

- cartridges, not with the diluent supplied with Humatrope vials or any other solution.
- If your child is receiving growth hormone, becomes very sick and is hospitalized your child's doctor should be told immediately. The safety of continuing growth hormone treatment for patients who are admitted to an intensive care unit remains uncertain.

### **What conditions should I be aware of while my child is receiving Humatrope?**

- If your child has allergic symptoms while receiving Humatrope, call your child's doctor immediately.
- If your child has a pre-existing tumor or growth hormone deficiency due to a brain lesion, your child should be examined routinely for progression or recurrence of underlying disease process while receiving Humatrope.
- Your child should be monitored carefully for any cancerous changes of skin lesions.
- *Growth hormone affects the body's glucose metabolism. If your child develops symptoms such as increased urination or thirst, notify your child's doctor, as these may be symptoms of diabetes or glucose intolerance. If your child has been diagnosed with diabetes or glucose intolerance prior to starting growth hormone therapy, he or she should be monitored closely.*
- Changes in thyroid hormone concentration may develop during treatment with growth hormone, and patients receiving growth hormone should have thyroid function tests performed periodically. Inadequate treatment of hypothyroidism (underactive thyroid gland) may prevent optimal response to growth hormone.
- Children with endocrine disorders, including growth hormone deficiency, may develop slipped capital epiphyses (slipping of the growth plate at the end of the thigh bone) more frequently. Therefore, any child who develops a limp during growth hormone therapy should be evaluated.
- Because growth hormone increases growth rate, children with a history of scoliosis (curvature of the spine) who receive growth hormone should be monitored for progression of scoliosis. However, growth hormone has not been shown to increase the incidence of scoliosis.
- Intracranial hypertension (pressure on the brain) has been reported in a small number of children treated with growth hormone. Patients should be monitored closely for evidence of this disorder: papilledema (swelling of the optic nerve), visual changes, headache, nausea, and/or vomiting.
- If your child is receiving any of the following medications: insulin, drugs metabolized by the liver (for example, hydrocortisone or other corticosteroids, sex steroids, anticonvulsants, cyclosporin), or other hormone replacement therapy, the dosage of these medications should be monitored carefully while your child is receiving growth hormone. It is important to inform your child's doctor about all medications your child is taking.

### **What additional conditions should I be aware of if my daughter has Turner syndrome and is receiving Humatrope?**

In addition to the above general precautions for growth hormone therapy in children, the following specific precautions should be observed for patients with Turner syndrome:

- Patients with Turner syndrome often have bone abnormalities, including scoliosis. Your daughter should be monitored closely for the development or progression of scoliosis.
- Patients with Turner syndrome have an increased risk of ear or hearing disorders. Your daughter should be evaluated carefully for otitis media (middle ear infection) and other ear disorders. If she complains of ear discomfort or develops a fever, contact the doctor immediately, as these may be symptoms of an ear infection.
- Patients with Turner syndrome are at risk for cardiovascular disorders (e.g., structural aortic aneurysm, hypertension) and should be monitored closely for these conditions.