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Post-traumatic hypopituitarism (PTHP): an under-diagnosed complication

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Abstract

One of the main objectives of this article is to advance understanding of a substantially under-diagnosed complication of brain injury. Damage to the hypothalamus or pituitary gland can affect the production and secretion of several hormones, specifically growth hormone, luteinising hormone, follicle stimulating hormone, prolactin, cortisol, adrenocorticotrophic hormone, thyroid stimulating hormone, testosterone and oestradiol. Low levels of these hormones can lead to a variety of clinical manifestations and can have serious physical and/or psychological effects including on a person's quality of life. Even small disruptions in hormone levels can affect growth and development, concentration, and sexual function, causing depression, difficulty with personal intimacy and difficulty sustaining personal relationships. Collaboration between neurosurgeons, neuropsychologists and endocrinologists is required to review which effects may be related to pituitary levels and which may be physiological results of the brain injury. However, for patients presenting with overt signs of hypopituitarism it is not unreasonable to advocate baseline pituitary function tests to diagnose biochemical deficiencies