

Absorption of levothyroxine Approximately 62–82% of levothyroxine is absorbed after oral administration. Early reports described elevated serum TSH levels in patients with coeliac sprue and inflammatory bowel disease despite thyroxine doses that had previously normalised serum levels. Patients with jejunioileal bypass surgery or other bowel resection have been reported to require higher doses of levothyroxine following surgery.^{2, 3, 4} Stone et al. noted reduced peak Food and dietary fibre Absorption of levothyroxine has been shown to be influenced both by the timing of food intake and by certain foods. Using the double–isotope method developed by Hays, the authors showed that absorption was significantly better in the fasting state Gastrointestinal disorders Both malabsorptive disorders and conditions that impair gastric acidity can affect the bioavailability of levothyroxine.