BACKGROUND

There are a variety of growth hormone delivery devices (GHDD) available to children requiring growth hormone (GH) therapy. Many paediatric endocrine nurses can offer patients and their families a choice of the products that are available, which can sometimes be bewildering. However, factors such a licensed clinical indications have to be considered, as well as cost. Patient choice for growth hormone devices is well documented in the literature, with regards to compliance (Ahmed et al. 2008, Gau & Takasawa 2017, Kapoor et al. 2008, van Dongen & Kaptein 2012, Wickramasuriya et al. 2008), with nurses on the parents and children making the final choice for the delivery of growth hormone.

However, research has shown (Aygar & George 2016) that involving the health care professional (HCP) within the decision making process can have an influence on the desired GHDD, although the HCP referred to was the prescribing Doctor. The proposed model (Elwington et al. 2012) is seen below.

GHDD, although the HCP referred to was the prescribing Doctor. The professional (HCP) within the decision making process can have an influence on the desired

RESULTS

Nurses had a variety of devices to choose from (N=11). Three groups had chosen different devices (N=3) apart from two groups that had chosen the same device. Influencing themes that emerged included: knowledge of patients learning difficulties, social and housing implications, child’s body composition, child-friendly device design, and ease of use. Cost was also discussed, but was not the deciding factor for a final decision.

CONCLUSIONS

Themes that emerged from the study demonstrate that the nurses’ clinical judgement and prior knowledge of the patient’s needs is an intrinsic factor to consider when implementing patient choice in GHDD.

GROWTH HORMONE DELIVERY DEVICES

NURSES’ VIEWPOINTS ON GROWTH HORMONE DELIVERY DEVICES

Methods

Participating nurses (N=11) attended an interactive and detailed training session on all of the proposed model (Elwington et al. 2012) is seen below.

SHARED DECISION MAKING MODEL

1 – Choice talk
Parents and children are shown GH devices with no Dr input

2 – Option talk
Discussion is held regarding knowledge, looking at options, pros and cons, and exploring why they have chosen their preferred device, with the Dr explaining reasons for different options

3 – Decision talk
Move to a decision with more information on the device

AIMS

The purpose of this project was to explore whether other factors suggested by paediatric endocrine nurses should be considered when exploring choice of GHDD, within the shared decision making model.

CASE STUDY SCENARIOS

TURNERS SYNDROME

Jade is 7 and lives at home with both parents. Mum has learning difficulties and Dad is partially sighted. They are known to social services and receive support. Jade is on the autistic spectrum and has challenging behavior. She has recently been diagnosed with Turner syndrome. She is due to start GH at a dose of 3mg daily.

SHOLOFF DEFICIENCY

Smaller needle

Pre set dose

No reconstitution

Parents work full time

Consequences of treatment

Living in different home

Social and housing

Parents need to know about

GH treatment as Dad is on the 2nd centile for adult Male height

Dad has a lot of work commitments

Took the injections

Jade has to lift him up

Bonnie is 3 years old and lives at home with both parents. Mum is very small for her age – only 138cm and keen to start GH treatment as Dad is on the 2nd centile for adult Male height. He is concerned about how Arthur is doing as he is tall for his age. He is also very busy at work and is often not around at bedtime. Joseph is adamant to manage himself, but his Mother, two older siblings and Dad for one night every other weekend.


REFERENCES


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FOR FURTHER INFORMATION

kate.davies@lsbu.ac.uk

London South Bank University, London, UK.