

Hypoparathyroidism

Prevalence, Symptoms and Impact on Quality of Life

Impact of Hypoparathyroidism on Quality of Life



Hypoparathyroidism (also known as hypopara) is a **rare endocrine disease**, caused by **insufficient levels of parathyroid hormone (PTH)** in the body.¹



The parathyroid glands lie behind the thyroid gland in the neck. They produce PTH, which is the primary regulator of calcium and phosphate in the body by acting directly on bones and kidneys and indirectly on the intestine.^{2,3} If the parathyroid glands are removed, destroyed, or defective, this may lead to insufficient levels of PTH.^{2,4}



Hypopara can arise from genetic causes, autoimmune causes and other causes. Most commonly, hypopara results following neck surgery constituting approximately 75% of all cases.^{2,5}



Hypopara is considered chronic if it persists over 6 months following surgery per the 2016 Endocrine Society Guidelines, 2019 Canadian and International Consensus Statement, and 2022 European Society of Endocrinology. 1,2,6



In the EU, the number of individuals living with hypopara is estimated to be 3.2/10,000⁷





Impact of Hypoparathyroidism on Quality of Life

The burden of hypopara negatively impacts health-related **quality of life**, **physical functioning**, and **psychological well-being**, regardless of serum calcium levels.^{2,8,9}

In a survey* of people living with hypopara, the respondents reported the following impacts on their daily life, mental health, activity and social life and relationships.8



Daily life⁸

79%

were not able to do as many things around the home

43%

said that hypopara interferes with their ability to work

67%

were unable to do as much as they used to/wants to



Mental health⁸

81%

felt anxious or had anxiety

64%

felt frustrated

62%

felt depressed or sad



Activity⁸

76%

were not able to exercise in the same way

52%

are less active than they used to be/want to be

50%

were not as mobile (including ability to walk)



Social life and relationships⁸

79%

were less able to engage in social activities

57%

were more limited in the types of social activities they could do

43%

said this affected their relationships with family

¹ Bollerslev et al. European Society of Endocrinology Clinical Guideline: Treatment of chronic hypoparathyroidism in adults. Eur J Endocrinol. 2015 Aug;173(2):G1-20. 2 Brandi ML et al. Summary Statement and Guidelines. The Journal of Clinical Endocrinology & Metabolism. 2016 Jun 1;101(6):2273-83. 3 Chen K et al. Clinical burden and healthcare resource utilization among patients with chronic hypoparathyroidism, overall and by adequately vs not adequately controlled disease: a multi-country chart review. Journal of Medical Economics. 2019 Jun 17;22(11):1141-52. 4 Mannstadt M et al. Hypoparathyroidism. Nat Rev Dis Primers. 2017 Aug 31;3:17055. 5 Clarke BL, et al. Epidemiology and Diagnosis of Hypoparathyroidism, The Journal of Clinical Endocrinology & Metabolism, Volume 101, Issue 6, 1 June 2026, Pages 2284-2299. 6 Khan AA, et al. Standards of care for hypoparathyroidism in adults: a Canadian and International Consensus. Eur J Endocrinol. Mar 2019;180(3): P1-p22. doi:10.1530/eje-18-0609. 7 Karpf D, et al. Prevalence of hypoparathyroidism in the EU: A systematic review and meta-analysis. Endocrine Abstracts (2020) 70 AEP140 | DOI: 10.1530/endoabs.70. AEP140. 8 Brod M, et al. Living with hypoparathyroidism: development of the Hypoparathyroidism Patient Experience Scale-Impact (HPES-Impact). Qual Life Res. 2021 Jan;30(1):277-291. doi: 10.1007/s11136-020-02607-1. Epub 2020 Aug 24. PMID: 32833143; PMCID: PMC7847873. 9 Kontogeorgos G, et al. Low health-related quality of life in hypoparathyroidism and need for PTH analog. Endocrine Connections. 2022 Jan 10;11(1). doi: 10.1530/EC-21-0379.



^{*}Survey conducted of 42 adults with hypoparathyroidism.