enabling them to make an informed choice,’ she explains. ‘When patients first learn they have a growth on their pituitary gland they panic. They hear the word tumour and they think they have cancer, but in 99 per cent of cases this is not so.’

The Pituitary Foundation is striving to raise the awareness of pituitary conditions so that patients do not have to wait years for a diagnosis.

Mrs Henderson says: ‘I remember being told when I was training that pituitary conditions were so rare that GPs could spend their whole working lives without seeing one patient with such a condition.

‘Or is it, maybe, that pituitary conditions are not recognised? Patients may have been treated for depression for years when the appropriate endocrine test would have determined a pituitary condition, such as Cushing’s disease, a side effect of which can be depression.’

Recognised qualification

Ms Henderson and Maggie Carson, an endocrine nurse specialist at Edinburgh’s Royal Infirmary and chair of the endocrine nurse committee of the Society of Endocrinology, hope that more general nurses will take advantage of specialist training offered by the society, and more endocrine nurses will opt to study for the society’s certificate in endocrine nursing.

‘About six years ago, the society set up an annual training programme within a three-day residential course,’ Ms Carson explains. ‘Each year the course has been over-subscribed, attracting nurses from as far afield as Singapore and Australia. We have developed the certificate in endocrine nursing from this course. To be awarded the certificate, nurses must participate in three different residential courses – which means in practice that they must have been an endocrine nurse for a minimum of three years.’

Ms Carson believes this accredited course is an important first step in raising the profile of endocrine nursing. But she also urges the NHS to fund more badly needed specialist endocrine nursing posts.

Barbara Millar is a freelance journalist

For further information about the Pituitary Foundation go to www.pituitary.org.uk

Diabetes insipidus – test after test

Jenny was 30 years old, fit and healthy when she began getting painful headaches and flu-like symptoms. Her periods stopped, pregnancy tests were negative and she was often nauseated.

Her GP believed her problems were hormone related and referred her to a gynaecologist with a six-month waiting list. Meanwhile, he diagnosed migraines and prescribed accordingly.

The dizziness, shivering and headaches persisted. In addition, Jenny developed acne and had a constant, raging thirst. She also started to pass large volumes of urine.

She was tested for diabetes mellitus – with a negative result. The overwhelming thirst and regular visits to the toilet started to dominate Jenny’s life, making it difficult to work. She became extremely ill, dehydrated and in terrible pain. She was admitted to hospital and a water-deprivation test was carried out, along with skull and chest X-rays, an ultrasound scan of her ovaries and further blood tests. All the tests were clear and she was pronounced ‘medically healthy’ and sent home – but the symptoms got worse.

At a private consultation that Jenny arranged with the gynaecologist, a prolactin test was carried out, together with a CT scan and further water-deprivation tests. Finally, a pituitary tumour was discovered and Jenny was diagnosed with diabetes insipidus. She was given desmopressin, a replacement for the hormone vasopressin.

Within ten minutes the urge to urinate disappeared and the thirst began to diminish. Jenny was prescribed desmopressin twice a day and suddenly found she did not need to drink gallons of water or go to the toilet every half hour. She subsequently underwent surgery to remove the tumour.

Recognised qualification

Ms Henderson and Maggie Carson, an endocrine nurse specialist at Edinburgh’s Royal Infirmary and chair of the endocrine nurse committee of the Society of Endocrinology, hope that more general nurses will take advantage of specialist training offered by the society, and more endocrine nurses will opt to study for the society’s certificate in endocrine nursing. ‘About six years ago, the society set up an annual training programme within a three-day residential course,’ Ms Carson explains. ‘Each year the course has been over-subscribed, attracting nurses from as far afield as Singapore and Australia. We have developed the certificate in endocrine nursing from this course. To be awarded the certificate, nurses must participate in three different residential courses – which means in practice that they must have been an endocrine nurse for a minimum of three years.’

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Signs and symptoms that might suggest pituitary disorders

› Pressure effects – headaches and visual disturbance.
› Inappropriate hormone secretion – for example prolactin (hyperprolactinaemia), adrenocorticotropic hormone (Cushing’s disease) or growth hormone (acromegaly), pictured right.
› Hormone hypersecretion or hyposecretion due to compression of the pituitary, hypothalamus or pituitary stalk.
› Amenorrhea and/or loss of libido caused by disturbance of follicle-stimulating hormone, luteinising hormone or gonadotrophin-releasing hormone.

Acromegaly may cause enlarged hands (shown here next to an unaffected hand).

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