



Panhypopituitarism

The pituitary, the master endocrine gland, is located at the base of the brain. Pituitary dysfunction can be partial (failure to produce some of its hormones) or complete (failure to produce all hormones). Panhypopituitarism would be the complete lack of function of the gland.

This gland is connected to the brain (to a site known as the hypothalamus) by a stalk containing both nerves and blood vessels. It sits in a bony support known as the sella tucica. Tumors that erode the sella or extend outside the gland borders are large tumors.

Under hypothalamus stimulation, the pituitary will secrete hormones into the blood stream so that these chemical signals are sent to distant parts of the body—sex organs, adrenal gland, breasts, and thyroid. It also controls bodily growth through growth hormone. The pituitary has powerful effects on the whole body, and normal function is crucial because pituitary failure leads to failure of other organs. Indeed, normal thyroid and adrenal function is necessary for life. Fortunately, many of the most important hormones needed by the body can be measured through laboratory testing and, if any are found to be deficient, can be replaced artificially with reasonable success.

Anterior pituitary secretes...	To control...
Thyroid stimulating hormone (TSH)	Thyroid production of thyroid hormone
Adrenocorticotrophic hormone (ACTH)	Adrenal production of corticosteroids
Follicle stimulating hormone (FSH)	Sex organ function
Luteinizing hormone (LH)	Sex organ function
Growth hormone (GH)	Growth
Prolactin (PRL)	Breast milk production

Posterior pituitary secretes...	To control...
Antidiuretic hormone (ADH, aka vasopressin)	Urine production by kidney
Oxytocin	Uterine contraction and milk release

It is important to consider the underlying cause of the pituitary failure. Tumors (such as pituitary adenomas and craniopharyngiomas) and the surgical or radiation treatment of such tumors are leading causes of failure. Other causes include infarction, infection (like tuberculosis), hemochromatosis, trauma, birth defects, and sarcoidosis.

Underwriting action will depend on the success of treatment and compliance. Those who are well controlled on hormone replacement therapy and who adhere to medical recommendations generally will not be rated. Those with a significant underlying cause of their pituitary impairment (such as a tumor or infarction) will be rated accordingly.

This material is intended for insurance informational purposes only and is not personal medical advice for clients.

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Your Success Matters.

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**Panhypopituitarism - Ask "Rx" pert underwriter
(ask our experts)**

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has Panhypopituitarism, please answer the following:

1. When was your client diagnosed with pituitary dysfunction?: _____
2. What was the cause of the pituitary dysfunction?

3. What kind of hormone replacement therapy is required?

Please give details: _____

4. What other medications is your client taking?

5. Please list dates of any hospitalizations, radiation treatments, or surgeries. If there was a tumor, please provide a pathology report and the results of any scans.

6. Please list any other significant medical history – such as diabetes, hypertension.

7. Has your client smoked cigarettes in the last 12 months?
 yes
 no

After reading the Rx for Success on Panhypopituitarism, please feel free to use this Ask "Rx" pert underwriter for an informal quote.

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