

Endocrinology prioritisation guide during COVID-19

Quick reference guide 1: pituitary disease

This guide details the factors and health conditions that are recommended for deferral, virtual and face-to-face care during the amber and green COVID-19 pandemic phases.

For specific COVID-19 precautions during the amber and green COVID-19 pandemic phases, refer to the general principles in the [Endocrinology prioritisation guide during COVID-19](#).

	Amber COVID-19 response phase	Green COVID-19 recovery phase
Deferral	<p>General statement</p> <p>There are patients with pre-existing and stable pituitary disease who might otherwise have presented for routine follow-up appointments and could be followed up by their general practitioner for the time being.</p> <p>Specifically, pre-existing patients with:</p> <ul style="list-style-type: none"> • non-functioning pituitary macroadenomas not in contact with the optic chiasm • acromegaly in remission, or on stable medical therapy • prolactinoma stable on medical therapy • stable pituitary hormone replacement, for example, thyroid or growth hormone, excepting those on glucocorticoid replacement. 	<p>General statement</p> <p>Non-functioning pituitary microadenomas due for routine surveillance could have specialist follow-up postponed for a further one to two years.</p>

	Amber COVID-19 response phase	Green COVID-19 recovery phase
Virtual care (video, phone)	<p>General statement</p> <p>Pituitary patients requiring immediate specialist assessment or careful specialist supervision to prevent destabilisation, to assess the need for hospital admission or where medical therapy necessitates close monitoring because of potential adverse side effects. These patients may require additional input from other specialists, for example, neurosurgeons or ophthalmologists who may require a face-to-face consultation.</p> <p>Specifically:</p> <ul style="list-style-type: none"> • Any pituitary mass lesion which abuts optic chiasm or where the patient reports visual symptoms • Recent pituitary surgery, for example, in the past six months, requiring assessment of outcome and complications, including determining the need for pituitary replacement • New pituitary lesion of any size, suspected of causing Cushing’s syndrome or hyperthyroidism • New onset possible hypopituitarism, except those with only gonadal or growth hormone deficiency • New onset diabetes insipidus • Cushing’s disease, acromegaly and prolactinoma where medical therapy needs adjustment and monitoring • Patients on glucocorticoid replacement (to reinforce sick day management and avoid adrenal crisis). 	<p>General statement</p> <p>Most cases who were previously seen face to face should be seen by virtual care if possible, except those listed as recommended for face-to-face consultation during the recovery phase.</p> <p>These patients may require additional input from other specialists as indicated in virtual care for the amber COVID-19 phase. Specific conditions in virtual care for the green COVID-19 phase are the same as indicated in the amber COVID-19 phase.</p>

Amber COVID-19 response phase

Green COVID-19 recovery phase

Face to face

General statement

Patients with possible acute hypopituitarism of any cause (see below) where assessment and early management could prevent imminent presentation to an emergency department or allow for a triage of necessity to be admitted to hospital. Presentation with a physical consultation will outweigh the risk of infection with COVID-19. These patients may require additional input from other specialists, for example, neurosurgeons or ophthalmologists who may require a face-to-face consultation.

Specifically:

- Possible pituitary apoplexy (without reduced consciousness which requires referral to the emergency department)
- Possible hypophysitis, for example, immunotherapy-related
- severe onset Cushing's syndrome, for example, with severe hypertension or unstable diabetes
- Unstable diabetes insipidus.

General statement

Given that the general risk of infection for patients coming into hospital would still be high even in the green COVID-19 response phase, it is still worthwhile to limit the numbers of patients being seen face to face.

Patients requiring face-to-face consultation are the same as for during the acute phase. However, additional face-to-face consultations are important where there is diagnostic uncertainty and where correct diagnosis will hasten proper management pathways (see the list below).

If community transmission rates are low, consider face-to-face consultations for any new pituitary patient. These patients may require additional input from other specialists, for example, neurosurgeons or ophthalmologists who may also require a face-to-face consultation.

Specific conditions in face-to-face care for the green COVID-19 phase are the same as the amber COVID-19 phase. In addition, there are these conditions:

- new onset possible Cushing's syndrome
- pituitary presentations that are atypical, for example, new onset diabetes insipidus, cranial nerve palsies.

References

1. Fleseriu M, Buchfelder M, Cetas JS, Fazeli PK, Mallea-Gil SM, Gurnell M, McCormack A, Pineyro MM, Syro LV, Tritos NA, Marcus HJ. Pituitary society guidance: pituitary disease management and patient care recommendations during the COVID-19 pandemic – an international perspective. *Pituitary*. 2020 Aug [cited June 6 2020];23(4):327-37. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7300368/> doi: 10.1007/s11102-020-01059-7
2. Fleseriu M, Dekkers OM, Karavitaki N. Endocrinology in the time of COVID-19: Management of pituitary tumours. *Eur J Endocrinol*. 2020 Jul [cited June 6 2020];183(1):G17-G23. Available from: <https://pubmed.ncbi.nlm.nih.gov/32369770/> doi: 10.1530/EJE-20-0473. PMID: 32369770; PMCID: PMC7938006.