Module 1\_Slides 0.1

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# Abbreviations

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| Abbreviation | Definition |
| AAV | (Not defined in slides) |
| ACE | (Not defined in slides) |
| BPAP | (Not defined in slides) |
| CBC | (Not defined in slides) |
| CM | (Not defined in slides) |
| CMP | (Not defined in slides) |
| DFZ | (Not defined in slides) |
| DJ | (Not defined in slides) |
| DMD | Chronic  Disease |
| DR | (Not defined in slides) |
| DXA | Risk for Osteoporosis |
| EEG | (Not defined in slides) |
| FSH | (Not defined in slides) |
| HJ | (Not defined in slides) |
| LH | (Not defined in slides) |
| LM | (Not defined in slides) |
| LS | to create an orthopaedic slide to add after this one |
| MD | (Not defined in slides) |
| MED | (Not defined in slides) |
| MRI | (Not defined in slides) |
| PFE | Monitoring of pulmonary function |
| PMC | PMCID |
| PMCID | PMC |
| PMID | (Not defined in slides) |
| SOC | (Not defined in slides) |

# Learning Objectives

• Bone Health/Risk for Osteoporosis:   
DXA scan annually along with spine assessment for fractures   
Calcium and vitamin D intake/supplement, monitoring labs when appropriate   
Vitamin D Level (goal >30 ng/dL)   
  
Puberty/Risk for Delayed/Arrested Puberty  
Monitor for puberty delay  
Consider starting testosterone, important for bone health  
Testosterone replacement for all boys > 14 with confirmed hypogonadism, can be considered starting as early as 12 years.  
Evaluate with bone age, LH, FSH, testosterone   
Gradually increase testosterone   
Adrenal Insufficiency:   
Due to taking chronic steroids, risk for adrenal insufficiency  
Need a sick day plan along with emergency steroids   
  
Weight Management  
Nutrition  
Metabolic screening  
Hyperglycemia: History: polyuria, polydipsia, dietary history. Annual random blood glucose and A1C   
Hypertension: Blood pressure should be monitored at each clinic visit (at least every 6 months)  
Dyslipidemia: Lipid panel annually   
Weight gain with steroids  
Obstructive sleep apnea symptoms and evaluation as recommended   
  
Growth/Risk for Impaired Growth:   
Monitor growth  
Evaluate when appropriate for other causes of impaired growth (CBC, CMP, celiac, thyroid)  
Growth hormone is not recommended, can be considered case by case

• Alba to use the reference to create descriptive text for this slide and complete with clip from webcast

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