

Endocrine and metabolic profiles in adults with Prader-Willi syndrome

Bogdanet D, Prazderska A, Sherlock M, Gibney J

Adelaide and Meath Hospital, inc National Children's Hospital, Tallaght

OBJECTIVES

Prader-Willi syndrome (PWS) is a genetic syndrome usually diagnosed in childhood.

Its reported prevalence ranges from 1 in 8000 to 1 in 45000 with geographical variation.

Clinical manifestations include obesity, hyperphagia, short stature, incomplete sexual development, and cognitive disabilities.

The majority of published data regarding PWS comes from paediatric populations.

RESULTS

Twenty-two adult patients (15 women) with a diagnosis of PWS were identified.

The median age was 24.5 years. Median height and BMI was 154.3 cm and 41.7 kg/m², respectively.

Eighteen of patients were assessed for growth hormone deficiency (GHD), 15 using the insulin tolerance test. Sixteen (88.2% of the patients tested) had severe GHD. Fifteen received GH therapy. Height velocity was 4 cm in the first 6 months and 9 cm in the first year of therapy.

Fifty percent of patients had evidence of obstructive sleep apnoea; 90.9% had spinal scoliosis; 81.8% had hypogonadism; 50% of those who had a DXA scan had osteoporosis (n=5).

Fifty percent of patients had abnormal blood pressure, 22% had lipid abnormalities and 18% had an abnormal HbA1c. 21/22 had learning disabilities and 50% had associated psychiatric diagnoses.

There was no difference in BMI, height, lipids, fasting glucose between GH treated and untreated patients.

CONCLUSIONS

Adult patients with PWS have multiple endocrine abnormalities and require careful follow up and management. Early diagnosis and management of endocrine manifestations will potentially improve health and developmental outcomes in adulthood.

References

1. Burman et al. Endocrine dysfunction in Prader-Willi syndrome: a review with special reference to GH. *Endocr Rev.* 2001 Dec;22(6):787-99
2. Diene et al. Endocrine disorders in children with Prader-Willi syndrome--data from 142 children of the French database. *Horm Res Pediatr.* 2010;74(2):121-8. doi: 10.1159/000313377.
3. Eldar-Geva et al. Hypogonadism in females with Prader-Willi syndrome from infancy to adulthood: variable combinations of a primary gonadal defect and hypothalamic dysfunction. *Eur J Endocrinol.* 2010 Feb;162(2):377-84. doi: 10.1530/EJE-09-0901
4. Grugni et al. Growth hormone secretion among adult patients with Prader-Willi syndrome due to different genetic subtypes. *J Endocrinol Invest* 2011 Jul-Aug;34(7):493-7. doi: 10.3275/7203
5. Hirsch et al. Primary testicular dysfunction is a major contributor to abnormal pubertal development in males with Prader-Willi syndrome *Clin Endocrinol Metab* 2009 Jul;94(7):2262-8. doi: 10.1210/jc.2008-2760
6. Hoybe et al. Endocrine and metabolic aspects of adult Prader-Willi syndrome with special emphasis on the effect of growth hormone treatment. *Growth Horm IGF Res* 2004 Feb;14(1):1-15

METHODS

This is a retrospective observational study of adult patients with PWS performed in an Irish tertiary referral centre. We collected anthropometric measurements, hormonal data, results of genetic testing, and clinical data regarding co-morbid conditions, psychological and social circumstances.

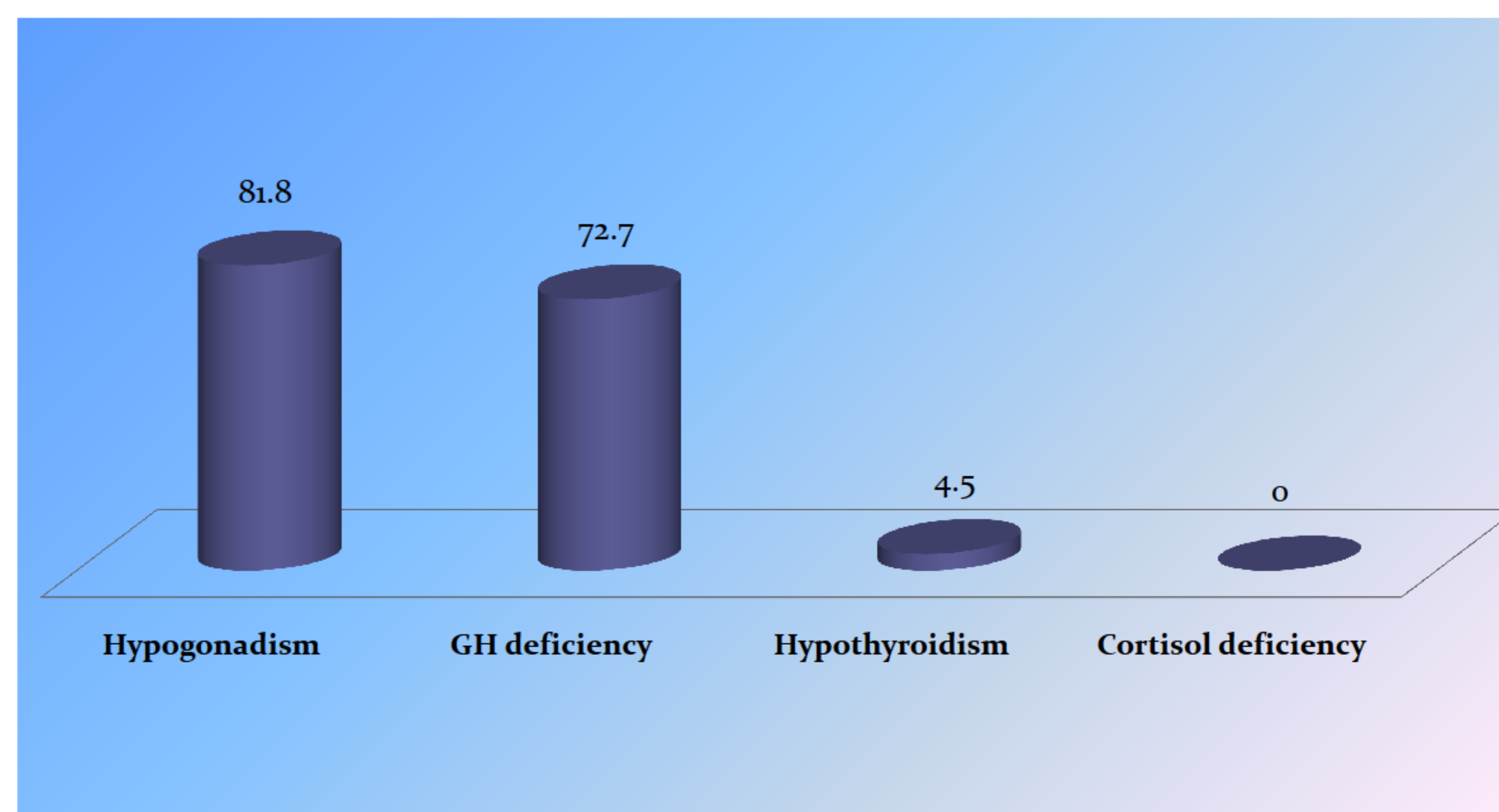


Fig.1 Endocrine profiles in adults with Prader-Willi syndrome

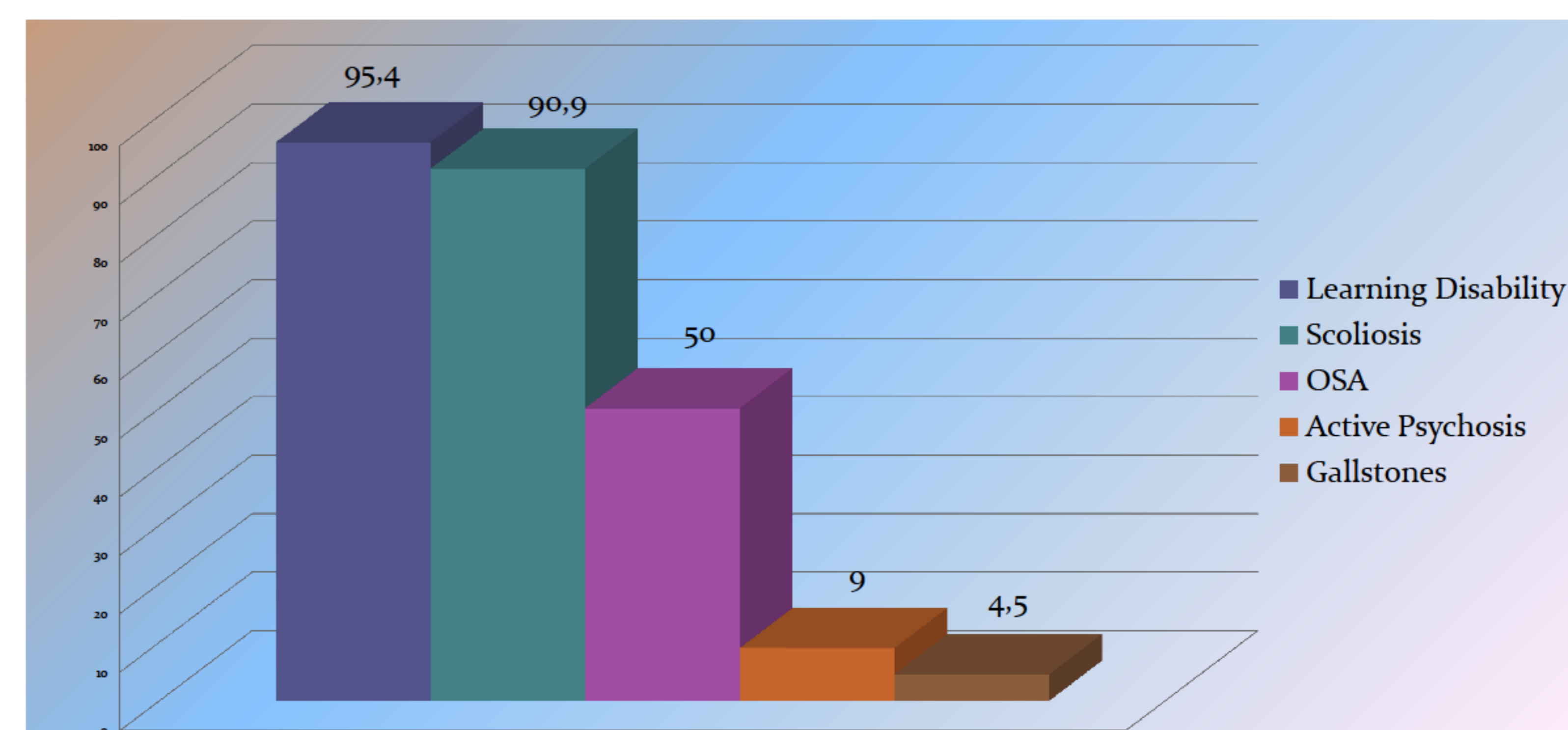


Fig 2. Associated medical conditions in adults with Prader-Willi syndrome

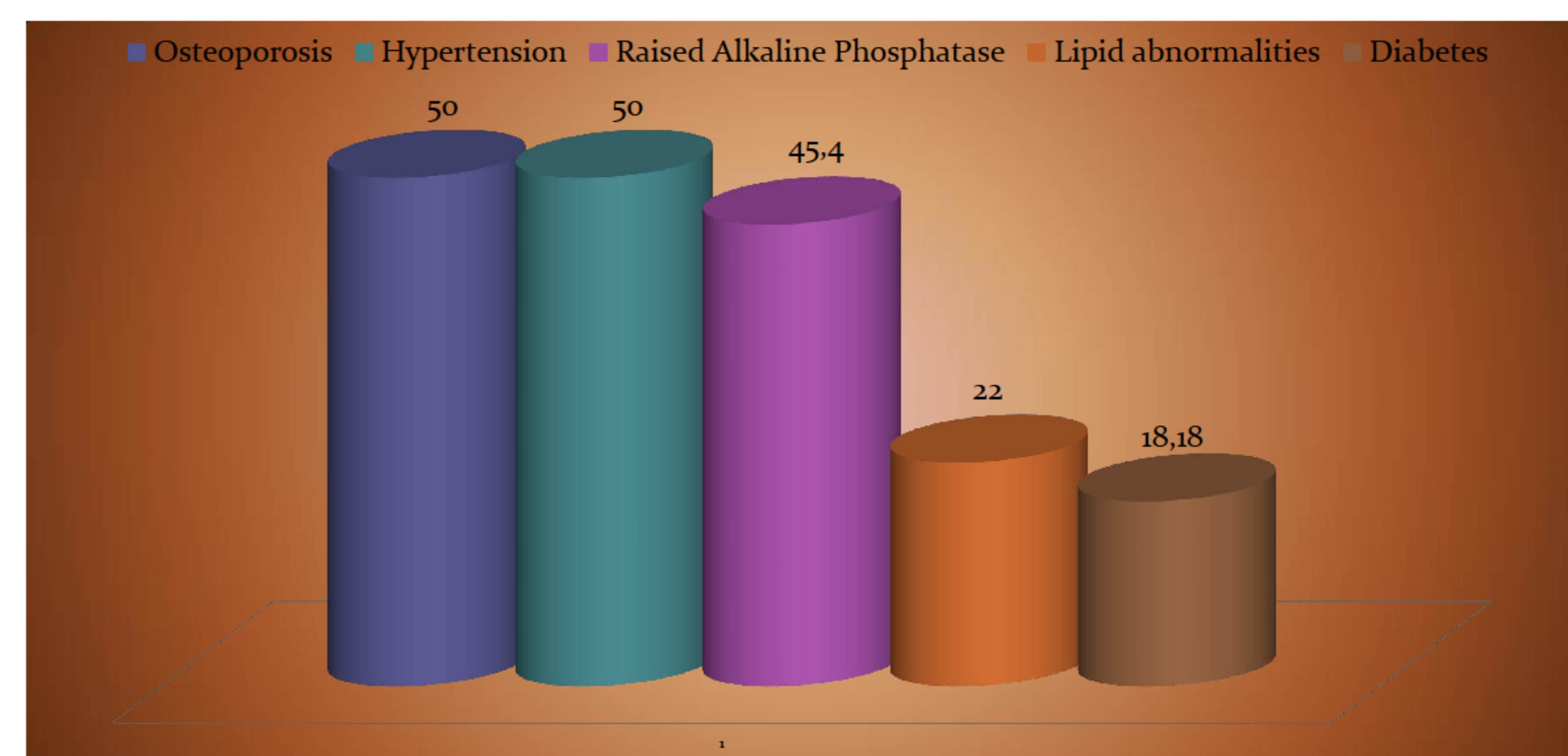


Fig. 3 Metabolic profiles in adults with Prader-Willi syndrome

