

ASSESSMENT OF PSYCHOSOCIAL ASPECTS OF SHORT STATURE

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INTRODUCTION

The evidence is clear that growth hormone (GH) therapy can virtually eliminate the predicted height deficit for individuals with classic GH deficiency (GHD) if treatment is initiated at a sufficiently young age.¹ The unlimited availability of biosynthetic growth hormone (rhGH) has also made it possible to extend treatment to children who do not have GHD, but nonetheless exhibit short stature (SS) or poor growth. Consequently, the treatment of SS has become dissociated from its causes. Conditions for which rhGH is efficacious in promoting faster growth and taller stature include a diverse set of conditions: Turner syndrome,² chronic renal insufficiency,³ Prader-Willi syndrome,⁴ children born small for gestational age⁵ and, most

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From The Editor's Desk

Dear Colleague:

The increased number of abstracts and editorial comments published online has been very well received by readers of *GGH* journal. The feedback was praiseworthy, and there were a large number of viewers who accessed the e-abstracts. Both of these aspects are very rewarding to the Editorial Board. This issue also includes an expanded format; there are 8 abstracts published in the print version of the journal, plus one letter to the editor pertaining to the lead article dealing with pregnancy in T1DM patients (published in Volume 20, Number 4 of *GGH*). In addition, there are 6 papers published in the e-version, (accessed at www.GGHjournal.com). Altogether the Editorial Board canvassed and reviewed some of the most pertinent papers in the current literature. Finally, the lead article in this issue addresses a most important topic, one that pediatric endocrinologists deal with on a daily basis; namely, the evaluation of children with short stature. The paper by Sandberg and Colman is an erudite review of the facts and pitfalls of the reports dealing with the psychosocial issues of short stature. They discuss the science and evidence and/or the lack of it, regarding the "heightism" prejudice that is so prevalent in our society. It constitutes an important contribution for those in practice dealing with short children, as well as for those interested in psychosocial research.

In May, 1985, I received an urgent call alerting me to the CJD association with the growth hormone that was used to treat hypopituitary patients. This hormone, extracted from cadaver pituitary glands, was immediately pulled off the market and we were left without any options to treat these patients. Fortunately, recombinant human growth hormone was in the pipeline and was soon available for clinical use. The 20th anniversary of this landmark accomplishment by Genentech is worthy of recognition.

Fima Lifshitz, MD

