Storage of Growth Hormone

Incorrect storage can reduce the effectiveness of the growth hormone injections. As growth hormone is susceptible to temperature extremes, please store it according to the manufacturer’s guidelines.

If travelling with growth hormone, please seek the advice of your Endocrinologist or Endocrine Nurse on the appropriate storage requirements.

Travelling with Growth Hormone

Before travelling:
Organise to carry a letter and current prescription detailing:
• what the medicine is,
• how much you are taking and
• state that the medicine is for personal use of your child.

Make sure that you leave all medication in its original packaging with the dispensing label attached and always take it as hand luggage.

Freeze a cool brick to take on the plane with you and travel with a spare one if the journey is likely to be greater than 12hrs.

For further information you should contact your endocrine nurse and visit the Dept of Health website: https://www.tga.gov.au/leaving-australia

References:

Support Organisations:
The Australian Pituitary Foundation
www.pituitary.asn.au
Turner Syndrome Association of Australia Limited
www.turnersyndrome.org.au
Prader Willi Association
www.pws.org.au

Doctor:

Phone:

Clinic Nurses:

Phone:

Pharmacy:

Phone:

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Content of this resource was developed/provided by the ENSA Educational Committee.

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To be considered for Growth Hormone

Before the supply of Growth Hormone (GH) can be provided through the public health system, your child must meet certain guidelines.

To be considered for GH therapy a child must be short (generally less than the first centile for height on a growth chart) and growing very slowly.

A Growth Specialist (Endocrinologist) may recommend your child start on GH based on many factors. These will include, a complete evaluation of their growth pattern over a 6-12 month period depending on their age general health, medical and family history, bone age x-ray, growth hormone test results and diagnosis.

How the System Works

If your child is eligible to receive treatment, an application form is sent to the Department of Human Services who manage the Growth Hormone Programme. There are many brands of growth hormone available in Australia and all growth hormone needs to be given by injection. The decision as to which is the most appropriate product for your child will be made in consultation with your Endocrinologist and Endocrine Nurse.

What happens next?

Once the application has been assessed a prescription will be sent back to your clinician who will then forward it on to you. Sometimes the script is sent direct to you.

Once you have received the prescription you should take it to your local pharmacy who will order the growth hormone and injection consumables (needle tips and disposal containers).

The initial order may require your chemist to set up an account with the pharmaceutical company. This may mean that the growth hormone could take approximately 10 days to arrive for the first order, but future orders should be available usually within a week.

When you have your supply in hand, you should contact your child’s clinic and make an appointment to learn how to give the growth hormone injections.

Giving Growth Hormone

GH needs to be given as a subcutaneous injection (through the skin and into the fat layer underneath). This is because it is a protein and if taken by mouth, it is destroyed by stomach acid. It can be injected using various injection devices, or a small syringe and fine needle. These injections are mostly painless.

For the best response, GH should be taken 6-7 days a week. Missed doses will prevent your child from having the best possible response and may result in the Department of Human Services discontinuing approval for treatment.

Growth Hormone is ineffective if it is not given as prescribed.

Who gives the injections?

This is a very individual decision and dependant on, the age of your child, who is home at injection time, and may vary with each family. Some very young children will be keen to try to do their own injection and some teenagers may not want to be involved at all!

Generally children over the age of 8 years will be able to manage some part of the procedure. It doesn’t matter how young or old your child is, the procedure should always be directly supervised by an adult to confirm that the technique is correct and the injection is given.

When to give the injections

As our body makes most GH at night, ideally the injections should be given in the evening before bed. It is also easier to remember if it is given at the same time each evening. Making it part of your regular routine before bedtime along with brushing teeth etc., may make it easier.

Where to give the injections

The injection can be given as a subcutaneous injection into the thighs, the abdomen, the buttocks and the upper arms. Sites must be changed regularly to avoid injecting into the same area too frequently.

Stopping Growth Hormone

Growth hormone may be stopped if your child has:

- a poor growth response on the maximum allowed dose
- reached the 10th adult height centile (female 155.0cm, male 167.7cm), except for those with biochemical GH deficiency
- reached a bone age of 15½ years in boys or 13½ years in girls (by this time they have completed most of their growth)

Process for ordering GH

Each order covers a 6 month period. The initial order is sent as a 16 week supply, with 1 repeat, making a total supply of 32 weeks.

Families should ask their pharmacy to order the repeat part of the prescription when they have 3-4 weeks supply left at home.

Continuing supplies, after the initial 6 month period, will then be for 13 weeks + 1 repeat, making a total supply of 26 weeks.

Continuing Treatment

Once on treatment your child’s response needs to be regularly assessed. They will need to be measured every 3-6 months and a reapplication to continue treatment made to the Department of Human Services every 6 months.

A re-application to continue treatment needs to be made to the Department of Human Services every 6 months. This means that follow up appointments with your specialist doctor need to be booked well in advance.

You should make sure that you have an appointment at least 4-6 weeks before GH is due to run out.

Patients should not go without GH unless they have checked with their specialist or nurse first.

As GH treatment is expensive the Department of Human Services carefully monitors the supply with each re-application.