

Hypoparathyroidism

Prevalence, Symptoms and Impact on Quality of Life

What is Hypoparathyroidism?



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}



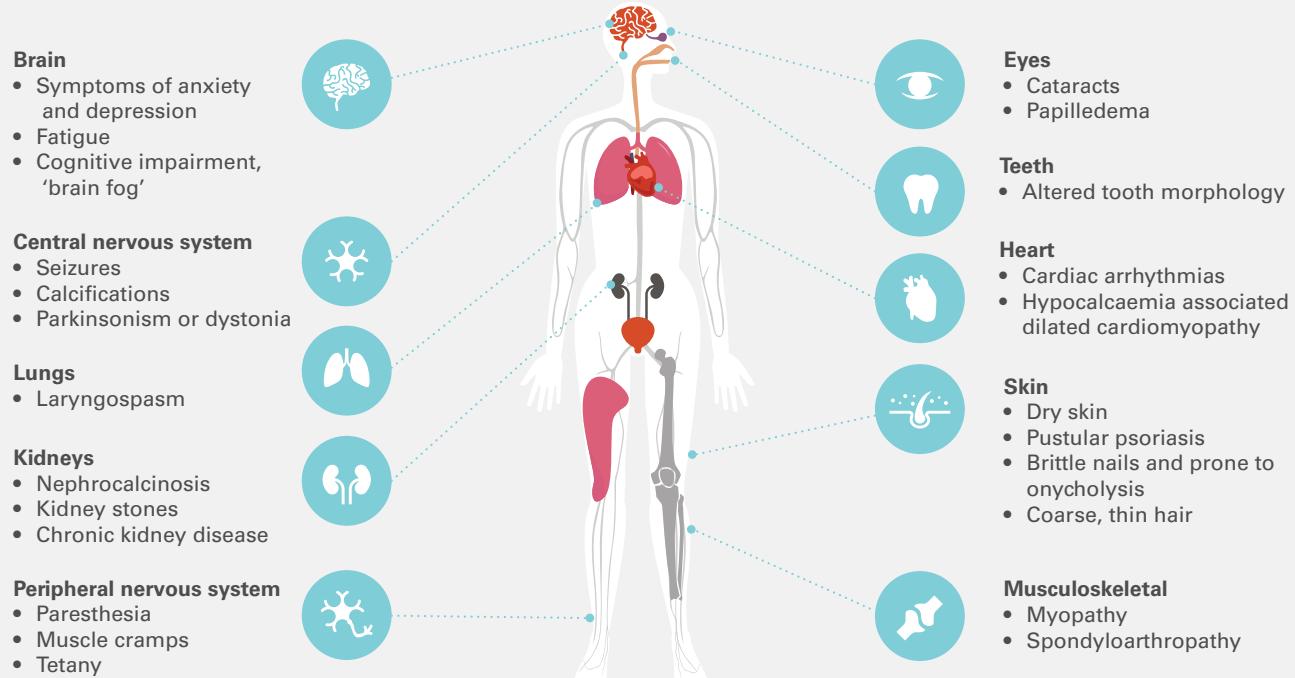
Hypopara is considered chronic if it persists over 6 months following surgery per the 2016 Endocrine Society Guidelines, 2019 Canadian and International Consensus Statement, and 2022 European Society of Endocrinology.^{1,2,6}



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

Symptoms and complications

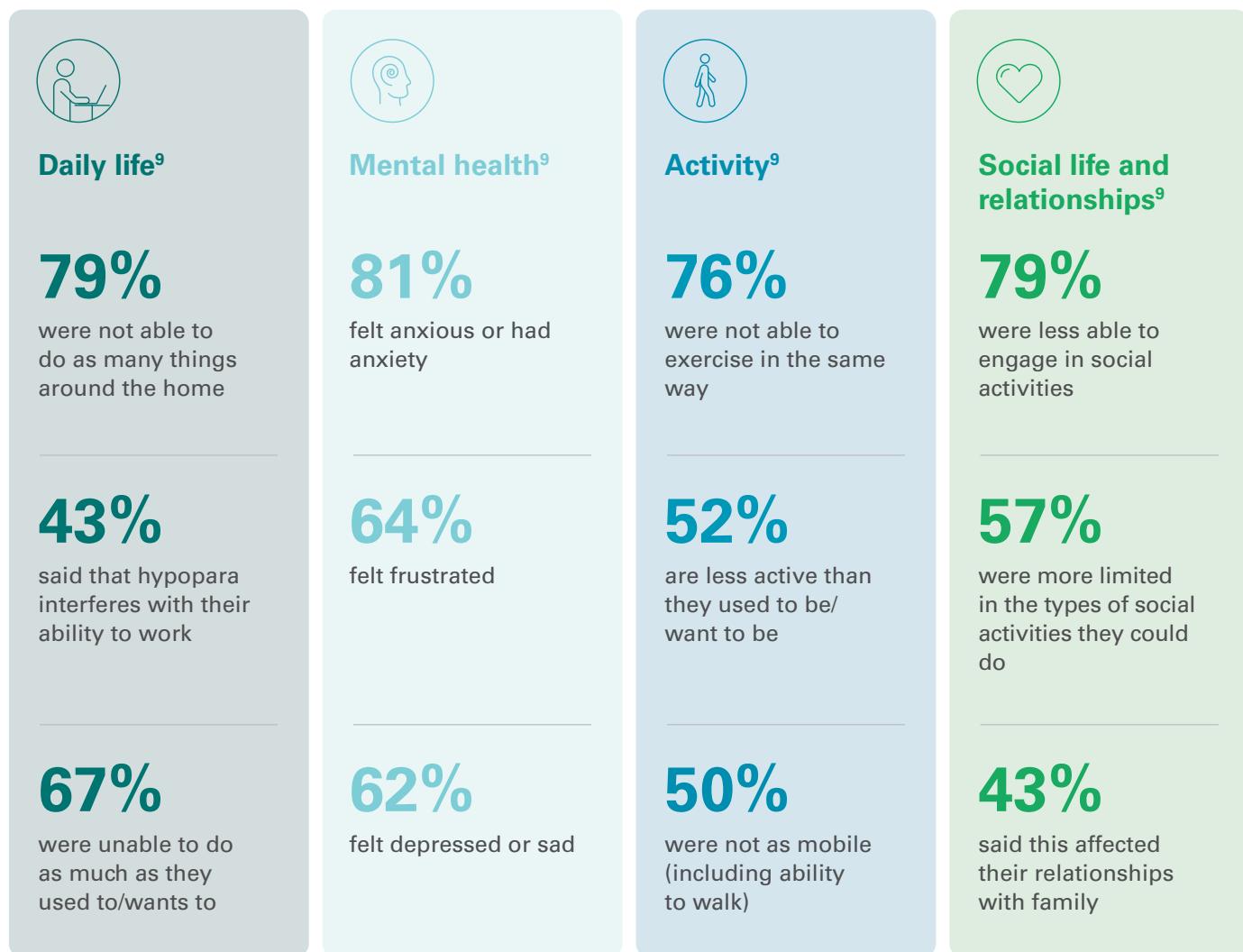
Hypopara affects numerous systems in the body and is associated with a range of short-term symptoms and long-term complications.^{2,4,8}



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.^{2,9,10}

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.⁹



*Survey conducted of 42 adults with hypoparathyroidism.

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 Shoback DM et al. Presentation of Hypoparathyroidism: Etiologies and Clinical Features. J Clin Endocrinol Metab. 2016;101(6):2300-12. ⁹ Brod M, et al. Living with hypoparathyroidism: development of the Hypoparathyroidism Patient Experience Scale-Impact (HPESS-Impact). Qual Life Res. 2021 Jan;30(1):277-291. doi: 10.1007/s11136-020-02607-1. Epub 2020 Aug 24. PMID: 32833143; PMCID: PMC847873. ¹⁰ 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.