# The prevalence of Growth Hormone Deficiency in Autoimmune Thyroid Disease.

No registrations found.

**Ethical review** Positive opinion **Status** Recruiting

Health condition type -

Study type Interventional

## **Summary**

#### ID

NL-OMON22746

Source

NTR

**Brief title** 

N/A

**Health condition** 

Autoimmune hypothyroidism treated with thyroxine

## **Sponsors and support**

**Primary sponsor:** Academic Medical Center, Department of Endocrinology and Metabolism

Intervention

#### **Outcome measures**

#### **Primary outcome**

Prevalence of growth hormone deficiency in patients with autoimmune hypothyroidism

#### **Secondary outcome**

Quality of Life in patients with autoimmune hypothyroidism with or without growth hormone deficiency

# **Study description**

#### **Background summary**

An uncommon cause of growth hormone deficiency is autoimmune (lymphocytic) hypophysitis. Autoimmune hypophysitis is frequently associated with other endocrine or non-endocrine autoimmune diseases.

Data on isolated growth hormone deficiency caused by autoimmune hypophysitis are scarce and inconclusive.

Isolated growth hormone deficiency, as a result of autoimmune hypophysitis, may not be that uncommon, especially in patients with autoimmune thyroid disease.

Autoimmune hypothyroidism is common. Some hypothyroid patients who have been rendered euthyroid by adequate doses of thyroxin, suffer from a reduced quality of life. It is possible that these patients suffer from growth hormone deficiency and that growth hormone replacement would increase their wellbeing. In this study, we want to investigate what the prevalence is of GHD in patients with autoimmune hypothyroidism.

#### **Study objective**

The prevalence of Growth Hormone Deficiency in Autoimmune Thyroid Disease is higher than in the general population

#### Intervention

N/A

## **Contacts**

#### **Public**

Academic Medical Center (AMC), Department of Endocrinology, P.O. Box 22660 S.A. Eskes Meibergdreef 9 Amsterdam 1100 DD The Netherlands +31 (0)20 5669111

## Scientific

Academic Medical Center (AMC), Department of Endocrinology, P.O. Box 22660 S.A. Eskes Meibergdreef 9 Amsterdam 1100 DD The Netherlands +31 (0)20 5669111

## **Eligibility criteria**

#### Inclusion criteria

Autoimmune hypothyroidism Adequate thyroxine treatment

#### **Exclusion criteria**

- 1. History of hypothalamic or pituitary disease or known growth hormone deficiency
- 2. Pregnancy
- 3. Hypothyroidism after treatment for Graves' disease or surgery or I131
- 4. Major concurrent diseases
- 5. Use of medications known to interfere with the growth hormone-IGF-1 axis
- 6. No informed consent
- 7. Alcohol or drug abuse

# Study design

## **Design**

Study type: Interventional

Intervention model: Other

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Control: N/A, unknown

#### Recruitment

NL

Recruitment status: Recruiting
Start date (anticipated): 01-08-2006

Enrollment: 600

Type: Anticipated

## **Ethics review**

Positive opinion

Date: 28-08-2006

Application type: First submission

# **Study registrations**

## Followed up by the following (possibly more current) registration

No registrations found.

## Other (possibly less up-to-date) registrations in this register

No registrations found.

## In other registers

RegisterIDNTR-newNL745NTR-oldNTR755Other: N/A

ISRCTN ISRCTN57632130

# **Study results**

**Summary results** 

N/A