

Conventional Treatment of Hypoparathyroidism



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KEYWORDS

- Hypoparathyroidism • Hypocalcemia • Serum calcium • PTH • Calcitriol
- Serum phosphate

KEY POINTS

- Conventional therapy of hypoparathyroidism consists of oral calcium and activated vitamin D or vitamin D supplements at doses adjusted to meet the needs of the patient.
- Therapeutic goals are to prevent symptoms and signs of hypocalcemia; to maintain low normal calcium and normal phosphate levels and a calcium-phosphate product less than 55 mg²/dL²; and to avoid hypercalciuria, hypercalcemia, and end-organ complications such as renal and other extraskelatal calcifications.
- Calcium carbonate is better absorbed at a low gastric pH level achieved at meal times. Calcium citrate is a better choice for patients taking proton pump inhibitors or H₂ agonists and can be taken with or without meals.
- Calcitriol or alfacalcidol, both activated forms of vitamin D, are considered the treatments of choice for most patients with hypoparathyroidism.
- Diets rich in calcium may reduce the amount of calcium supplements needed, but phosphate intake needs to be considered carefully.

INTRODUCTION

Hypoparathyroidism leads to hypocalcemia, hyperphosphatemia, and elevated fractional excretion of calcium in the urine, due to either absent or inadequately low circulating concentrations of parathyroid hormone (PTH). Conventional therapy of hypoparathyroidism consists of oral calcium and activated vitamin D or vitamin D

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