

EP-782

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## OBJECTIVES:

Several studies have pointed to increased morbidity and mortality in patients with hypopituitarism, particularly from cardiovascular diseases, regardless of the application of the substitution therapy. The aim of this study was to present clinical characteristics and cardiovascular risk of our patients with hypopituitarism during 20 years of follow-up.

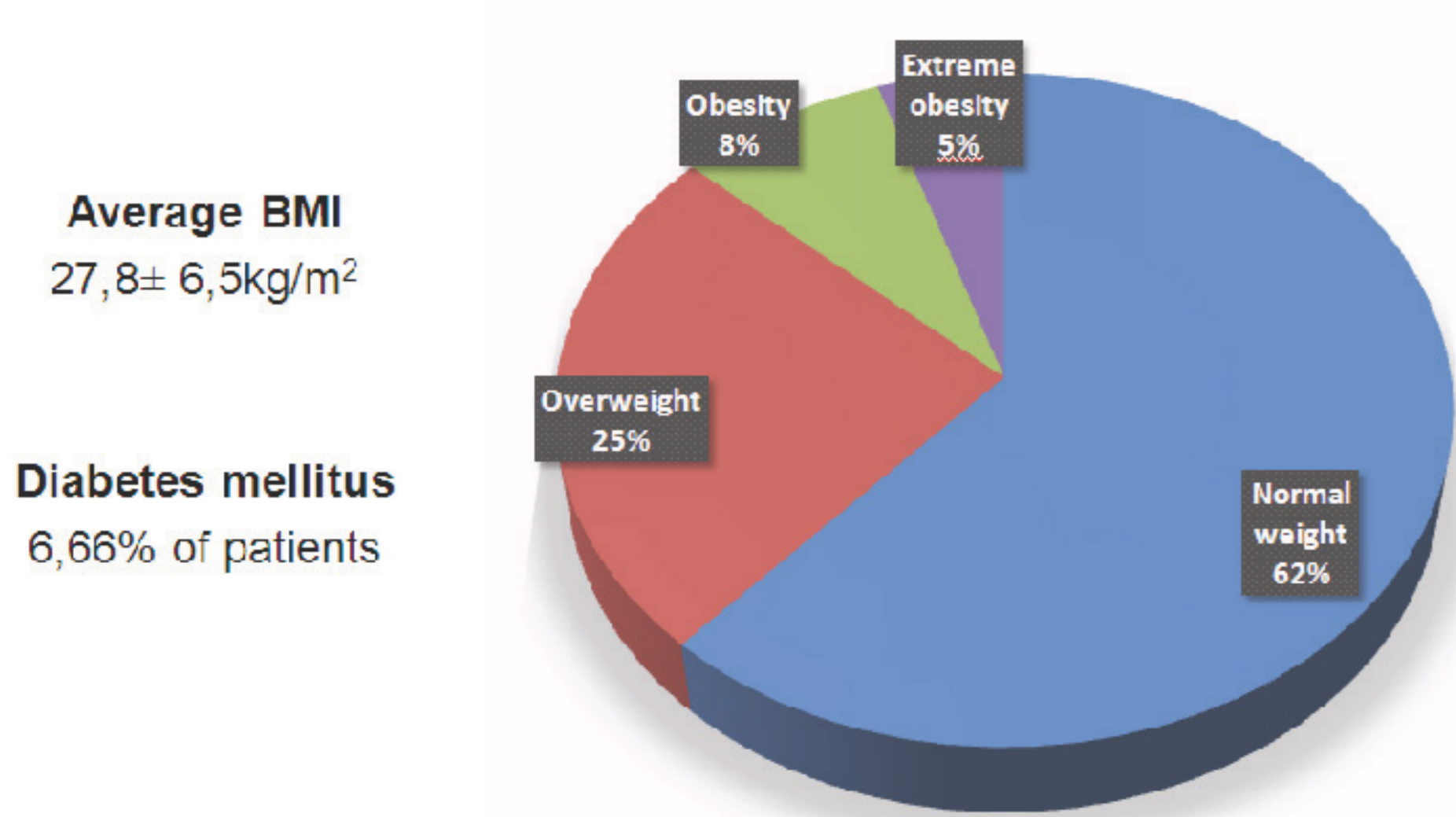
## MATERIAL AND METHODS:

Sixty patients with hypopituitarism without patients with acromegaly and Cushing disease were analysed retrospectively/prospectively. The investigated group consisted of 32 men and 28 women, of the average age of 52,18±17,51.

## RESULTS:

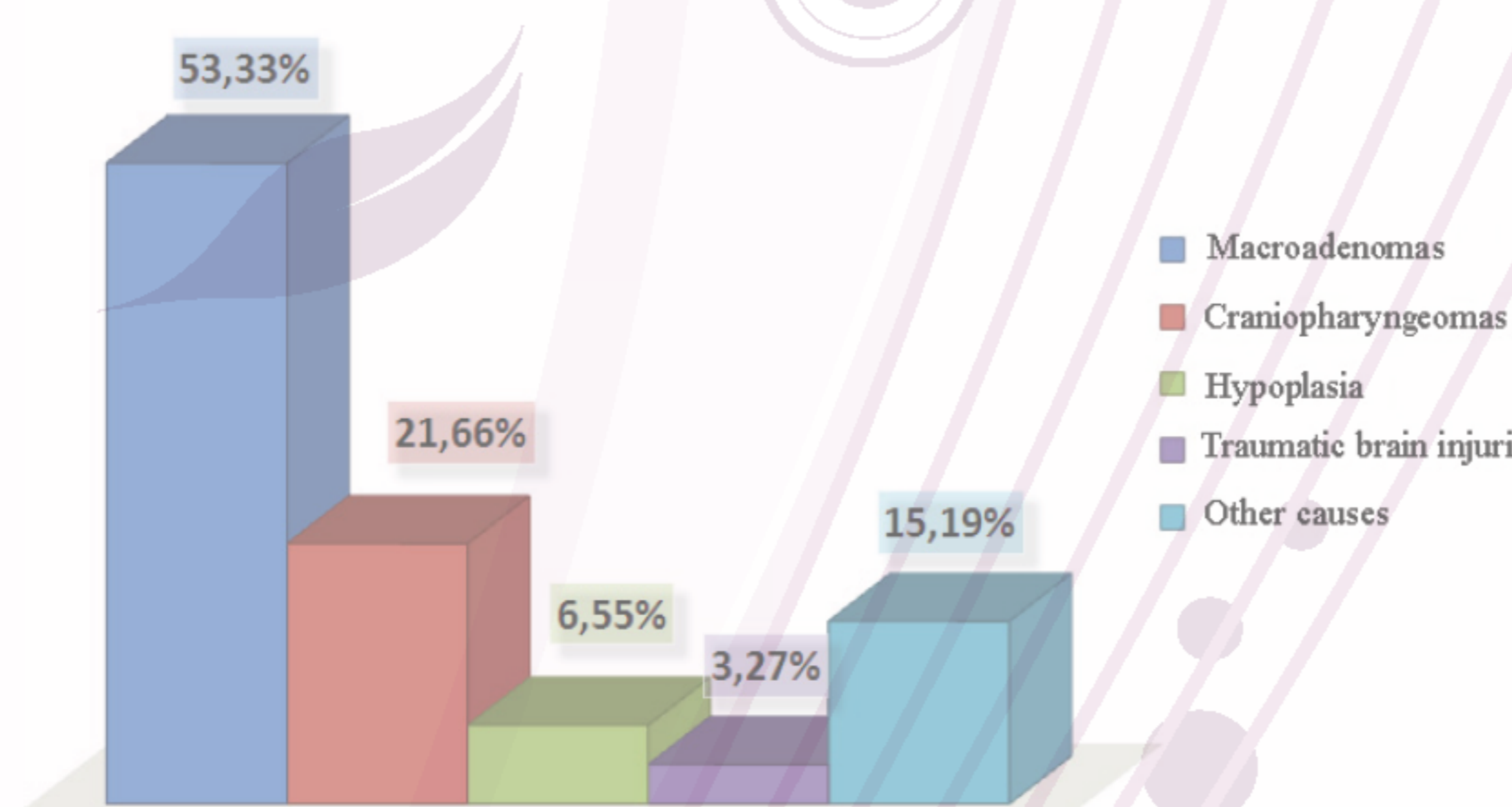
The average age of the examinees at the time of diagnosis was 40,20±18,69. Patients were treated with substitution therapy L-thyroxine, hydrocortisone, growth hormone, sexual steroids, while diabetes insipidus was treated with desmopressin.

### BMI and DIABETES MELLITUS



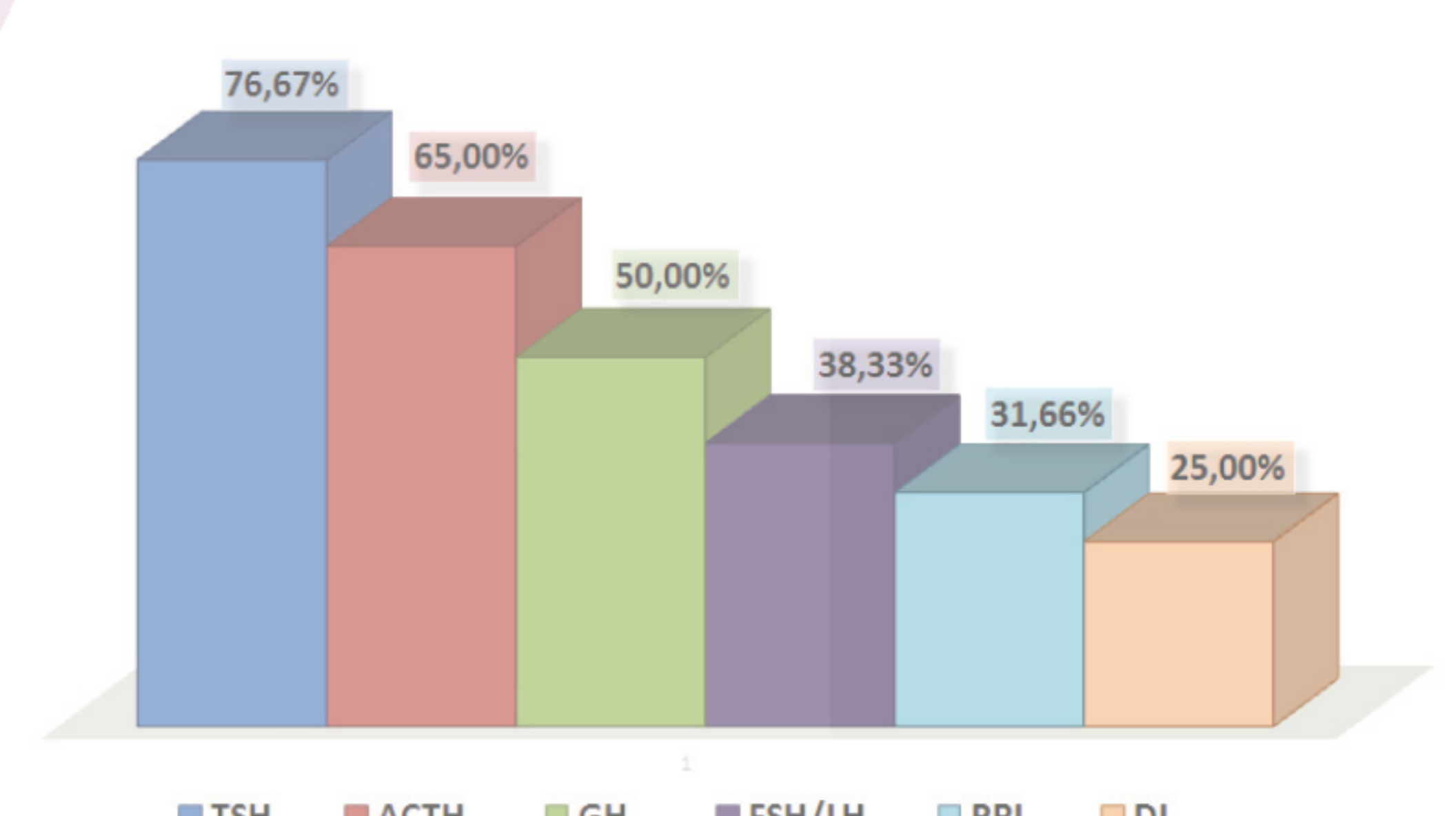
Graphic 1. BMI of patients

### CAUSES OF HYPOPITUITARISM

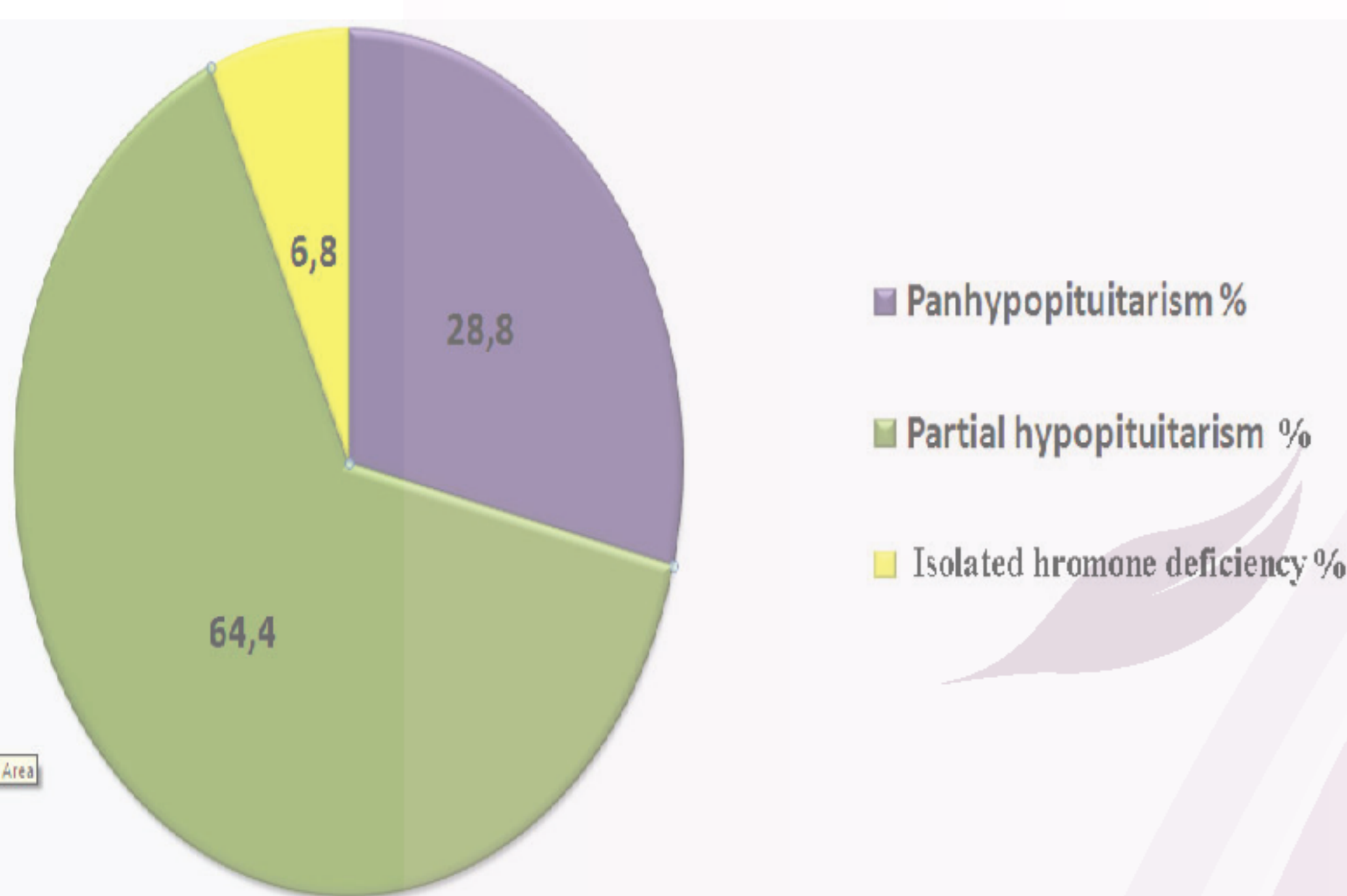


Graphic 2. Causes of hypopituitarism

### DEFICIENCY OF PITUITARY HORMONES

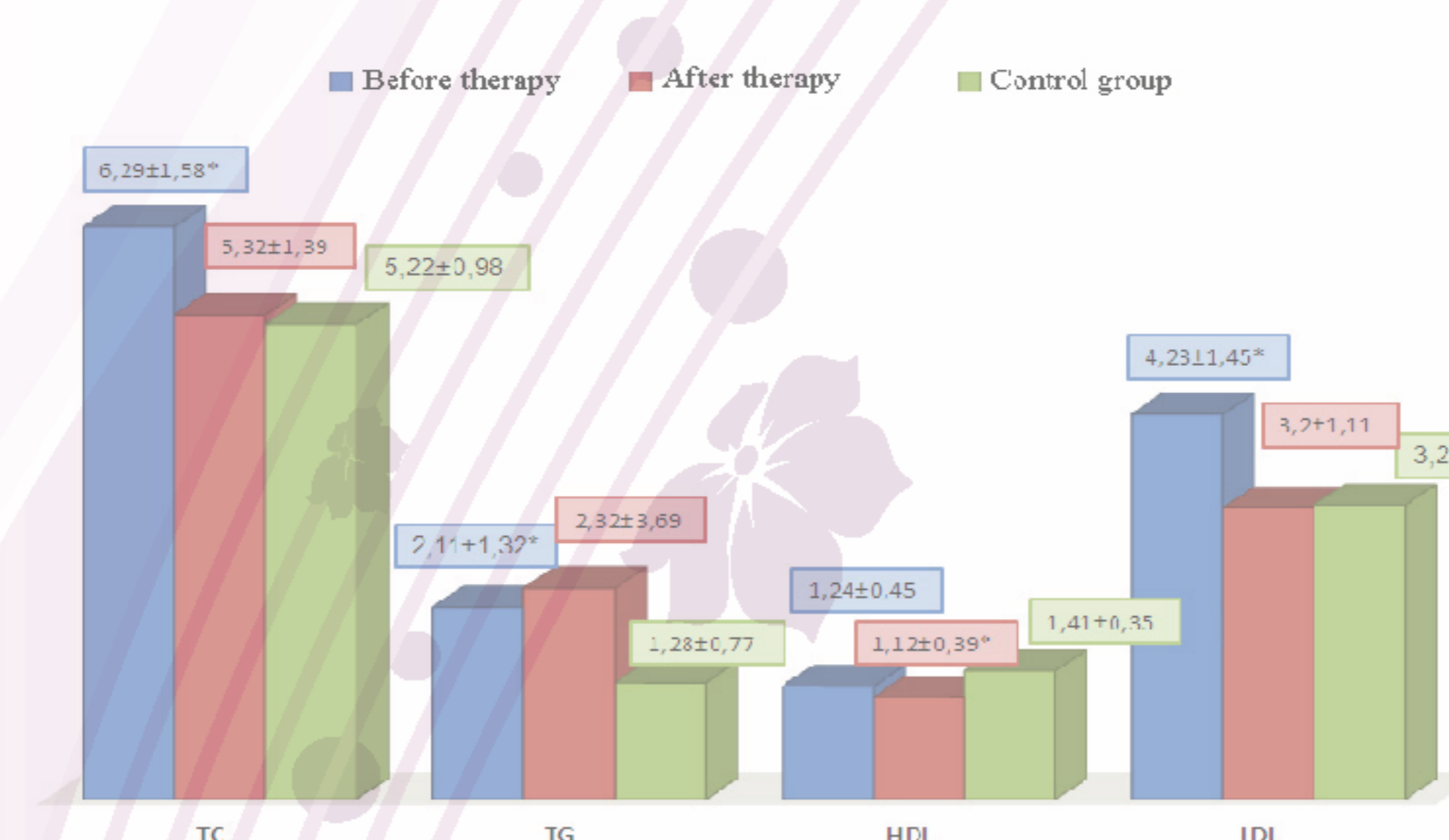


Graphic 3. Deficiency of pituitary hormones



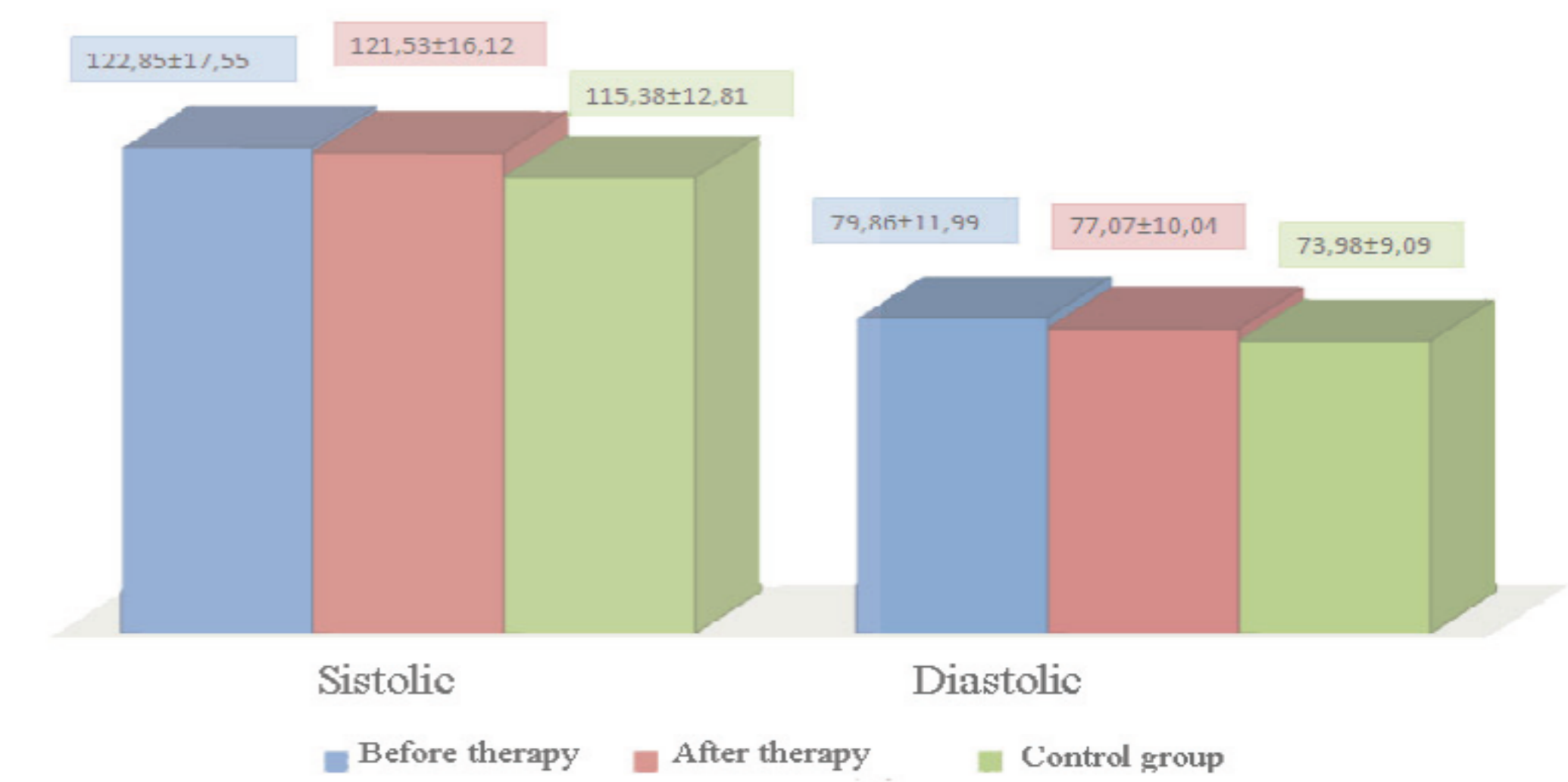
Graphic 4. Distribution of hormone deficiency

### LIPIDS



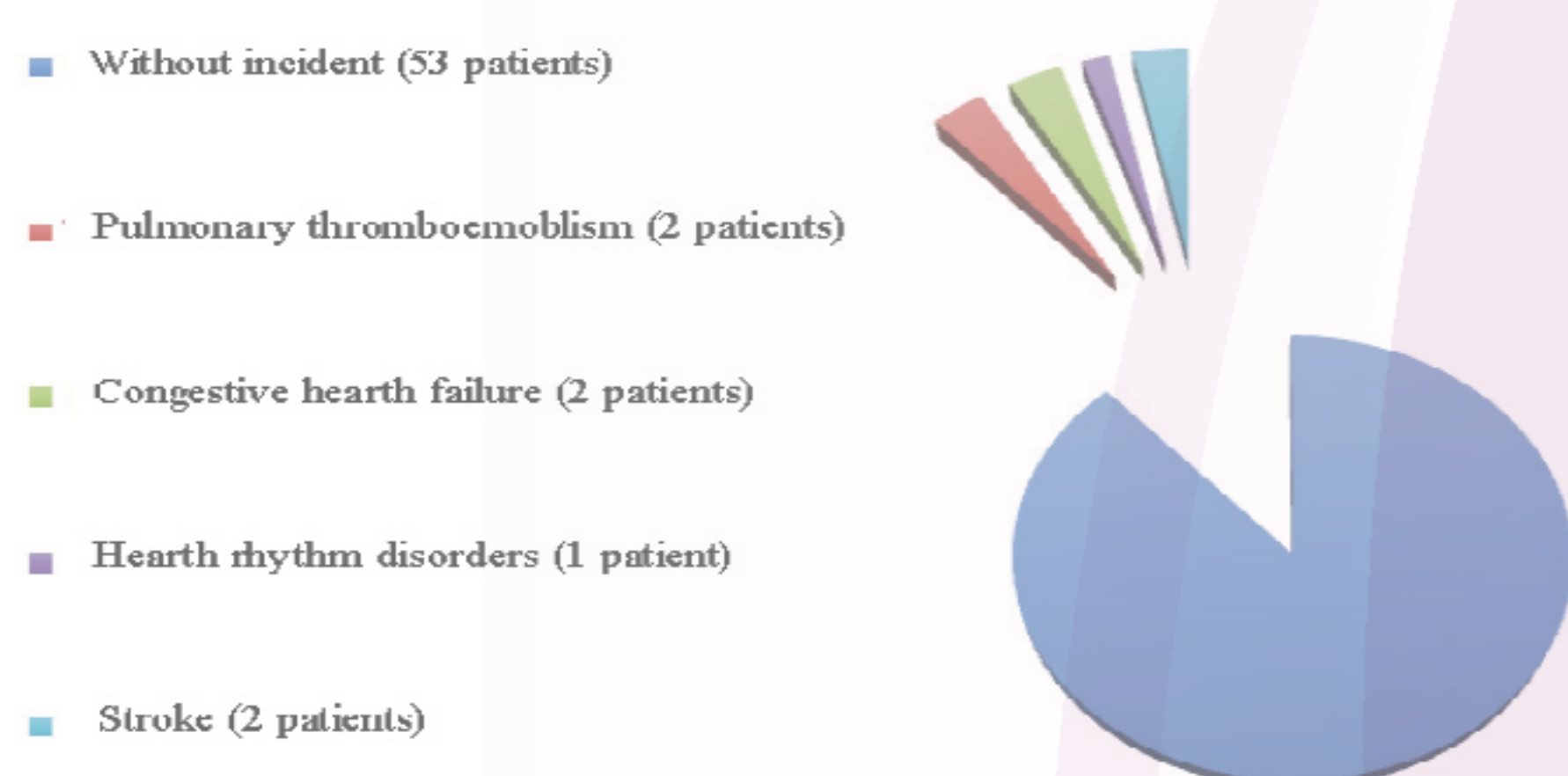
Graphic 5. Lipids finding before, after therapy and control group. \* pathological value  
 Elevated values of total cholesterol over the course of therapy significantly decreased ( $p \leq 0,009$ ) as well as values of LDL cholesterol ( $p \leq 0,005$ ).

### ARTERIAL BLOOD PRESSURE



Graphic 6. Arterial blood pressure before, after therapy and control group

### CARDIOVASCULAR INCIDENTS 11,67% (7 patients)



Graphic 7. Cardiovascular incidents

## CONCLUSION:

The results indicate that the middle aged people are most prone to the risk developing hypopituitarism, mostly due to a tumor in the sellar region and its treatment. Cardiovascular risk factors are present in untreated hypopituitarism. Despite substitution therapy, the oftenness of cardiovascular incidents is present.

## REFERENCES:

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- Verhelst J, Mattsson F.A, Luger A, Thunander M, Goth M, Koltowska-Haggstrom M, Abs R. Prevalence and characteristics of the metabolic syndrome in 2479 hypopituitary patients with adult-onset GH deficiency before GH replacement: a KIMS analysis. *European Journal of Endocrinology* (2011) 165: 881–889.
- Verhelst J, Abs R. Cardiovascular risk factors in hypopituitary GH-deficient adults. *European Journal of Endocrinology* (2009) 161: S41–S49.

