**Normocalcemic Primary Hyperparathyroidism**

**Letter to Primary Care Provider**

Dear Dr \_\_\_\_\_\_\_,

\_\_\_\_\_\_\_\_\_ is being discharged from the endocrine clinic.

Rationale for discharge from Endocrine Care:

XX has a history of normocalcemic hyperparathyroidism. There are no end-organ manifestations of the condition, therefore, there is no indication for surgical or medical treatment at this time.   Over time, ~20 % of individuals will progress to overt primary hyperparathyroidism (with an elevated calcium level).

Summary of key results:

**Blood work:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date**  | **Most recent total/ionized Calcium**  | **Most recent Parathyroid Hormone (PTH)**  | **Most recent Creatinine**  | **Most recent 25-hydroxyvitamin D**  | **24 hour urine collection for Ca/Cr**  |
|   |   |   |   |   |   |

**Imaging:**

|  |  |  |
| --- | --- | --- |
| **Test**  | **Date**  | **Result**  |
| **BMD**  |   | Lumbar spine T-score: \_\_\_\_\_\_\_\_\_ Femoral neck T-score:\_\_\_\_\_\_\_\_\_ Total hip T-score: \_\_\_\_\_\_\_\_\_\_\_\_\_ 33% Radius: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fracture risk: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Spine imaging**  |   |   |
| **Kidney USS**  |   |   |

**Treatment:**

* Maintain good fluid intake > 2L/day
* If thiazide diuretics are used, the serum calcium should be closely monitored after initiation or dose adjustment (as this class of medication can elevate serum calcium)
* Your patient should continue long-term Vitamin D: \_\_\_\_\_\_\_\_iu/day
* Your patient should maintain 1000mg of calcium in their diet/day as per the Institute of Medicine National Guidelines

Surveillance:

1. Annual calcium, albumin, ionized calcium PTH, Cr/eGFR
2. Bone density: repeat 3-site BMD (including the distal radius) q1-2 years, if possible at the same institution as the last scan
3. Renal imaging and urinary calcium collection, as needed

Criteria for escalation or re-referral:

Please refer back to myself or another endocrinologist if there is:

* Elevation in total or ionized calcium
* New osteoporotic fracture or significant decline in BMD (significant decline depends on the BMD machine but is typically ~3-4%)
* New kidney stone that is suspected to be calcium in composition