Precribing of recombinant human GH for growth failure in UK children is based on guidance from the National Institute of Clinical Excellence. In 2013, the BSPED initiated this national audit of children/adolescents newly-prescribed GH to monitor trends in NHS prescribing practice. Here we have examined these trends from 2013 to 2016.

**METHODS**

Anonymised data provided by NHS consultants who initiate GH treatment in patients ≤16.0years age was analysed for diagnostic indication and age at treatment start.

**RESULTS**

Of 85 centres enrolled, 22 tertiary paediatric endocrine and 54 secondary paediatric services submitted data (89%). GH was started in 3757 patients during the 4 year period. The percentage of patients starting GH for unlicensed conditions decreased from 2013 to 2016 [Figure 1]. Unlicensed prescribing includes idiopathic short stature, genetic syndromes, chronic inflammatory conditions and low IGF1/GH resistance. GHD (60%) followed by small for gestational age (SGA) (18%) were the most common licensed indications for starting GH [Table 1].

The median age of patients starting GH was 7.6 years (range 0.1-16.0) and 25% were ≥11years age. Patients with Prader Willi Syndrome (PWS) were significantly younger compared to other indications (p<0.0001) and were followed by the SGA group (p<0.0001) [Table 1]. GH was started in the first 2 years in 46% children with PWS [Figure 1].

The most common indication for GH is GHD, followed by SGA, TS, PWS, CRI and SHOX deficiency. Compared to other indications, GH is initiated at a significantly younger age in children with PWS. Unlicensed prescribing has declined by half in this 4 year period.

**CONCLUSION**

The authors declare no potential conflict of interest.