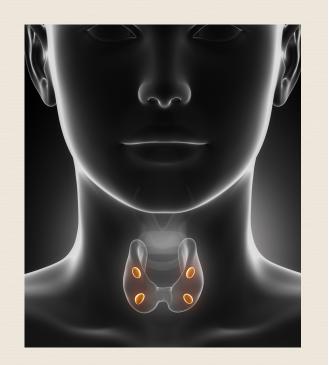
## PARATHYROID WORKSHEET



Hyperparathyroidism (HPT) can present with clear symptoms & laboratory findings. But more frequently the symptoms are vague & blood tests are not certain. This worksheet aims to help you come to a diagnosis & a treatment path.

ParathyroidMD.com

for advanced

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## HPT SYMPTOMS CHECKLIST

**Fatigue** 

- Poor Concentration
- Memory Loss
- Sleep Problems
- Anxiety
- Irritability
- Depression
- Headaches
- Bone Pain
- Osteoporosis
- Joint Pain
- Muscle Weakness
- Bone Fractures Easily or Frequently
- Constipation
- Nausea
- Abdominal Pain/Acid Reflux
- Weight Loss
- Kidney Stones
- Frequent Urination
- Night-time Urination
- Urinary Incontinence
- High Blood Pressure
- Heart Palpitations
- Hair Loss

## DIAGNOSIS IS ALMOST ALWAYS MADE BY LABORATORY TESTS

(OFTEN NEED MORE THEN 1 SET OF LABS)

Enter your	own Labor	atory resul	ts below
Blood Tests (Normal Range)	Date 1	Date 2	Date 3
Calcium ( – )			
Calcium ionized ( – )			
PTH intact ( _ )			
25 (OH) Vitamin D3 ( _ )			
Phosphorus ( – )			
Normal Parathyro	id Function	Calcium	PTH
Normal Parathyro High Calcium S		Calcium	РТН
	State	Calcium	PTH ↓ ↑
High Calcium S	State tate	Calcium t Calcium	PTH ↓ ↑ PTH
High Calcium S	State tate rroidism	↑ ↓	↓ ↑
High Calcium S Low Calcium S Hyperparathy	State tate rroidism	↑ ↓	↓ ↑
High Calcium S Low Calcium S Hyperparathy Hypercalcemic	State tate rroidism HPT c HPT *	↑ ↓ Calcium ↑ Normal or	↓ ↑
High Calcium S Low Calcium S Hyperparathy Hypercalcemic Normocalcemi	State tate rroidism HPT c HPT * al HPT *	↑ ↓ Calcium ↑ Normal or	↓ ↑ PTH ↑ ↑ Normal or

\* Requires Further Work up

## Normocalcemic HPT Work Up

Get the Following Labs on 3 Separate Occasions	Ca, Ca ionized, PTH, 25 Vit D <sub>3</sub> ; 1,25 Vit D <sub>3</sub>	
Get the Following Labs Just Once	Cr, Mg, PO <sub>4</sub> 24 hour Urine Calcium	
Make Sure Kidney Function is Normal	Normal Cr Appropriate GFR	
Replace Vitamin D if Low	If that improves symptoms & lab values then GREAT. If not, or makes worse then probably HPT.	
For Those who Have Long History of Kidney Stones & High Urine CA	Rule out the possibility of Renal Calcium Leak	
Possible Intestinal Malabsorption	<ul> <li>Post Bariatric</li> <li>Surgery</li> <li>Celiac Disease</li> </ul>	
Normohormonal HPT Wor	k Up	
Get the Following Labs on 3 Separate Occasions	Ca, Ca ionized, PTH, 25 Vit D <sub>3</sub> ; 1,25 Vit D <sub>3</sub>	
Get the Following Labs Just Once To Rule Out Other Causes of Calcium Elevation	Cr, Mg, PO <sub>4</sub> , Ca, Alkaline Phosphatase PTHrp, ACE level, TSH, <u>Free T3 &amp; T4</u> 24 hour Urine Calcium & Creatinine	
Make Sure Kidney Function is Normal	Normal Cr Appropriate GFR	
Stop Medications That Cause Calcium Elevation	HCTZ, Tamoxifen Lithium, Denosumab, Bisphosphonates	

Once the full work up has been done and you have come to the conclusion that you have Hyperparathyroidism (HPT), then you must choose a treatment path. If your symptoms are affecting your quality of life negatively, then you may seek treatment (this is your choice not your doctor's). If you or your doctor are still not convinced that you should be treated then you can do the following tests:

DEXA BONE DENSITY EXAM

Normal Osteopenia Osteoporosis

ABDOMINAL CT SCAN To look for kidney stones

Normal or Kidney Stone

NOTES		
Treatment Options Surgery Performend to be done by a	Monitoring	<u>Medical Treatment</u> Sensipar (FDA recommendation
	<u>Monitoring</u> Recommend repeating - Labs (Ca, PTH, Vit D <sub>3</sub> , Cr) every 6 months.	

CENTER PARATHYROID surgery