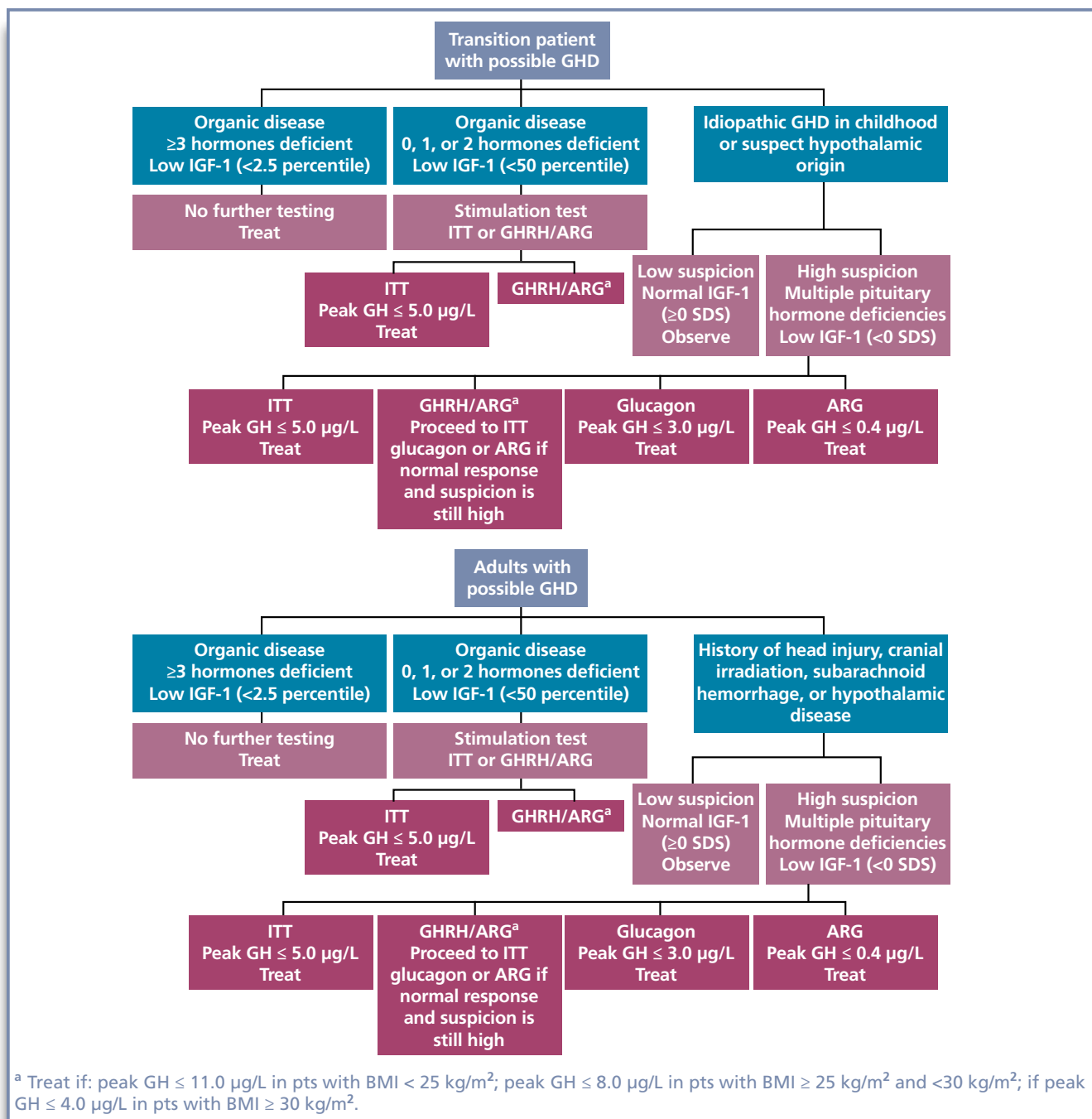


Diagnostic Procedures for Transition & Adult Patients With GHD



This PeerView Practice Aid is part of the CME/CNE-certified activity, "Understanding Causes and Comorbidities for Accurate Diagnosis and Patient Selection for Treatment of Adult Growth Hormone Deficiency: An Expert Discussion," which can be found in its entirety at www.peerviewpress.com/y/e44. This Practice Aid has been provided as an educational tool to help learners apply the information to their daily practice and care of patients.



^a Treat if: peak GH ≤ 11.0 µg/L in pts with BMI < 25 kg/m²; peak GH ≤ 8.0 µg/L in pts with BMI ≥ 25 kg/m² and <30 kg/m²; if peak GH ≤ 4.0 µg/L in pts with BMI ≥ 30 kg/m².

ARG: arginine; GHD: growth hormone deficiency; GHRH: growth hormone-releasing hormone; IGF: insulin-like growth factor; ITT: insulin tolerance test; SDS: social desirability score. Adapted from: Cook DM et al. *Endocrine Practice*. 2009;15:1-9.

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Assess QOL in Your Patients With Hypopituitarism



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Provide patients with this questionnaire, adapted from the QLS-Hypopituitarism:

Please indicate how important the individual aspects are to you personally, and how satisfied you have been with them. Think about how you have been feeling over the last 4 weeks, and not how you feel at this precise moment.

Put a cross or check to show how important each individual aspect has been for your health in recent weeks. Before you begin, please look at all the aspects.

	Not important	Somewhat important	Important	Very important	Extremely important
1. Resilience/ability to tolerate stress					
2. Body shape					
3. Self confidence					
4. Ability to become sexually aroused					
5. Concentration					
6. Physical stamina					
7. Initiative/drive					
8. Ability to cope with your own anger					
9. Ability to tolerate noise and disturbance					

Put a cross or check to show how satisfied you have been with these same aspects in recent weeks.

	Dissatisfied	Somewhat dissatisfied	Somewhat satisfied	Satisfied	Very satisfied
1. Resilience/ability to tolerate stress					
2. Body shape					
3. Self confidence					
4. Ability to become sexually aroused					
5. Concentration					
6. Physical stamina					
7. Initiative/drive					
8. Ability to cope with your own anger					
9. Ability to tolerate noise and disturbance					

QLS: Questions of Life Satisfaction.

Adapted with permission from: Herschbach P et al. *Eur J Endocrinol.* 2001;145:255-265. © Society of the European Journal of Endocrinology 2001.

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AACE Recommendations for GH Replacement



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Starting dose	
Age < 30 years	0.4-0.5 mg/day ^a
Age 30-60 years	0.2-0.3 mg/day
Age > 60 years	0.1-0.2 mg/day
Pts with diabetes or pts susceptible to glucose intolerance (any age)	0.1-0.2 mg/day
Dose titration	
<ul style="list-style-type: none">• At 1- to 2- mo intervals, increase dose in increments of 0.1-0.2 mg/day, based on clinical response, serum IGF-1 levels, side effects, and individual factors• Longer time intervals and smaller dose increments may be necessary in older patients	
Goal	
<ul style="list-style-type: none">• Aim for serum IGF-1 levels in the mid-normal range appropriate for age and sex, unless side effects are significant• Consider a trial of high GH doses to determine whether it will provide further benefit, as long as IGF-1 levels remain within normal range and no side effects occur	
Monitoring	
<ul style="list-style-type: none">• 6-mo intervals: Side effects, serum IGF-1, fasting glucose levels, QOL• 1-year intervals: Lipid profile, QOL (if not assessed at 6 mo)• 2- to 3-year intervals: DEXA scan• If pituitary microadenomas or residual tumor present, periodic MRIs recommended• Pts on concurrent thyroid, glucocorticoid, and gonadal hormone replacement may require dose adjustments after starting GH replacement therapy	

^a May be higher for pts transitioning from pediatric treatment.

AACE: American Association of Clinical Endocrinologists; GH: growth hormone; IGF: insulin-like growth factor.
Based on: Cook DM et al. *Endocrine Practice*. 2009;15:1-29.

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