

Current Statement on Growth Hormone Use In Australia - 2016

Growth hormone is available for infants, children and adolescents with Prader-Willi syndrome in Australia to treat short stature and poor body composition, funded under the National Growth Hormone Program. The diagnosis must be genetically proven and the child assessed by a paediatric endocrinologist or a paediatrician in consultation with a paediatric endocrinologist. Sleep breathing must be evaluated and, if necessary, appropriately treated before GH can be prescribed. Young people are not eligible for GH treatment if body weight is more than 200% of ideal body weight, as available evidence suggests that the risk of adverse events is increased. A minimum of 6 months of growth data are required, so age 6 months is the earliest that subsidized treatment can commence if the specialist feels it is appropriate. Once the majority of height growth is completed in the teenage years, the dose is lowered to that which aims to maintain body composition and can be continued under the program until age 18 years. While on GH, patients require 6 monthly evaluations by their specialist. GH treatment for those with PWS over 18 years of age is not subsidized in Australia, although ongoing treatment may be recommended on an individual basis must be self-funded.

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