**National survey of the management of Chronic Hypoparathyroidism in the UK**

**Data collection tool for the management of chronic hypoparathyroidism.**

**Please complete this for up to 5 patients diagnosed with chronic hypoparathyroidism before June 2019.**

Name of hospital: ………………………. Your job title: ……………………….

1. Patient details

Age: ………………………. Ethnicity: ………………………………………………….

Date of diagnosis:……………………….

Comorbidities:

Biochemical findings on diagnosis:

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Calcium (Albumin adjusted) (mmol/L) | Phosphate(mmol/L)  | PTH (pg/ml or pmol/L, please specify) |
|   |   |   |   |
|   |   |   |   |

Cause of hypoparathyroidism?

Post-surgery If so what surgery?............................................................................................

Genetic variants What genetic cause identified? ........................................................................

Metastatic destruction 

Mineral deposition (Cu, Fe) 

Autoimmune 

Idiopathic 

Post radiation 

Other cause:

Hospital admissions over the last year: Yes  No 

If yes, reason for admission………

If yes, what was the cause of the admissions

Current medical management:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   | Formulation/Brand | Dose |   | Formulation/Brand | Dose |
| Calcium |   |   | Magnesium |   |   |
| Active vitamin D analogues |   |   | PTH (1-34) |   |   |
| Plain Vit D |   |   | rhPTH (1-84) |   |   |
| Thiazides |   |   | Other: |
| Phosphate binder |   |   |

What biochemical tests are monitored?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   | 3- monthly | 6- monthly | 12- monthly | Other (Please Specify) | Last recorded values and date  |
| Calcium |   |   |   |  |   |
| Phosphate |   |   |   |  |   |
| Magnesium |   |   |   |  |   |
| creatinine  |   |   |   |  |   |
| eGFR |   |   |   |  |   |
| 24-hour urinary collection Ca  |   |   |   |  |   |

Other……………….…………………………………………………(Please include frequency and last recorded value)

When was the patient last seen in clinic? ……………….…………………………………………………

Over the last year has the patient undergone:

Bone mineral density scanning If yes, what were the results………………

Renal imaging If yes, what were the results………………

Do you measure quality of life scores? Yes No

If yes, what tool was used for assessment, and what was latest score?.................................................

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