142 - QUALITY OF LIFE FOR PATIENTS WITH ACROMEGALY

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INTRODUCTION:

Acromegaly is a debilitating and disfiguring due to excessive growth hormone (GH) and insulin-like growth factor 1 (IGF-1). It can be diagnosed at any age, most commonly between the fourth and fifth decade of life and occurs with equal frequency in both sexes (SOUTO, 2010).

Epidemiological studies conducted in Europe showed a prevalence from 40 to 70 cases per million inhabitants and an annual incidence of 3-4 cases per million inhabitants. As there are no studies in Brazil, it is estimated, based on European studies, that approximately 700 new cases of acromegaly are diagnosed annually in the country (CORREA, 2006).

Acromegalic patients have a mortality rate of 1.2 to 2.7 times higher when compared to the general population for the same age and sex, with 60% of death cases in these patients being a result of cardiovascular and respiratory complications (SOUTO, 2010) with reduced the life expectancy of 10 years (CORREA, 2006).

The disease has an insidious clinical course with gradual progression of signs and symptoms, and diagnosis is often delayed. But the diagnosis and treatment are key to prevention of disease complications, resulting in better quality of life for the patient (DONANGELO, UNE, GADELHA, 2003).

In this light the present study aims to describe cases of acromegaly diagnosed and treated in the region of northern Paraná state, analyzing the time of diagnosis, disease progression and QoL of these people.

METHODS:

Is a survey using cross- sectional, observational and descriptive approach, held in the city of Bandeirantes, which is located in the northern region of Paraná State.

Subject of this research were two patients with acromegaly, registered at Municipal Pharmacy Bandeirantes who used drugs of Specialized Component of Pharmaceutical Assistance for the treatment of this disease.

To ensure the privacy of the patients they were named Orquídea and Margarida.

The evolution of acromegaly was made using a semi-structured interview and at a later stage the test results and medical records were checked, subject to availability.

To investigate the QoL of acromegalic patient they received a questionnaire specific to this disease called AcroQoL validated in Brazil (Badia et al, 2004).

The instrument has 22 questions covering physical and psychological aspects. Overall score of the questionnaire AcroQoL is obtained by summing the results of the 22 items of each question (1-5), subtracting the same value, followed by dividing the result by 88 (maximum value 110 minus the minimum value 22) and multiplying the final value by 100, with 22 representing worst QoL and 110 means better QoL.

The study was carried out after approval of the research project by the Ethics Committee of State University of North Paraná/CLM, under regulation No. 093/2010 and signing the consent form afterwards, according to Resolution No. 196/1996 of the National Council Health

RESULTS:

Monitoring of patients allowed to collect the most relevant data regarding the clinical history and evolution of acromegaly in different cases. Both were analyzed and interpreted according to Table 1, followed by a case report and assessment of quality of life.

Table 1 - Data of acromegalic patients. Bandeirantes, Parana, Brazil – 2011

Identification	**Patients *Orquídea***	**Patients *Margarida***
Sex	Female	Female
Age	45 years old	32 years old
Marital status	Married	Married
Number of children	Three	One
Race	White	Mulatto
Education	Incomplete Higher Education	High School Diploma
Profession	Autonomous	Production Assistant
Body mass index (BMI)	23	31
Clinical history		
Clinical Manifestations	Hyperglycemia	Hemianopia, Amenorrhea
Personal history	No	No
Family history	DM*, AH*, Hypercholesterolemia, Bladder Cancer	AH*
Exams		
GH (0,06 a 7,00 ng/ml)	44.30	101.00
IGF-1(101,0 a 207,0 ng/ml e 115,0 a 367,0 ng/ml)	813.00	958.00
Magnetic resonance (RMI)	Yes (Pituitary Macroadenoma)	Yes (Pituitary Macroadenoma)
Computed Tomography	No	Yes
Year of Diagnosis	2007	2008
Type of treatment		
Transsphenoidal surgery	Yes (1) **	Yes (2) **
Drug	Octreotida 20mg	Octreotida 30mg
Radiotherapy	No	Yes
Secondary diseases	AH*, DM*, Hypercholesterolemia, depression, Cholelithiasis	Cholelithiasis

AH = Hypertension, DM = Diabetes mellitus ** Quantity of surgery

CASE REPORT: ORQUÍDEA

Female, 45, white, married, multiparous, no diagnosis of acromegaly in the family, was first diagnosed with diabetes mellitus type 2 sought treatment with an endocrinologist, who diagnosed GH-producing Pituitary macroadenoma confirmed with magnetic resonance imaging (MRI) and hormone dosage of GH (44.30 ng / ml) and IGF-1 (813.0 ng / ml) in June 2007.

The patient was referred for specialist treatment where the doctors opted for Transsphenoidal surgery held in September 2007. During surgery the tumor was partially removed without complications. Following surgery, the serum GH and IGF-1 did not decrease, and the patient began secondary treatment with Octreotide 20mg.

Orquídea shows typical signs of acromegaly, such as protrusion of the jaw and forehead increase and enlargement of the nose, the interdental space, enlargement of hands and feet (Figure 1), in addition to systemic manifestations described in Table 1. She underwent surgery for a cholecystectomy one year after starting treatment with somatostatin analogues. Currently, besides the specific treatment for the disease she uses Glimepiride 2mg and metformin hydrochloride 500 mg, ramipril 5 mg and simvastatin 20 mg ®.

The patient undertakes periodic examinations as per medical requests, such as echocardiography for detecting left ventricular hypertrophy and possible colonoscopy to visualize probable rectal polyps, however, the patient wasn't diagnosed with any of the complications reported.

CASE REPORT: MARGARIDA

Female patient, 32 years, mulatto, married, reported that after her first and only pregnancy in 2000, her menstrual cycle became irregular, and evolved into amenorrhea. The patient sought gynecological care, but no diagnosis was established, and the patient went untreated. In 2008 the patient showed progressive loss of vision in left eye, progressing to contralateral vision loss. Firstly the patient sought help with an ophthalmologist, who referred the patient to a neurologist. Computed tomography of orbits showed an extensive lesion with compression of the optic chiasm and internal carotid arteries.

Subsequent MRI (MRI) of sella lesion showed large infrastructure, intra-and suprasellar, suggestive of a pituitary macroadenoma with signs of invasion of right cavernous sinus and presenting pre chiastic pattern of growth. It was then submitted to surgical resection transesfeinodal in November 2008.

Postoperatively, diabetes insipidus transitional was showed. Pituitary adenoma was confirmed by histopathological examination and was referred to an endocrinologist who confirmed the diagnosis of active acromegaly with laboratory tests of GH (101.00 ng / ml) and IGF-1 (958.00 ng / ml). Octreotide has prescribed 20mg intramuscular every 28 days. Margarida underwent an echocardiogram without alterations.

The state of the patient continued with visual loss, amenorrhea and typical manifestations of acromegaly, such as enlargement of the nose, protruding jaw, hoarseness, exophthalmos, hirsutism, enlarged and swollen lips, enlarged hands and feet, shoe size chaned from 37 to now number 39 (Figure 1). She underwent a second surgery and increased to 30 mg dose of Octreotide. After two surgeries and drug dose adjustment, the pituitary tumor was not controlled, so it was decided then to continue treatment with radiotherapy in 2010, but laboratory tests showed that hormonal control of GH and IGF-1 wasn't possible.

Currently, the patient has occasional headaches, maintains amenorrhea and her visual acuity has improved. The patient continues with medical treatment for acromegaly and physical examination still reveals enlargement of the lips, protruding lower jaw, enlargement of the nose and increase the extremities. Margarida is diagnosed with cholelithiasis and awaiting cholecystectomy.

Patients Orquídea Patients Margarida



Figure 1 - Clinical Manifestations of patient Orquídea and Margarida

QUALITY OF LIFE OF PATIENTS

According to the Orquídea AcroQoL got a score of 62.5%, while Margarida has achieved a score equal to 53.4%, so it was observed that Orquídea had higher scores and therefore bears a better QoL in relation to other patient.

Perhaps Margarida is with poor QoL, when compared to the Orquídea, due to presenting stronger physical characteristics, in a form that her face has evolved specifically with the rude aspects that may have affected the decrease in their self-esteem influencing her psychological state.

On the other hand, even though Orquídea is manifesting minor physical clinical features, she has developed various systemic manifestations, which also directly affect the QoL of the same.

DISCUSSION

The existence of two cases of acromegaly in a small city reveals a singular data, because it is a disease with low incidence and prevalence rate. The two patients are female, but the age of diagnosis was different meaning that Orquídea was diagnosed in the fourth decade of life, while Margarida was diagnosed at the end of the second decade. According to Vieira Neto (2011), acromegaly is commonly diagnosed between 30 and 50 years of age, and there is no gender predilection. This shows that the diagnosis of acromegaly in Margarida showed other than that described in the literature.

The physical characteristics shown at the moment of diagnosis were similar in both patients, but only Orquídea developed secondary complications to acromegaly, such as hypertension, diabetes and hypercholesterolemia.

According Fedrizzi, Czepielewski (2008) and Souto (2010) the most prevalent disorders of systemic disease are hypertension, diabetes and obstructive sleep apnea, and changes in lipids in acromegaly are more evident in patients with concomitant changes in glucose metabolism, but the genetic components, ethnic, geographic and dietary can not be excluded.

Margarida developed headache, hemianopia and bilateral compression of the optic chiasm. According to Souto (2010), one of the main consequences of tumor compression on adjacent structures are headache and visual field deficit.

Brain MRI was performed in both patients and demonstrated the presence of pituitary macroadenoma, a fact that justified surgical treatment as first choice. Vieira Neto (2011) and Souto (2010) describe that this is standard operating procedure, and the effectiveness of surgery depends on tumor size, invasion of the tumor mass and experience of the neurosurgeon. However, a significant number of patients do not achieve remission or cure with surgery alone.

Margarida showed significant lesion by macroadenoma and after the first surgery had Diabetes insipidus transitive, which according to the description of Carvalho (2011), the occurrence of this pathology and postoperative hypopituitarism often occur in a minority of cases. The patient had no improvement in laboratory parameters, with persisting high levels of IGF-1. The follow-up with MRI showed no reduction in tumor mass, showing a slight increase of the tumor. Radiotherapy has been proposed.

Radiation therapy is recommended only in cases of partial tumor resection in an attempt to reduce the compressive effect of the tumor mass remaining. The mortality rate is increased in acromegalic patients undergoing radiation therapy, this therapy is restricted only in cases of medical or surgical failure (SOUTO, 2010).

The acromegalic patients show an increased prevalence of adenomatous polyps and this gives an importance to performing colonoscopy for the meeting of adenomas (TACLA, 2009). Only Orquídea performed the colonoscopy without any alterations of colon bowel, but Margarida was not subjected to the procedure due to lack of medical request.

The patients started treatment with somatostatin analogue (Octreotide), a light bulb every 28 days of 20mg for Orquídea and 30mg for Margarida, respectively. This drug is a reference drug in the long term treatment of acromegaly. By agonize the action of endogenous somatostatin, it reduces the secretion of GH by the anterior pituitary by binding to somatostatin receptors. This somatostatin analogue showed good results in the control of excess GH and IGF-1 and the reduction in tumor size (SOUTO, 2010).

According to Carvalho (2006) Octreotide reduces the contractility of postprandial gallbladder and emptying slows. During the first 18 months of treatment, approximately 25% of patients develop asymptomatic calculations. The two patients developed cholelithiasis possibly due to treatment with somatostatin analogues. Only Orquídea underwent cholecystectomy and Margarida is awaiting medical clearance for the procedure.

The effective control of DM as well as the HA is required to reduce morbidity and mortality of vascular patients. The control of excess GH and IGF-1 usually improves glucose metabolism. Somatostatin analogues can reduce early, some symptoms of acromegaly including headache, paresthesia, muscle weakness, perspiration, and increased soft tissue. They also improve cardiorespiratory comorbidities associated with acromegaly, as the reduction of left ventricular mass and improves sleep apnea (SOUTO, 2010).

From the treatment is expected to reach serum GH levels below 2.5 ng / ml by radioimmunoassay or below 1 ng / ml by immunoradiometric assays and IGF-1 levels normal for age and sex, with consequent improvement in QOL and the signs and symptoms caused by disease (BRAZIL, 2010).

The efficacy of treatment of acromegaly is a particularity of each case study. The therapy is clinical pharmacology, surgery, radiation, or the association between the methods is idealized as a priority depending on a number of factors, such as expansion of tumor mass, tumor characteristics and response of the patient before the chosen behavior (SOUTO, 2010).

According to World Health Organization, QoL is "an individual's perception of their position in life, in the context of culture and value system in which they live and in relation to their goals, expectations, standards and concerns" (WHO, 1996, p.5).

As a result of the disfigurement caused by acromegaly adaptability of acromegalic the patients situation is an important aspect that should be taken into account. The assessment of QoL directs therapeutic activities, and this allows acromegalic patients to be supported in their treatment as an individual (CARVALHO, 2006).

Despite the various therapeutic options adopted in the cases described, there was no satisfactory control of the disease, because the levels of GH and IGF-1 remain above the recommended level, which determines the low QoL confirmed by AcroQoL. According to Carvalho (2006), when cured, acromegaly patients have a better quality of life compared to those with active disease, underscoring the importance of an early detection and effective control of the disease.

CONCLUSION:

Acromegaly is a disease with peculiar characteristics and is responsible for mortality and impact on QoL of affected patients. Thus, we observed in this study, that the patient Margarida who had a late diagnosis of the disease had greater difficulty in controlling serum levels of GH and IGF-1 and also the tumor mass, we observed this phenomenon by submitting to drug treatment with a maximum dose of somatostatin analogue (30mg), two surgical procedures and radiotherapy. And yet, adequate hormone levels were not achieved. While the patient Orquídea, although she developed diabetes, hypertension and hypercholesterolemia as a result of acromegaly, she had an earlier diagnosis, which allowed a faster and more effective surgical and medical treatment (20 mg Octreotide), her levels of GH and IGF-1 even if not within the normal range, respond better to treatment compared to another patient.

The QoL of acromegalic patients is affected mostly by disfiguring his character, difficulty to control the serum levels of GH and IGF-1 and also by various systemic complications that require chronic treatment. The assessment of QoL of patients with acromegaly is a strategy that allows us to estimate how much the disease affects their daily lives, and allows health professionals to act with specific care to avoid further complications.

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QUALITY OF LIFE FOR PATIENTS WITH ACROMEGALY

ABSTRACT

Acromegaly is a debilitating and disfiguring disease due to excessive growth hormone (GH) and insulin-like 1 growth factor (IGF-1), with the result in hypersomatotropic manifestations, and specific effects of the tumor mass itself, interfering directly with the quality of Life (QOL) of patients. It is considered a rare disease and due to the insidious character and the lack of knowledge in the general population, as well as within health professionals, making the diagnosis usually occurs at a later life stage, between the fourth and fifth decades of life. This study aimed to determine the prognosis of acromegaly diagnosed and treated in the city of Bandeirantes, analyzing the time of diagnosis, disease progression and QOL of these people. The study was developed with cross sectional, observational and descriptive approach and conducted from January to July 2011. To ensure the privacy of patients, they were named Orquídea and Margarida. To ascertain the quality of life of acromegalic patients, they have received a questionnaire specific for this disease called AcroQoL. According to the AcroQoL Orquídea got a score of 62.5%, while Margarida reached 53.4%, so it was observed that the patient Orquídea boasts a better QOL. The evolution of the cases relevant to the study occurred in a different way which is that a patient who was diagnosed later showed worse disease progression and consequent worse QOL. Therefore, knowledge about the disease within health professionals it is essential for early diagnosis and consequently better QOL for these patients.

KEYWORDS: Acromegaly, Quality of life, Case Study.

QUALITE DE VIE DES PATIENTS ATTEINTS D'ACROMEGALIE

RÉSUMÉ:

L'acromégalie est une maladie débilitante et défigurante due à l'excès de l'hormone de croissance (GH) et dû au facteur de croissance semblable à l'insuline 1 (IGF-1), avec les manifestations due à l'hypersomatotropisme, et les effets spécifiques de la masse tumorale elle-même, interférant directement dans la Qualité de Vie (QV) des patients. Elle est considérée une maladie rare en raison du caractère insidieux, le manque de connaissance de la population, ainsi que des professionnels de santé faire leur diagnostic est tardif et entre les quatrième et cinquième décennies de la vie. Cette étude vise à vérifier la progression des cas d'acromégalie diagnostiqués et traités dans la ville de Bandeirantes, en analysant le temps de diagnostic, la progression de la maladie et de la qualité de vie de ces personnes. L'étude a été menée de façon transversale, observationnelle, descriptive, menée de janvier à juillet 2011. Pour assurer l'intimité des patientes, celles-ci ont été nommées Orchidée et Marguerite. Pour vérifier la Qualité de Vie des patientes atteintes d'acromégalie ont répondu à un questionnaire spécifique à cette maladie appelé AcroQoL. Selon le AcroQoL Orchidée a eu un score de 62,5%, alors que Marguerite en a eu un de 53,4%, donc il a été observé que la patiente Orchidée jouit d'une meilleure QV. La progression des cas pertinents à l'étude s'est produite d'une manière différente, étant donné que la patiente qui a eu le diagnostic plus tard, a eu une progression accentuée de la maladie et en conséquence une pire QV. Par conséquent, la connaissance de la maladie par les professionnels de la santé est essentielle pour un diagnostic précoce et en conséquence meilleure qualité de vie de ces patients.

MOTS-CLÉS: acromégalie, qualité de vie et étude de cas.

CUALIDAD DE VIDA DE PACIENTES CON ACROMEGALIA

RESUMEN

La acromegalia es una enfermedad debilitante y desfigurante decurrente del exceso de hormono del crecimiento (GH) y factor de crecimiento semejante a la insulina 1 (IGF-1), con manifestaciones decurrentes del hipersomatotropismo, y efectos específicos de la propia masa tumoral, interfiriendo directamente sobre la Cualidad de Vida (CV) de los portadores. Es considerada una enfermedad rara y por el carácter insidioso, la falta de conocimiento de la población en general, así como de los profesionales de salud lo que su diagnóstico se produce tarde, siendo entre la cuarta y quinta décadas de la vida. Este estudio tuvo como objetivo verificar la evolución de los casos de acromegalia diagnosticados y tratados en el municipio de Bandeirantes,

analizando el tiempo de diagnóstico, la evolución de la enfermedad y la CV de estas personas. El estudio fue desenvuelto con carácter transversal, observacional, descriptivo realizado en el período de enero a julio de 2011. A fin de garantir la privacidad de los pacientes, las mismas fueron nominadas de Orquídea e Margarida. Para averiguar la Cualidad de Vida de las pacientes acromegálicas fue aplicado un cuestionario específico para esta patología denominado AcroQoL. De acuerdo con el AcroQoL la Orquídea obtuvo una puntuación de 62,5%, mientras Margarida alcanzó 53,4%, siendo así, fue posible observar que la paciente Orquídea ostenta una mejor CV. La evolución de los casos pertinentes al estudio ocurrió de forma distinta siendo que la paciente que tuvo el diagnóstico más tardío manifestó peor evolución de la enfermedad y consecuente peor CV. Por eso, el conocimiento de la patología por parte de los profesionales de salud tornase imprescindible para un diagnóstico precoz y consecuentemente mejor QV para estos pacientes.

PALABRAS CLAVES: Acromegalia, cualidad de vida, estudio de caso.

QUALIDADE DE VIDA DE PACIENTES COM ACROMEGALIA

RESUMO:

A acromegalia é uma doença debilitante e desfigurante decorrente do excesso de hormônio do crescimento (GH) e fator de crescimento semelhante a insulina 1 (IGF-1), com manifestações decorrentes do hipersomatotropismo, e efeitos específicos da própria massa tumoral, interferindo diretamente sobre a Qualidade de Vida (QV) dos portadores. É considerada uma doença rara e devido o seu caráter insidioso, falta de conhecimento da população em geral, assim como dos profissionais de saúde fazendo com que o seu diagnóstico ocorra tardiamente, sendo entre a quarta e quinta décadas de vida. Este estudo teve como objetivo verificar a evolução dos casos de acromegalia diagnosticados e tratados no município de Bandeirantes, analisando o tempo de diagnóstico, a evolução da doença e a QV destas pessoas. O estudo foi desenvolvido com caráter transversal, observacional, descritivo realizado no período de janeiro a julho de 2011. A fim de garantir a privacidade das pacientes, as mesmas foram nomeadas de Orquídea e Margarida. Para averiguar a Qualidade de Vida das pacientes acromegálicas foi aplicado um questionário específico para esta patologia denominado AcroQoL. De acordo com o AcroQoL a Orquídea obteve um escore de 62,5%, enquanto que Margarida alcançou 53,4%, sendo assim, foi possível observar que a paciente Orquídea ostenta uma melhor QV. A evolução dos casos pertinentes ao estudo ocorreu de forma distinta sendo que a paciente que teve o diagnóstico mais tardio manifestou pior evolução da doença e consequente pior QV. Por isso, o conhecimento da patologia por parte dos profissionais de saúde torna-se imprescindível para um diagnóstico precoce e consequentemente melhor QV para estes pacientes.

PALAVRAS-CHAVE: Acromegalia, Qualidade de vida, Estudo de Caso.