

CONSENSUS

Consensus Guidelines for the Diagnosis and Treatment of Growth Hormone (GH) Deficiency in Childhood and Adolescence: Summary Statement of the GH Research Society*

GH RESEARCH SOCIETY†

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* These consensus guidelines have been endorsed by the following international societies: the Councils and Drug and Therapeutics Committees of the European Society for Pediatric Endocrinology and the Lawson Wilkins Pediatric Endocrine Society. It has also been endorsed by the Councils of the Australasian Pediatric Endocrinology Group, the Japanese Society for Pediatric Endocrinology, and the Sociedad Latinoamericana de Endocrinología Pediátrica.

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The diagnosis and treatment of GH deficiency (GHD) during childhood and adolescence have been the subject of much controversy (1–3). To insure that patients are appropriately identified and treated, the GH Research Society (GRS) convened a workshop, on October 17–21 1999, in Eilat, Israel. The objectives of this workshop were to formulate consensus guidelines for the diagnosis and treatment of children and adolescents with GHD. The GRS invited clinicians and scientists with expertise in the field, representatives from industries involved in the manufacturing of recombinant GH, and representatives from health authorities from a number of countries to attend the workshop. All of them contributed to the consensus guidelines as detailed below.

Diagnosis of GHD in children

The diagnosis of GHD in childhood is a multifaceted process requiring comprehensive clinical and auxological assessment, combined with biochemical tests of the GH-insulin-like growth factor (IGF) axis and radiological evaluation. GHD may present as an isolated problem or in combination with multiple pituitary hormone deficiency (MPHD). Each component of this process requires criteria, each of which will be considered below.

Clinical and auxological criteria. The evaluation for GHD in a short child, where short stature is defined as a height more than 2 SD below the population mean, should not be initiated until other causes of growth failure, such as hypothyroidism, chronic systemic disease, Turner syndrome, or skeletal disorder, have been considered and appropriately excluded.

Key facts in the history and physical examination that may

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