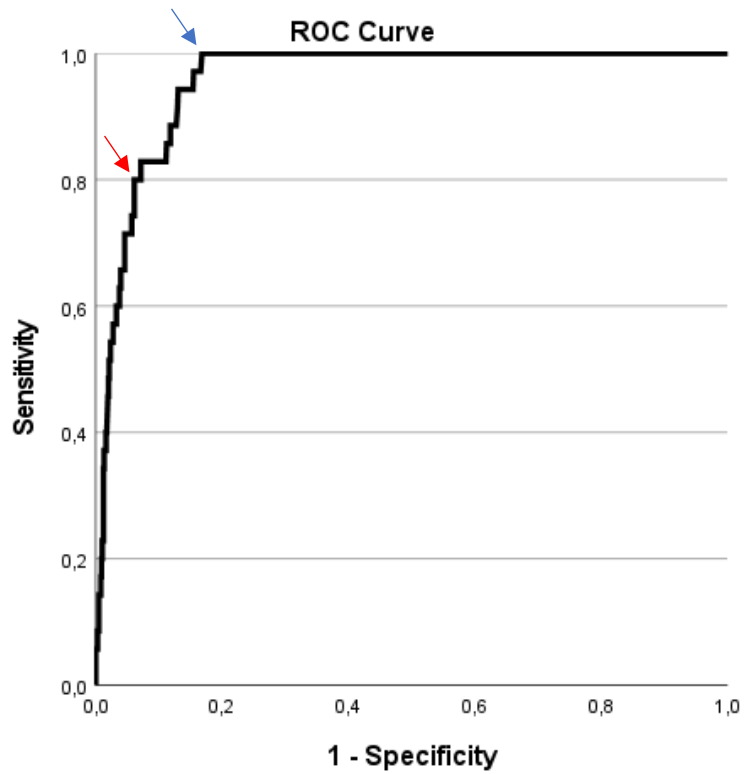


**Screening for thyroid dysfunction with free T4 instead of thyroid stimulating hormone (TSH)
improves efficiency in older adults in primary care**

Supplementary data

Supplementary Figure 1.



ROC curve for the TSH cut-off value. Clinical hypothyroidism was defined as TSH > 4.2 mU/l and fT4 < 12 pmol/l. The ROC curves display the prediction potential of TSH for clinical hypothyroidism. It should be noted that there is no gold standard available for thyroid function testing and TSH is part of the definition. For the elevated cutoff TSH > 6.5 mU/l, the sensitivity was 80%, the specificity 94% (see red arrow), compared to a sensitivity per definition of 100% for TSH > 4.2 mU/l and a specificity of 83%.

Supplementary Table 1. Diagnosis of hyperthyroidism in the three proposed strategies.

	Current screening protocol: TSH > 4.2 mU/l LRL TSH < 0.27 mU/l <i>model 1</i>	Elevation of the TSH cut off value to > 6.5 mU/l LRL TSH < 0.27 mU/l <i>model 2</i>	Screening based on fT4: fT4 < 12.0 pmol/l URL fT4 > 22 pmol/l <i>model 3</i>
Reflex tests for hyperthyroidism	40 (3.9%)	40 (3.9%)	47 (4.6%)
Clinical hyperthyroidism	17 (1.7%)	17 (1.7%)	17 (1.7%)
PPV hyperthyroidism	42.5%	42.5%	36.2%
NPV hyperthyroidism	96.9%	96.9%	95.9%