Efficacy, adherence and cost study according to pathology and treatment devices in children treated with GHrh.

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INTRODUCTION

Currently there are three distinct groups of GH devices: single dose (JM), preloaded pen/vial (VM) systems and electronic devices (DE) autoinjector systems. The choice could determine a greater or lesser adherence and thus influence the final treatment efficacy.

OBJECTIVE

Comparison of the therapeutic efficacy as measured by growth rate (VC), IGF-1 as a function of various clinical variables, indicating GH and device used.

METHODS

Observational study retroprospectivo from comparative clinical registry, analytical control and pharmaceutical data base regarding prescribed dispensed mg: single dose (JM) vs. multidose vials (VM) vs electronic devices (DE). 1 year study 2012 (full 12 months).

RESULTS

86 patients
Average age 9.97 y.
50% ♀.
65% adolescents.

FORMULATION GHrh

44% JM
30% DE
26% VM

14% patients take less doses and 3.5% were no adherents.

PHATOLOGY

15% Deficit parcial/total of GH
5% SGa
3% Dysfunction of GH
19% Sdr. Turner
58% Others

The most no adherents (%)

Deficit parcial/total GH 16%
Adolescents 15%

CONCLUSIONS

The use of different devices does not seem to influence compliance, time with treatment (pubescent and deficit), and patient autonomy (puberty).