MANAGEMENT OF HYPOPARATHYROIDISM AGAINST EUROPEAN GUIDELINES: EXPERIENCE OF A LARGE TEACHING HOSPITAL

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INTRODUCTION & AIMS

• Hypoparathyroidism is a rare endocrine condition which until recently had no therapeutic hormone replacement.
• The mainstay of current treatment is the use of vitamin D analogues and calcium supplements to maintain serum calcium.
• As a result of complications associated with current therapy, careful monitoring of biochemical and radiological parameters is required.
• The aim of this research is to evaluate current management of hypoparathyroidism of a large cohort against European guidelines with the view to identifying those with sub-optimal control who may benefit from recombinant parathyroid hormone.

METHODS

• 164 adult patients with hypoparathyroidism were identified.
• A retrospective design was used to analyse data between 2012-2017 including patient demographics, metabolic control, treatment, monitoring and complications.

RESULTS

DEMOGRAPHICS

• 70.1% female patients
• Mean age: 56.1 years +/- 16.62

Aetiology of hypoparathyroidism

Surgical 88.5%
Autoimmune 7.2%
Genetic 2.2%
Other 9%

Calcium supplements

MANAGEMENT

Medications used to maintain metabolic control

Calcitriol Average dose: 1.1mcg
Alfacalcidol Average dose: 1.1mcg
Thiazide
Calcium supplements

CONCLUSIONS

• Management of hypoparathyroidism in this large cohort was challenging in terms of achieving metabolic control, monitoring patients and prevention of complications.
• A significant proportion of patients remain symptomatic and have evidence of renal complications.
• This data highlights an unmet need in this population for novel therapies, which may offer improved biochemical and symptomatic control.

REFERENCES