SYMPTOMS OF GONADAL DYSFUNCTION ARE MORE PREDICTIVE OF HYPO PITUITARISM THAN NON-SPECIFIC SYMPTOMS IN SCREENING FOR PITUITARY DYSFUNCTION FOLLOWING MODERATE OR SEVERE TRAUMATIC BRAIN INJURY

OBJECTIVE

- The economic and logistic burden of screening for hypopituitarism following moderate/severe traumatic brain injury (TBI) is considerable.
- A key recommendation in published guidelines is to prioritize screening those patients with symptoms suggestive of pituitary dysfunction.
- The purpose of this study was to evaluate the utility of targeted screening for hypopituitarism in long term survivors after moderate/severe TBI, using referrals on the basis of symptoms, compared with systematic screening of unselected survivors of TBI.

RESULTS

Patients in both groups were eligible for inclusion in the study if they suffered moderate or severe TBI, as defined as GCS <14/15. All patients were 6 months or longer past their injury following discharge alive from the neurosurgical unit. The comparison in demographic and clinical data between both groups is shown in Table 1.

CONCLUSION

- Non-specific symptoms of hypopituitarism assessed by non-endocrine physicians, are no more predictive of the presence of post-TBI hypopituitarism than unselected systematically screened. We cannot support non-specific symptoms as a rational basis for pituitary testing.
- Males with TBI had significantly worse symptoms suggesting active subclinical disease.
- The search for accurate, predictive parameters to focus dynamic pituitary testing after TBI on those who need them most continues; in view of the logistics of patient numbers, characteristics which predict who do not need testing may be more valuable.