

- ▶ **Frequency not known** Alopecia · angioedema · epiphysiolysis · gastrointestinal discomfort · headache · hot flush · malaise · myalgia · nervousness · pain · skin reactions · vision disorders · weight increased
- **CONCEPTION AND CONTRACEPTION** Non-hormonal, barrier methods of contraception should be used during entire treatment period. Pregnancy should be excluded before treatment, the first injection should be given during menstruation or shortly afterwards or use barrier contraception for 1 month beforehand.
- **PREGNANCY** Avoid.
- **BREAST FEEDING** Avoid.
- **MONITORING REQUIREMENTS** Monitor bone mineral density.
- **DIRECTIONS FOR ADMINISTRATION** Rotate injection site to prevent atrophy and nodule formation.
- **PRESCRIBING AND DISPENSING INFORMATION**  
**DECAPEPTYL® SR 22.5MG** Each vial includes an average to allow accurate administration of a 22.5 mg dose.  
**DECAPEPTYL® SR 11.25MG** Each vial includes an average to allow accurate administration of an 11.25 mg dose.

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

#### **Powder and solvent for suspension for injection**

##### ▶ **Decapeptyl SR** (Ipsen Ltd)

**Triptorelin 11.25 mg** Decapeptyl SR 11.25mg powder and solvent for suspension for injection vials | 1 vial [PoM] £207.00 DT = £207.00

**Triptorelin (as Triptorelin embonate) 22.5 mg** Decapeptyl SR 22.5mg powder and solvent for suspension for injection vials |

1 vial [PoM] £414.00 DT = £414.00

##### ▶ **Gonapeptyl Depot** (Ferring Pharmaceuticals Ltd)

**Triptorelin (as Triptorelin acetate) 3.75 mg** Gonapeptyl Depot 3.75mg powder and solvent for suspension for injection pre-filled

syringes | 1 pre-filled disposable injection [PoM] £81.69 DT = £81.69

oligospermia. There is no justification for their use in primary gonadal failure.

#### **Growth hormone**

Growth hormone is used to treat proven deficiency of the hormone, Prader-Willi syndrome, Turner's syndrome, growth disturbance in children born small for corrected gestational age, chronic renal insufficiency, and short stature homeobox-containing gene (SHOX) deficiency. Growth hormone is also used in Noonan syndrome and idiopathic short stature [unlicensed indications] under specialist management. Treatment should be initiated and monitored by a paediatrician with expertise in managing growth-hormone disorders; treatment can be continued under a shared-care protocol by a general practitioner.

Growth hormone of human origin (HGH; somatotrophin) has been replaced by a growth hormone of human sequence, somatropin p. 513, produced using recombinant DNA technology.

Mecasermin p. 515, a human insulin-like growth factor-I (rhIGF-I), is licensed to treat growth failure in children with severe primary insulin-like growth factor-I deficiency.

#### **Hypothalamic hormones**

Gonadorelin p. 512 when injected intravenously in post-pubertal girls leads to a rapid rise in plasma concentrations of both luteinising hormone (LH) and follicle-stimulating hormone (FSH). It has not proved to be very helpful, however, in distinguishing hypothalamic from pituitary lesions. It is used in the assessment of delayed or precocious puberty.

Other growth hormone stimulation tests involve the use of insulin, glucagon p. 502, arginine p. 662, and clonidine hydrochloride p. 108 [all unlicensed uses]. The tests should be carried out in specialist centres.

## 6 Hypothalamic and anterior pituitary hormone related disorders

### Hypothalamic and anterior pituitary hormones

#### **Anterior pituitary hormones**

##### **Corticotrophins**

Tetracosactide below (tetracosactrin), an analogue of corticotropin (adrenocorticotrophic hormone, ACTH), is used to test adrenocortical function; failure of plasma-cortisol concentration to rise after administration of tetracosactide indicates adrenocortical insufficiency. A low-dose test is considered by some clinicians to be more sensitive when used to confirm established, partial adrenal suppression.

Tetracosactide should be given only if no other ACTH preparations have been given previously. Tetracosactide depot injection (*Synacthen Depot*®) is also used in the treatment of infantile spasms but it is contra-indicated in neonates because of the presence of benzyl alcohol in the injection. Corticotropin-releasing factor, corticorelin p. 512, (also known as corticotropin-releasing hormone, CRH) is used to test anterior pituitary function and secretion of corticotropin.

##### **Gonadotrophins**

Gonadotrophins are occasionally used in the treatment of hypogonadotrophic hypogonadism and associated

## 6.1 Adrenocortical function testing

### PITUITARY AND HYPOTHALAMIC HORMONES AND ANALOGUES > CORTICOTROPHINS

#### Tetracosactide

(Tetracosactrin)

##### ● **INDICATIONS AND DOSE**

##### **Diagnosis of adrenocortical insufficiency (diagnostic 30-minute test), standard-dose test**

▶ BY INTRAMUSCULAR INJECTION, OR BY INTRAVENOUS INJECTION

▶ Child: 145 micrograms/m<sup>2</sup> (max. per dose 250 micrograms) for 1 dose

##### **Diagnosis of adrenocortical insufficiency (diagnostic 30-minute test), low-dose test**

▶ BY INTRAMUSCULAR INJECTION, OR BY INTRAVENOUS INJECTION

▶ Child: 0.3 microgram/m<sup>2</sup> for 1 dose

##### **Infantile spasms**

▶ BY INTRAMUSCULAR INJECTION USING DEPOT INJECTION

▶ Child 1-23 months: Initially 500 micrograms once daily on alternate days, adjusted according to response

- **UNLICENSED USE** Not licensed for low-dose test for adrenocortical insufficiency. Not licensed for treatment of infantile spasms.

- **CONTRA-INDICATIONS** Acute psychosis · adrenogenital syndrome · allergic disorders · asthma · avoid injections containing benzyl alcohol in neonates · Cushing's