Emotional State in Men and Women with Acromegaly after Pituitary Adenomas

Lašaitė L.*, Knispelis R.**, Lašienė J. ***, Barsiene L. **

*Institute of Endocrinology, Lithuanian University of Health Sciences, Lithuania
**Clinic of Endocrinology, Hospital of Lithuanian University of Health Sciences, Lithuania

**OBJECTIVES**
Several studies have shown that acromegaly after pituitary adenomas is associated with psychological impairments, mostly emotional: depression, anger, anxiety, fatigue [1, 2, 3]. Worse emotional state has negative impact on quality of life [1, 2].

The aim of the study was to evaluate emotional state in men and women with acromegaly after pituitary adenomas.

**METHODS**
Patients:
12 men (age 49.6 10.2 years) and 29 women (age 51.5 9.5 years) with acromegaly after pituitary adenomas. Average duration since diagnosis of acromegaly was 7.1 8.9 years.
12 control men (age 44.7 14.6 years) and 29 control women (age 50.4 12.7 years).

Methods:
Emotional state was evaluated by Profile of Mood States (POMS) [4]. It measures six subscales: tension-anxiety, depression-dejection, anger-hostility, vigour-activity, fatigue-inertia and confusion-bewilderment. A higher score represents a higher level of certain emotion.

**RESULTS**

![Graph showing emotional state comparison]

In men with acromegaly anger-hostility was significantly lower than in control men (9.5 5.0 vs 14.8 7.5, p=0.039).

In women with acromegaly tension-anxiety was significantly higher than in control women (9.3 5.9 vs 4.5 6.0, p=0.005).

No significant differences in emotional state was detected between men and women with acromegaly, only statistical trend for men with acromegaly to have higher vigour-activity than women with acromegaly (16.8 4.8 vs 13.8 5.2, p=0.06).

In age and gender-matched controls there was a statistical trend for men to have higher anger-hostility than women (14.8 7.5 vs 9.7 5.7, p=0.061).

**CONCLUSIONS AND DISCUSSION**

In conclusion, men with acromegaly after pituitary adenomas have lower anger-hostility level and women with acromegaly after pituitary adenomas have higher tension-anxiety level than age- and gender-matched controls.

Results of other study [1] confirm negative impact of acromegaly on emotional state (higher levels of POMS depression-dejection and anger-hostility) which was found worse than that of general population, but comparable to other chronic diseases and was associated with impaired quality of life, mainly in females and those with longer disease duration.

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**REFERENCES:**