

The effects of β 1-adrenergic blockade on the growth response to growth hormone (GH)-releasing hormone therapy in GH-deficient children

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Acute suppression of SRIH secretion with a β -adrenergic antagonist can increase the GH response to GHRH. To determine whether chronic β -blockade could enhance the growth-promoting effects of GHRH therapy, we conducted a double blind, placebo-controlled, randomized, cross-over trial of coadministration of the selective β 1-antagonist atenolol together with GHRH in 11 GH-deficient children. In randomly chosen order, each patient received two 12-month treatment periods with a single daily injection of GHRH (20 μ g/kg, sc, at bedtime), plus daily oral administration of either atenolol (1 mg/kg) or placebo. The growth velocity increased, rising from a mean \pm SD of 2.6 ± 0.4 cm/yr before treatment to 5.4 ± 1.0 cm/yr during the first year of treatment with GHRH plus placebo and to 6.8 ± 1.2 cm/yr during the first year of treatment with GHRH plus atenolol. The mean growth velocity during treatment with GHRH plus atenolol was significantly greater than that observed during GHRH plus placebo ($P < 0$