

GROWTH HORMONE THERAPY IN CHRONIC KIDNEY DISEASE

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INTRODUCTION

In the last few years, there has been a shift in emphasis on the medical management of children with chronic kidney disease (CKD) from strategic attempts to preserve renal survival to optimizing global biological potential, and thereby maximizing quality of life. Early diagnosis and prompt treatment have become the cornerstones of modern care. Thus, in addition to measures like anemia

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From The Editor's Desk

This issue contains 9 printed and 8 e-abstracts of important papers in the field with editorial comments. Thus, we have doubled the content of *GGH* with the introduction of e-abstracts. This feature also allowed the publication of longer abstracts, data, and comments. Please take advantage of this added feature. I welcome your comments regarding the on-line and print aspects of the journal. Your feedback is important as we continue to grow and strive to serve your needs. The lead article by Drs. Bamgbola and Kaskel on Growth Hormone Therapy in Chronic Kidney Disease is a very comprehensive review of the pathophysiology of the disease as it pertains to growth hormone. It includes provocative ideas about possible future direction for treatment with growth hormone and insulin-like growth factor. I am sure you will enjoy it and save it as a reference source.

The expanded journal and all of its content is carefully prepared by the editorial board and all the lead articles are reviewed to comply with the high scientific standards of a peer review journal. *GGH* is also in compliance with the code of conduct for medical publishers on the internet (Health on the Net Foundation www.hon.ch).

Respectfully,
Fima Lifshitz, MD

control and improved nutritional intake, there is increasing use of recombinant human growth hormone (rhGH).

Although the FDA-approved indication for use of rhGH in CKD is growth failure, there are other clinically significant metabolic effects of the hormone. In this review, we shall highlight the potential benefits of rhGH therapy in CKD, including its positive impact on cellular growth and metabolism, immune regulation, and energy homeostasis. The roles of rhGH in modulation of psychosocial function, sleep physiology, and bone metabolism in children with CKD will also be discussed.

GROWTH FAILURE

More than 50% of adults with childhood-onset CKD attain final heights that are below the third percentile.¹ The burden of growth retardation in patients with renal disease is enormous, resulting not only in physical handicaps but also the potential for psychological and social distress.

CKD, whether caused by congenital anomalies, chronic infection, immune disorders, or connective tissue diseases, may be associated with nutritional deficiency and