

Triiodothyronine-Liothyronine

Cytomel • also called T3

A thyroid hormone with two different roles: replacing low hormone or supporting depression treatment.

From Jeffrey Panko, PMHNP-BC's education collection ·

Draft for review · Clinical content has not been revalidated for this website.

MICROGRAMS, NOT MILLIGRAMS

NOT A WEIGHT-LOSS MEDICINE

The diagram shows thyroid-receptor activity. Depression use is separate and off-label.

What it is used for

Replaces thyroid hormone when the body does not make enough. Specialists also use it for certain thyroid tests or thyroid-cancer care.

Sometimes added when depression treatment has not helped enough. This use is off-label and does not mean your thyroid is necessarily underactive.

How it works

T3 is a hormone that helps regulate many body functions. Liothyronine is a manufactured version of it.

Its role in depression is less fully understood. More hormone does not mean more benefit; too much can strain the heart and bones.

What to expect over time

BEFORE STARTING

Agree on why you are taking it, your exact dose, thyroid tests and follow-up plan.

FIRST WEEKS

Notice mood and daily function, but also sleep, sweating, shaking or a racing heartbeat.

REVIEW THE BENEFIT

Depression improvement may take weeks. Thyroid replacement may be long-term; the two plans are different.

Taking your medication

Take the exact tablet strength and number prescribed, usually once daily. Doses are written in mcg, not mg.

Ask before switching thyroid medicines or adding supplements. Your dose is not interchangeable with a levothyroxine dose.

If you miss a dose, take it when remembered unless the next is nearly due. Skip it then; do not double up.

When to get help

Call 911: chest pain, collapse, major breathing trouble or a rapid/irregular heartbeat with severe symptoms.

Call promptly: new palpitations, marked shaking, sweating, insomnia or unusual agitation. Do not take extra doses.

Mood safety: report suicidal thoughts or much less need for sleep with risky behavior. Use 988 for crisis support; 911 for immediate danger.

Early side effects

Nervousness, trouble sleeping, sweating, feeling too hot, diarrhea or shaking may mean the dose needs review. Temporary hair loss can occur early.

Other effects to discuss

Too much thyroid hormone over time can affect heart rhythm and weaken bones. Unplanned weight loss is not a treatment goal or a reason to raise the dose.

What to keep track of

Keep thyroid-test and follow-up appointments. Track mood, sleep, pulse symptoms and everyday function. Feeling more wired is not the same as feeling better.

Before you start

Discuss heart disease, irregular heartbeat, diabetes, bone loss, adrenal or pituitary problems, high thyroid levels, allergies and bipolar symptoms. Bring every medicine and supplement you use. Tell the team about pregnancy plans or breastfeeding. Do not stop essential thyroid replacement on your own if you become pregnant; contact the prescriber promptly for a pregnancy-specific plan.

Medicines & interactions

Heart and blood-thinning medicines

Tell the team about digoxin, warfarin and diabetes medicines. Thyroid changes can alter how much of these medicines you need.

Stimulants and psychiatric medicines

Check antidepressants, ADHD medicines, decongestants and ketamine. Some combinations can increase heart-rate, blood-pressure or other risks.

Absorption and supplements

Ask for a schedule if you take cholestyramine, colestesvelam or a binding resin. The label generally places T3 at least four hours before these medicines. Check supplements too.

Everyday tips

Use one written schedule and check the strength on each refill.

Bring your medicine list to appointments and tell surgical or dental teams you take T3.

Report symptoms rather than changing the dose based on how energetic you feel.

For depression, keep the rest of your treatment plan in place unless your clinician changes it.

Your questions, answered

Is this a weight-loss treatment?

No. Using thyroid hormone for weight loss can cause serious harm, especially with stimulants.

Does a normal thyroid test rule out depression use?

Not necessarily. Selected patients receive it as an add-on, with clear goals and monitoring.

Can I stop when I feel better?

Ask first. Replacement may be lifelong; a depression trial has a separate review and stopping plan.

What about pregnancy?

The preferred thyroid medicine may change. Arrange a clinician-managed plan; do not leave an underactive thyroid untreated.

Storage & safety

Keep tablets in their labeled container, away from heat, moisture, children and pets. For excess tablets, call Poison Control at 1-800-222-1222 even if you feel well; symptoms can be delayed. Call 911 for severe symptoms.

About this information

For general information only; not a substitute for individualized medical advice. This sheet does not cover every risk or interaction. Ask your prescriber or pharmacist before changing how you take this medication.

Sources

1. <https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=51452b31-ff68-4e0c-b982-c15502ebf1d3>
 2. <https://medlineplus.gov/druginfo/meds/a682462.html>
 3. <https://www.thyroid.org/management-hypothyroidism-pregnancy/>
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Educational inclusion does not mean this medication or its indications are treated at this practice. Review the guide for your exact product with your prescriber or pharmacist.

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