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Foreword

Just over 20 years ago, I published a paper into the effects of radiotherapy on pituitary tumors, and noted that the only major endocrinopathy that occurred early was growth hormone deficiency: I dismissed this finding as 'this was of no clinical relevance since the patients were adult' [Br Med J 1984;288: 110–1109]. How things have changed since then. Not only is the syndrome of adult-onset growth hormone deficiency (AGHD) now well recognized and described in detail, but thousands of adult patients throughout the world are being treated with synthetic growth hormone on a regular basis. Much of the early work on describing the syndrome originated in Europe, and the editors of this volume have been at the forefront in this area from its inception. It now seems appropriate at this point to draw breath, and assess exactly what is the current status of AGHD, what are its defining clinical and biochemical features, what are the risks and benefits of treatment, and what progress is likely in the future. The editors of this volume have brought together a superb group of international experts in this area, and I am sure that this will become an essential sourcebook for all practicing endocrinologists who take care of patients with adult-onset growth hormone deficiency.

Ashley B. Grossman, London

Preface

Growth hormone (GH) is essential for longitudinal growth and it has been known for more than 40 years that GH-deficient children benefit from replacement with the hormone. Based on experimental studies and Nature's own experiment with acromegaly it is, however, an even older observation that GH has important biological actions in adults. In 1989, it was demonstrated that GH deficiency in hypopituitary adults was associated with distinct abnormalities, which could be reversed by GH replacement, and since 1994 this treatment modality has been a licensed indication in most countries. Controversies do, however, remain within this field and novel data continue to emerge.

This book provides an update on some of the pending issues. It encompasses the traditional end points of GH therapy such as body composition, bone biology and physical performance. Attention is also devoted to diagnostic aspects and side effects. Additional features range from clinical epidemiology to quality of life, and novel areas such as the impact of traumatic brain injury on pituitary function are also covered. The contributions stem from recognized clinicians and scientists, who have been working in the field for decades.

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