

THE REFUSAL FROM THE MANCHESTER ACADEMIC HEALTH CENTRE

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From: [Linda Magee](#)

To: [Joanna Lane](#)

Sent: Friday, March 26, 2010 11:23 AM

Subject: RE: hypopituitarism after TBI and SAH - an appropriate project for MAHSC?

Dear Ms Lane

Following our communications since last year, I passed on your enquiry to my colleagues who lead on Mental Health and Cardiovascular disease in MAHSC once they came into post. They have in turn sought advice from other clinical colleagues including Dr Tara Kearney at Salford Royal who you met on the Radio 4 'Women's' Hour' programme, when there was an item on this topic.

Dr Kearney has indicated that that has been lots of discussion recently on the topic and there is already an informal approach whereby clinicians refer any patients in whom they suspect TBI-induced hypopituitarism to her. However, emerging data would support the active screening of all patients with moderate-severe TBI and last month SRFT agreed to formalise the arrangements and Dr Kearney is in the final stages of drawing up guidelines about this before disseminating it Trust wide. As you know Dr Kearney is very supportive of the need to raise the profile on this issue. However there are significant resource implications and the observed frequency of hypopituitarism in this patient group is probably a lot less than originally predicted although still significant. From a research perspective there are many questions left unanswered relating to the interpretation of an endocrine test in the acutely unwell, the limitations of the tests that can be employed post-acutely, and the lack of any interventional studies. This remains a clear interest of Dr Kearney. She is undertaking a prevalence study on post-intervention survivors of SAH at Salford and she has set up a SAH research group looking specifically at these issues.

Linking to Mental Health, my colleagues would also point you to Dr Kearney as the key link within MAHSC as she is doing research in the field. From a mental health perspective, the view is that it is always important to seek causes for depression that does not appear to have a clear psychosocial cause and this would be considered to be good practice. However, if you wish to seek to influence broader clinical practice specifically relating to guidelines for treatment post-head injury, then it would be appropriate to try and get involved in any relevant NICE consultation on this topic as a carer representative. If NICE cannot find specific evidence they do influence commissioning bodies on what should be funded on that topic.

In conclusion, within the MAHSC partners Dr Kearney at Salford is clearly an expert and is actively pursuing research in the area. Salford Royal lead on clinical neuroscience within the partnership.

Our ambition is to ensure that research findings, good practice and innovative treatments are promoted and transferred efficiently amongst members, as appropriate. However, our strategy prioritises research and innovation programmes (and therefore resources) in clinical areas that are linked to the major patient and population health and wellbeing issues (informed by the Strategic Health Authority strategy for the Northwest region). For this reason this particular area of research has not been identified as a priority for MAHSC at this stage.

Kind regards

Linda

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MAHSC is a partnership between The University of Manchester, Central Manchester University Hospitals NHS Foundation Trust, Manchester Mental Health and Social Care Trust, NHS Salford (Salford Primary Care Trust), Salford Royal NHS Foundation Trust, The Christie NHS Foundation Trust, University Hospital of South Manchester NHS Foundation Trust

