

Food Safety & Timing Guide

A printable two-page reference for Hashimoto's, thyroid and gut symptoms · Compiled by the Nutrition.io Editorial Team

Read this first. This is general educational information, not medical advice, and it does not diagnose or treat any condition. Do not change medication, dose or timing without your prescribing clinician. Seek urgent care for chest pain, a racing or irregular heartbeat, severe swallowing difficulty, black or bloody stools, unintentional rapid weight loss, or fainting.

1. Levothyroxine and supplement timing

Absorption of levothyroxine is reduced by food and by several common supplements. These are the intervals most clinicians and the product labelling advise.

Taken with levothyroxine	Usual advice	Why
Water only, empty stomach	Take 30–60 min before breakfast, or at bedtime 3+ h after eating	Food lowers absorption
Coffee (incl. black)	Wait at least 60 minutes	Coffee is associated with reduced absorption
Calcium supplements / antacids	Separate by at least 4 hours	Binds levothyroxine in the gut
Iron supplements	Separate by at least 4 hours	Forms a poorly absorbed complex
Magnesium, multivitamins with minerals	Separate by at least 4 hours	Mineral binding
Soy foods, high-fibre meals	Separate by 3–4 hours; keep intake consistent	Delays absorption
Biotin (high dose)	Stop 2 days before a thyroid blood test if advised	Can distort test results

Consistency matters more than the exact clock time: take it the same way every day, then retest as your clinician directs.

2. Everyday foods: what the evidence actually supports

Food	Thyroid / Hashimoto's	Gut (IBS, SIBO)
Eggs	Good selenium and iodine source	Well tolerated, low FODMAP
Chicken thigh, dark poultry	Useful zinc, iron and B12	Low FODMAP; higher fat may slow motility
Salmon, sardines	Omega-3, vitamin D, selenium	Generally well tolerated
Brazil nuts	1–2 per day covers selenium; more can be excessive	Fine in small amounts
Cruciferous veg (cooked)	Safe at normal intakes; cooking reduces goitrogens	Can be high FODMAP
Seaweed / kelp supplements	Iodine load can be very high — avoid unmeasured doses	Neutral
Soy (whole foods)	Fine if iodine intake is adequate; separate from medication	Tofu firm = low FODMAP
Onion, garlic	Neutral	Common FODMAP trigger; use infused oil
Wheat / gluten	Strict avoidance only proven necessary in coeliac disease	Fructan content can trigger
Alcohol	May worsen sleep and fatigue	Frequent symptom trigger

3. Nutrients worth checking with your clinician

Nutrient	Why it comes up	Common food sources
Selenium	Needed for thyroid hormone conversion; deficiency and excess both matter	Brazil nuts, fish, eggs, poultry
Iron / ferritin	Low ferritin is common with heavy periods and tracks with fatigue	Red meat, dark poultry, legumes, fortified grains
Vitamin D	Low status is frequently reported in autoimmune thyroid disease	Oily fish, eggs, fortified foods, sunlight
Vitamin B12	Low levels are more common in autoimmune gastritis	Meat, fish, dairy, fortified foods
Iodine	Both too little and too much can disturb thyroid function	Dairy, fish, iodised salt, eggs
Zinc	Involved in thyroid hormone metabolism	Dark poultry, shellfish, seeds, legumes

Supplement only on the basis of measured results. Testing before dosing avoids both under-treatment and excess.

4. Printable shopping checklist

PROTEIN	PRODUCE	PANTRY
☐ Eggs	☐ Spinach	☐ Olive oil
☐ Chicken thighs	☐ Carrots	☐ Garlic-infused oil
☐ Salmon or sardines	☐ Courgette	☐ Brazil nuts (small bag)
☐ Turkey	☐ Cooked broccoli	☐ Pumpkin seeds
☐ Greek yoghurt (if tolerated)	☐ Blueberries	☐ Oats
☐ Firm tofu	☐ Kiwi	☐ Rice or quinoa
☐ Lentils (if tolerated)	☐ Oranges	☐ Iodised salt

5. Symptom & food log — one week

Day	Meals	Symptoms (0-10)	Medication / supplement timing
Mon			
Tue			
Wed			
Thu			
Fri			
Sat			
Sun			

Sources. NIH Office of Dietary Supplements fact sheets on Iodine, Selenium, Iron, Zinc and Vitamin D (2023–2024); American Thyroid Association guidelines for hypothyroidism in adults (2014); Monash University FODMAP guidance (2024); USDA FoodData Central (2024). Compiled by the Nutrition.io Editorial Team from the published sources listed. It has not been individually reviewed for your circumstances — discuss changes with your own clinician.