Shared care prescribing guidelines for the prescribing of Growth Hormone for Adults

Recommendation

Growth hormone for adults may be prescribed by GPs in accordance with NICE guidance TA 64. Shared care guidelines are in place, which were approved by the former Kent and Medway APC.

Approved by: East Kent Prescribing Group *(Representing Ashford CCG, Canterbury and Coastal CCG, South Kent Coast CCG and Thanet CCG)*
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East Kent NHS
Primary Care Trusts

Shared Care Guidelines

Growth Hormone – Adult Patients

Introduction:

Growth hormone deficiency in adults results from decreased production of somatotrophin (growth hormone (GH)) from the anterior pituitary gland. It usually occurs as a consequence of a structural pituitary disease or peripituitary lesion (e.g. pituitary adenoma), or as a result of the treatment (e.g. cranial irradiation or surgery). The prevalence of adult-onset GH deficiency is approximately 1 in 10,000 of the adult UK population.

Growth hormone replacement is initiated in the following circumstances as per NICE guidelines:

- Peak growth hormone levels of <9mU/1 following an insulin tolerance test or glucagon test

and

- Severely depressed quality of life as measured by clinical interview, supported by the 'adult Growth Hormone Deficiency Assessment' (AGHDA) questionnaire (Score should be 11 or more for the treatment to be started)

Nine months after initiation of therapy and ongoing monitoring, patients are reassessed and GH is only continued in those patients who demonstrate a QOL improvement of more than 7 points in the AGHDA score.

These shared care guidelines are devised to support continuation of GH by the GP after the first nine months of therapy.

Dose & Administration:

- GH is injected as a subcutaneous injection in the evening.
- The dose range is 150 micrograms to 1mg daily.
- The median maintenance dose is 0.4mg
- Patients should be taught how to administer by the initiating Specialist service.

Adverse Effects:

This section should be read in conjunction with the manufacturer's data sheet.

Most of the adverse effects occur earlier in the treatment and therefore it is unlikely that patients will be presented with adverse effects once they are on maintenance therapy.

However, if the patient suffers from any adverse effects, please contact the endocrinologist.

Adverse effects may include headache, arthralgis, myalgia, fluid retention, mild hypertension and carpal tunnel syndrome. Most of these adverse effects were reported in earlier studies that used higher doses and are uncommon when the dose is titrated from a low starting dose. Benign cranial hypertension has rarely been reported; therefore persistent severe headaches will require investigation.

Cautions:

Diabetes, papilloedema and relative deficiencies of other pituitary hormones.

See BNF for detail.

Contraindications

Active tumour activity, critically ill patients, patients with known hypersensitivity to GH or to any excipients of the product. It is also contraindicated during pregnancy and lactation.

See BNF for detail.

Shared Care

Sharing of care assumes communication between the specialist, GP and the patient. The intention to share care should be explained to the patient and accepted by them. Patients are under regular follow-up and this provides an opportunity to discuss drug therapy.

Shared care means that the responsibility for the patient lies with both the hospital and the GP. Under English law the person who prescribes the medication has the clinical responsibility for the drug and the consequences of its use, however implicit in these shared care guidelines is shared responsibility for the treatment.

Shared Care Responsibilities

Consultant:

1. Initiates therapy of growth hormone in the hospital and continue prescribing the drug for the first 9 months.
2. At 9 months of therapy sends a letter and GH proforma to the GP and directorate commissioning manager and PCT prescribing adviser detailing the response of the patient to GH.
3. At 9 months of therapy communicates with and sends the shared care protocol to the GP to commence shared care for the patient.
4. Monitors the patient to assess treatment every 6 months. The following rests will be carried out:

    - Pituitary imaging 1-3 yearly depending on type of pituitary pathology
    - Regular serum IGF-1
    - Weight and body mass index
    - Waist : hip ratio
    - Blood pressure
    - ‘AGHDA’ questionnaire – 6 monthly
    - Bone density yearly (where treating to adult bone mass)
    - Thyroid function and serum biochemistry 6 monthly
    - Glucose and HbA1c 6 monthly

5. Adjusts doses according to biochemical criteria
6. Advises the GP on dose changes, duration or discontinuation of treatment where necessary.
7. Sends a letter to the GP after each clinic attendance ensuring current dose, most recent blood results and frequency of monitoring are stated.
8. Ensures back-up advice is available at all times.
9. Ensures that the GP is notified if the patient does not turn up for the outpatient clinic.
10. Advises the patient to see the GP for review every 6 months/

General Practitioner

1. Monitors patient's overall health and well-being 6 monthly. Carries out the following tests:

   - Weight
   - Blood pressure

2. Reports any adverse events to the consultant, where appropriate**.**
3. Reports any adverse events to the CSM, where appropriate.
4. Prescribes maintenance drug treatment as advised.

PCT

1. Provides feedback to Trust via Trust Medicines Committee
2. Supports GPs in making the decision to accept clinical responsibility for prescribing.
3. Supports the Trust in resolving issues that may arise as a result of shared care.

Patient

1. Reports any adverse effects to their GP and/or specialist whilst taking growth hormone.
2. Ensures they have a clear understanding of their treatment
3. Reports any changes in disease symptoms to GP and/or specialist whilst taking growth hormone.
4. Alerts GP and/or specialist of any changes of circumstances which could affect management of disease e.g. plans for pregnancy whilst taking growth hormone.

CONTACT NUMBERS for ADVICE and SUPPORT

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References:

NICE guidelines on the use of human growth hormone in adults with growth hormone deficiency: August 2003