1579–1586.
- S17. Sawka AM, Gerstein HC, Marriott MJ, MacQueen GM, Joffe RT 2003 Does a combination regimen of thyroxine (T4) and 3,5,3'-triiodothyronine improve depressive symptoms better than T4 alone in patients with hypothyroidism? Results of a double-blind, randomized, controlled trial. *J Clin Endocrinol Metab* **88**:4551–4555.
- S18. Clyde PW, Harari AE, Getka EJ, Shakir KM 2003 Combined levothyroxine plus liothyronine compared with levothyroxine alone in primary hypothyroidism: a randomized controlled trial. *JAMA* **290**:2952–2958.
- S19. Valizadeh M, Seyyed-Majidi MR, Hajibeigloo H, Momtazi S, Musavinasab N, Hayatbakhsh MR 2009 Efficacy of combined levothyroxine and liothyronine as compared with levothyroxine monotherapy in primary hypothyroidism: a randomized controlled trial. *Endocr Res* **34**: 80–89.
- S20. Solter D, Solter M 2012 Benefit of combined triiodothyronine (LT(3)) and thyroxine (LT(4)) treatment in athyretic patients unresponsive to LT(4) alone. *Exp Clin Endocrinol Diabetes* **120**:121–123.
- S21. Coppen A, Whybrow PC, Noguera R, Maggs R, Prange AJ, Jr. 1972 The comparative antidepressant value of L-tryptophan and imipramine with and without attempted potentiation by liothyronine. *Arch Gen Psychiatry* **26**:234–241.
- S22. Gitlin MJ, Weiner H, Fairbanks L, Hershman JM, Friedfeld N 1987 Failure of T3 to potentiate tricyclic antidepressant response. *J Affect Disord* **13**:267–272.
- S23. Joffe RT 1988 T3 and lithium potentiation of tricyclic antidepressants. *Am J Psychiatry* **145**:1317–1318.
- S24. Joffe RT, Singer W 1990 A comparison of triiodothyronine and thyroxine in the potentiation of tricyclic antidepressants. *Psychiatry Res* **32**:241–251.
- S25. Appelhof BC, Brouwer JP, van Dyck R, Fliers E, Hoogendijk WJ, Huyser J, Schene AH, Tijssen JG, Wiersinga WM 2004 Triiodothyronine addition to paroxetine in the treatment of major depressive disorder. *J Clin Endocrinol Metab* **89**:6271–6276.
- S26. Nierenberg AA, Fava M, Trivedi MH, Wisniewski SR, Thase ME, McGrath PJ, Alpert JE, Warden D, Luther JF, Niederehe G, Lebowitz B, Shores-Wilson K, Rush AJ 2006 A comparison of lithium and T(3) augmentation following two failed medication treatments for depres-

- sion: a STAR*D report. *Am J Psychiatry* **163**:1519–1530; quiz 1665.
- S27. Abraham G, Milev R, Stuart Lawson J 2006 T3 augmentation of SSRI resistant depression. *J Affect Disord* **91**:211–215.
- S28. Cooper-Kazaz R, Apter JT, Cohen R, Karagichev L, Muhammed-Moussa S, Grupper D, Drori T, Newman ME, Sackeim HA, Glaser B, Lerer B 2007 Combined treatment with sertraline and liothyronine in major depression: a randomized, double-blind, placebo-controlled trial. *Arch Gen Psychiatry* **64**:679–688.
- S29. Posternak M, Novak S, Stern R, Hennessey J, Joffe R, Prange A, Jr., Zimmerman M 2008 A pilot effectiveness study: placebo-controlled trial of adjunctive L-triiodothyronine (T3) used to accelerate and potentiate the antidepressant response. *Int J Neuropsychopharmacol* **11**:15–25.
- S30. Garlow SJ, Dunlop BW, Ninan PT, Nemeroff CB 2012 The combination of triiodothyronine (T3) and sertraline is not superior to sertraline monotherapy in the treatment of major depressive disorder. *J Psychiatr Res* **46**:1406–1413.
- S31. Mohagheghi A, Arfaie A, Amiri S, Nouri M, Abdi S, Safikhanlou S 2015 Preventive effect of liothyronine on electroconvulsive therapy-induced memory deficit in patients with major depressive disorder: a double-blind controlled clinical trial. *Biomed Res Int* **2015**:503918.
- S32. Walshaw PD, Gyulai L, Bauer M, Bauer MS, Calimlim B, Sugar CA, Whybrow PC 2018 Adjunctive thyroid hormone treatment in rapid cycling bipolar disorder: a double-blind placebo-controlled trial of levothyroxine (L-T4) and triiodothyronine (T3). *Bipolar Disord* **20**:594–603.
- S33. Gwinup G, Poucher R 1967 A controlled study of thyroid analogs in the therapy of obesity. *Am J Med Sci* **254**:416–420.
- S34. Hollingsworth DR, Amatruda TT, Jr., Scheig R 1970 Quantitative and qualitative effects of L-triiodothyronine in massive obesity. *Metabolism* **19**:934–945.
- S35. Bray GA, Melvin KE, Chopra IJ 1973 Effect of triiodothyronine on some metabolic responses of obese patients. *Am J Clin Nutr* **26**:715–721.
- S36. Gardner DF, Kaplan MM, Stanley CA, Utiger RD 1979 Effect of tri-iodothyronine replacement on the metabolic and pituitary responses to starvation. *N Engl J Med* **300**:579–584.
- S37. Moore R, Grant AM, Howard AN, Mills IH 1980 Treatment of obesity with triiodothyronine and a very-low-calorie liquid formula diet. *Lancet* **1**:223–226.
- S38. Koppeschaar HP, Meinders AE, Schwarz F 1983 Metabolic responses in grossly obese subjects treated with a very-low-calorie diet with and without triiodothyronine treatment. *Int J Obes* **7**:133–141.
- S39. Pasquali R, Baraldi G, Biso P, Piazzi S, Patrono D, Cappelli M, Melchionda N 1984 Effect of ‘physiological’ doses of triiodothyronine replacement on the hormonal and metabolic adaptation to short-term semistarvation and to low-calorie diet in obese patients. *Clin Endocrinol (Oxf)* **21**:357–367.
- S40. Rosenbaum M, Goldsmith RL, Haddad F, Baldwin KM, Smiley R, Gallagher D, Leibel RL 2018 Triiodothyronine and leptin repletion in humans similarly reverse weight-loss-induced changes in skeletal muscle. *Am J Physiol Endocrinol Metab* **315**:E771–E779.