# Empirical change of practice in treatment of growth hormone deficient patients in order to improve 1st year height outcome

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### KEYNOTES GROWTH HORMONE (GH) RESPONSIVENESS

- ✓ GH has been used for treatment of short stature due to GH deficiency (GHD) for over 60 years.¹
- ✓ 1<sup>st</sup> year growth response to GH treatment is crucial for growth outcome.<sup>2</sup>
- ✓ Height velocity in GHD patients decreases with time.²

# OBJECTIVES

The aim of this study is to assess the responsiveness to GH treatment in GHD patients of a newly established treatment center before and after change in starting GH dose.

### DESIGN

- **55 children** (1-18 years, 76.3% boys)
- Mean age at start of GH therapy  $7.7 \pm 3.7$  years (0.5 14.3)
- A total of 3186 follow-up patient months

- Diagnosed with isolated or multiple non-organic GHD
- Treated at a tertiary University pediatric endocrinology center during **2011-2018**, followed up for at least one full year.(n=49)

2011 - 2016STARTING DOSE 0.025 - 0.030 mg/kg/d

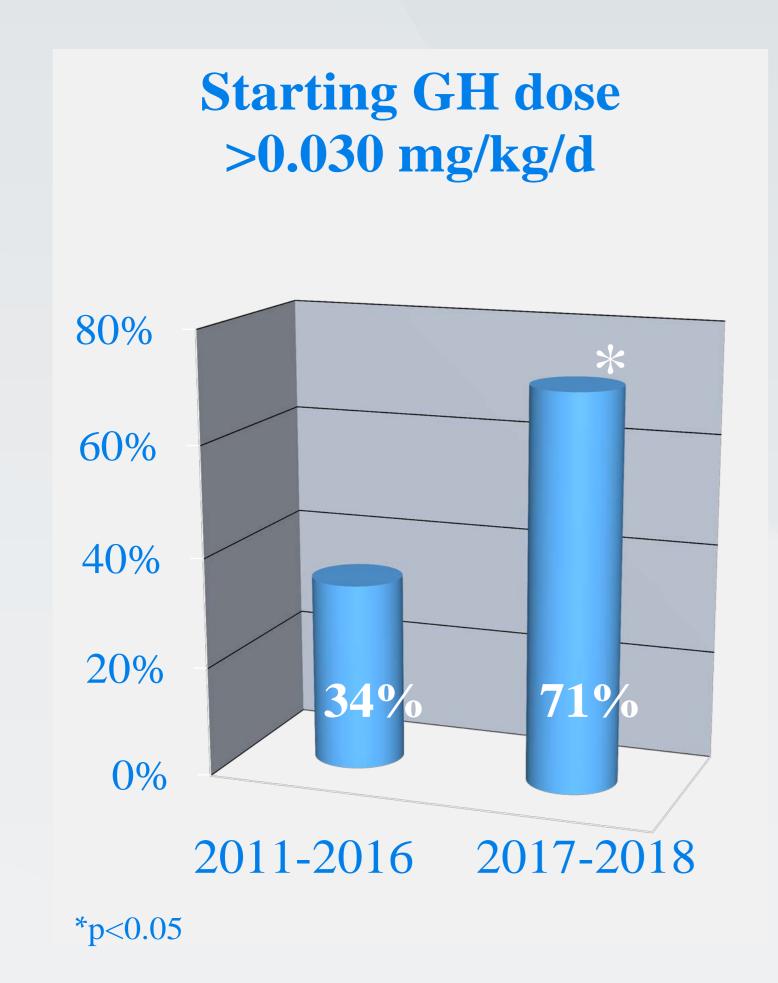
2017 => AUDIT OF 5 YEARTREATMENT RESULTS AND PRACTICE
HIGHER INITIAL GH DOSE  $0.030 \pm 0.02 \text{ mg/kg/d}$ 

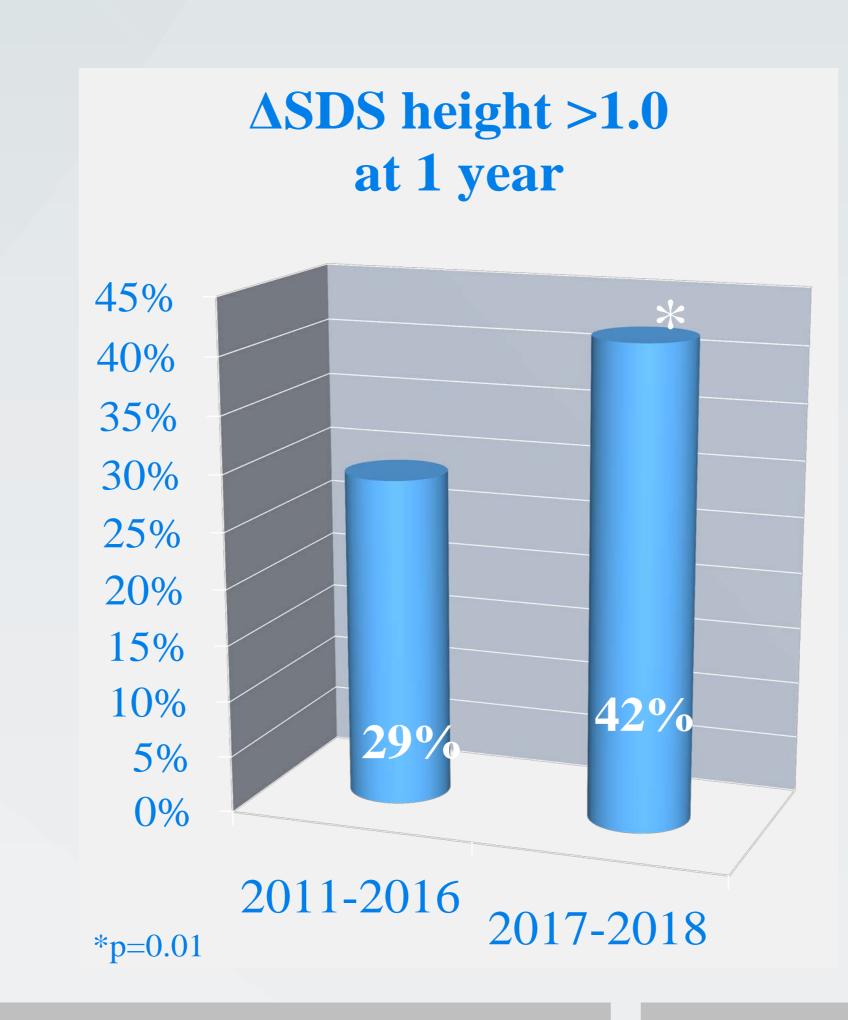
2017 – 2018 STARTING DOSE 0.030 – 0.035 mg/kg/d

## RESULTS

	Mean starting GH dose	Mean GH dose at 1 year	Height velocity (HV) at 1 year	$\Delta SDS_{height\_1\_y} \le 0.5$	ΔSDS <sub>IGF1</sub> baseline	ΔSDS <sub>IGF1</sub> at 1 year
2011-2016	$0.029 \pm 0.007$ mg/kg/d	0.031 ± 0.01 mg/kg/d	$8.9 \pm 2.3 \text{ cm}$	36.2 %	$-1.58 \pm 0.7 \text{ SD}$	$0.7 \pm 1.5 \text{ SD}^{\circ}$
2017-2018	$0.030 \pm 0.002$ $mg/kg/d$	$0.031 \pm 0.02$ mg/kg/d	9.55 ± 1.0 cm*	25 %	$-0.6 \pm 1.32 \text{ SD}$	$0.4 \pm 0.64 \text{ SD}$

\*p=0.003, Height velocity (HV) at 1 year, 2017-2018 vs 2011-2016; °p=0.005, ΔSDS<sub>IGF1</sub> 0 vs 1 year 2011-2016





2011-2016  $\Delta SDS_{height\_1\_y} -2.14\pm1.04$  2017-2018

 $\Delta SDS_{height\_1\_y}$  -1.46±0.41

### CONCLUSION

Higher starting GH dose affects the 1<sup>st</sup> year GH response which is most important for the adequate treatment results in GHD patients with no additional side effects.

### REFERENCES

- 1. Laron et al. 60 years of hGH. PER, Vol. 16, Suppl. 1, Sept 2018
- 2. Ranke M, Lindberg A. Observed and Predicted Growth Responses in Prepubertal Children with Growth Disorders, J Clin Endocrinol Metab. March 2010, 95 (3): 1229-1237

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\*p=0.01

GH and IGFs
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