Acromegaly is a life-altering, rare disorder that is associated with an increased risk of death, additional health conditions, and reduced quality of life when untreated or poorly controlled.1,2,3

**RARE**

Acromegaly affects approximately 71.0 to 87.8 people per million.4 In the United States, approximately 25,000 people are living with acromegaly, with 3,000 new cases diagnosed every year.4 Prevalence of acromegaly is likely underestimated but improvements in the methods to diagnose the disease and availability of large medical databases have led to higher estimates in recent years.4

**HORMONAL**

Acromegaly is characterised by high levels of growth hormone (GH) and insulin-like growth factor I (IGF-I) in the body, usually resulting from a non-cancerous brain tumour.1,2,3

**LIFE-ALTERING**

People with acromegaly face a life-altering disease journey that starts with a long and frustrating process to get diagnosed.5,6 Acromegaly is associated with distinct physical features and additional health conditions that can progress over time, especially if left untreated or poorly controlled.1,7

**TREATABLE**

Treatment for acromegaly includes surgery and injectable or oral medication with a focus on relieving symptoms and lowering IGF-I and GH to normal levels.8

**REFERENCES**

CLINICAL PRESENTATION

PHYSICAL CHANGES:

- Bone and soft tissue growth leading to larger hands, feet, and facial features
- Skin changes such as thick, coarse, oily skin, skin tags, or sweating too much
- Deepening of the voice

DIRECT EFFECTS OF THE TUMOUR:

- Headache
- Vision changes
- Changes in hormone levels

CONDITIONS WITHIN THE BODY:

- Fatigue
- Joint pain
- High blood pressure
- Diabetes
- Sleep apnea
- Menstrual disturbance or erectile dysfunction

Symptoms of acromegaly can sometimes show up differently in men and women initially.

GRADUAL ONSET CAN LEAD TO DELAYS IN DIAGNOSIS

The diagnosis of acromegaly can be challenging due to the rarity of the disease and signs and symptoms that may develop slowly. It can take up to 10 years to diagnose acromegaly after the first symptoms appear. The delay in diagnosing acromegaly can affect working adults, resulting in a loss of productivity, financial consequences, and a long-term burden on the person and healthcare system.

TREATMENT OF ACROMEGALY

The first treatment for people with acromegaly is typically a special type of surgery, called transsphenoidal surgery, that is performed through the nose to remove as much as the tumour as possible. Although some people respond to surgery alone, approximately half require additional treatment with medications or other approaches like radiation. Octreotide and lanreotide, also known as somatostatin receptor ligands (SRLs), are the first medications that are recommended by experts when people with acromegaly need additional treatment beyond surgery. SRLs act in a way similar to a hormone that naturally occurs in the body. The medications help to lower GH and IGF-I levels to decrease symptoms of acromegaly and the impact of the disease on the body.