Childhood Onset Growth Hormone Deficiency: Evaluation at the point of transition of care

Mariana Grace 1, Mary Stapleton 2, Rose Morrissey 1, Stephen MP O’Riordan 1, Susan M O’Connell 1

1. Department of Paediatrics and Child Health, Cork University Hospital and University College Cork, Ireland,
2. Department of Clinical Biochemistry, Cork University Hospital, Ireland

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BACKGROUND

- Childhood onset Growth Hormone deficiency (CO-GHD) usually presents with aberrant growth.
- Treatment with recombinant Growth Hormone (GH) is required during childhood to attain target height.
- The European Consensus statement on management of CO-GHD at transition indicates re-evaluation of the diagnosis when the major paediatric targets have been achieved.
- In adulthood, only severe GHD will require treatment for maintenance of normal body composition and metabolism.

OBJECTIVES

- To classify all patients with GH-related conditions attending our regional tertiary centre according to the European society of Paediatric Endocrinology (ESPE) classification of Paediatric Endocrine diagnoses (Cohort 1).
- To re-evaluate patients aged > 14 in this cohort, according to the European Consensus statement.
- To analyse predictors for persistent GHD at the point of transition of care (Cohort 2).

METHODOLOGY

- Retrospective review of all patients receiving GH attending our centre over an 18 month period
- Prospective re-evaluation of those fulfilling the criteria (Cohort 2).

RESULTS

- **Cohort 1: CO-GHD/ Growth failure n = 65**
  - Mean age 11 years. 67 % males.
  - 48 % - primary growth failure including SGA/dysmorphic syndromes.
  - 52 % - secondary growth failure:
    - Idiopathic GHD
    - Organic Pituitary defects (Congenital/Acquired)

- **Cohort 2: > 14 years old with CO-GHD/Growth Failure n = 24**
  - 71 % (n = 17) - secondary growth failure of which:
    - 65 % (n = 11) organic pituitary defects
    - 35 % (n = 6) idiopathic GHD

SUMMARY/CONCLUSIONS

- Reassessment of pituitary status is crucial for detecting patients who will need life long GH replacement.
- This is the first study of an Irish cohort with GH-related conditions at the point of transition of care.
- The results are consistent with the international literature in terms of the predictors for persistent GHD at the point of transition.
- We expect the > 60 % of our patients with secondary growth failure will have persistent GHD at the point of transition.
- The recommendation is for immediate replacement for severe GHD at the point of transition due to the effects on bone health and metabolic profile.
- This study is ongoing. 10 further patients have been identified for re-evaluation in the coming year.
- Further analysis will allow detailed characterisation of our patients with CO-GHD at the point of transition.
- This will allow future planning for the transition period, to avoid gaps in GH treatment for those with persistent severe GHD.
- Improved management of the transition period would depend on anticipating persistent GHD and further care and education required.

REFERENCES

2. ESPE Classification of Paediatric Endocrine Diagnoses

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Mariana Grace