Jane Lee is a 60-year-old retired nurse living with her husband and daughter on a farm that has been in the family for four generations. Mrs. Lee has gained 10 lb (4.5 kg) in the past few months, even though she is rarely hungry and eats much less than normal. She is always tired and weak—so tired that she has not even been able to help with the chores on the farm or do housework. She is concerned about her appearance and the way she sounds when she talks. Her face is puffy, and her tongue always feels thick. Mr. Lee convinces his wife to make an appointment at a health center in a nearby town.

**ASSESSMENT**

Brian Henning, RN, completes the health assessment for Mrs. Lee at the health center. He finds that she now weighs 150 lb (68 kg), an increase of 10 lb (4.5 kg) over her weight at her last visit 6 months earlier. Mrs. Lee states that she always feels cold, is regaining her normal energy, and even feels well enough to plant her garden. Her speech is clear and easy to understand. As she leaves the examining room, Mrs. Lee says, “It’s hard to believe that I have changed so much—now I look and feel like the ‘old’ me!”

**EVALUATION**

On return to the health center 2 months later, Mrs. Lee reports that she is no longer constipated but that she is continuing to drink six glasses of water and eating oatmeal every day. She no longer feels cold, is regaining her normal energy, and even feels well enough to plant her garden. Her speech is clear and easy to understand. As she leaves the examining room, Mrs. Lee says, “It’s hard to believe that I have changed so much—now I look and feel like the ‘old’ me!”

**Critical Thinking in the Nursing Process**

1. What physical changes that normally occur with aging are similar to the manifestations of hypothyroidism?
2. Describe the factors that put Mrs. Lee’s safety at risk. What alterations in her home environment would you suggest to promote safety until the prescribed medication takes effect?
3. The client taking oral thyroid medications may become hyperthyroid. List the manifestations you would include in a teaching plan to signal this condition.

See Evaluating Your Response in Appendix C.

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**THE CLIENT WITH CANCER OF THE THYROID**

Thyroid cancer is relatively rare, with an estimated rate of 23,000 new cases annually. Thyroid cancer accounts for approximately 1300 cancer deaths a year (American Cancer Society, 2002). The most consistent risk factor is exposure to ionizing radiation to the head or neck during childhood. For example, many adults in their 50s and 60s received X-ray treatments for colds and sinus infections during childhood.

Of the several types of thyroid cancer, the most common types are listed here.

- Papillary thyroid carcinoma is the most common thyroid malignancy. It is usually detected as a single nodule, but may arise from a multinodular goiter. The average age of diagnosis is 42, with 70% of cases occurring in women. Risks for the development of this form are exposure to external X-ray treatments to the head or neck as a child, childhood exposure to radioactive isotopes of iodine in nuclear fallout, and a family history. Papillary thyroid carcinoma is the least aggressive type, but does metastasize to the local and regional lymph nodes and lungs.
- Follicular thyroid cancer is the second most common thyroid malignancy. The average age of diagnosis is 50, with 72% of cases occurring in women. This form is more aggressive, with metastasis commonly found in neck lymph nodes, bone, and lungs.

Thyroid cancer is manifested by a palpable, firm nontender nodule in the thyroid. If undetected, the tumor may grow and impinge on the esophagus or trachea, causing difficulty in swallowing or breathing. Most people with thyroid cancer do not have elevated thyroid hormone levels. The diagnosis is made by...