Background
Growth hormone deficiency (GHD), isolated or as part of multiple hormone deficiencies, is being increasingly recognized as a cause of premature mortality. Over the last decade or two, much of our understanding on various clinical presentations of GHD has improved. The documented benefits of replacement therapy have helped improve the quality of life of many patients live with GHD. Replacement is well tolerated. The long-term fears of tumor recurrence or regrowth have not been confirmed by most observational studies, and until proven otherwise, GH therapy should be routinely prescribed and titrated to reap clinical benefits. **Aim:** to study the prevalence of growth hormone deficiency in adults with pituitary adenomas.

Materials and Methods
In this article authors analyzed results of study of 40 adults with pituitary adenomas. 87.5% of them (35 patients) have growth hormone (GH) deficiency, which combined with neuroendocrine disorders. Specialty of clinical symptoms of GH deficiency in adults is decrease of psycho-emotional state of patients and it based on the questionnaire for GH deficiency adults Quality of Life (QoL). On the method of treatment the patients were distributed to the 3 groups: first group with conservative treatment – 15 patients, second group with surgical treatment (n=20), third group – with radiotherapy and conservative or surgical treatment (n=5). The control group consisted of 20 healthy persons of corresponding age.

Results
Research of the quality of life of 35 patients with GH deficiency on the basis of questionnaire (QoL) educed the high middle point for these patients as compared to the group of healthy (p< 0.01), that specify to the expressed decline of psycho-emotional status for patients with GH deficiency. Most often in the postoperative period the level of GH (75%). Adult growth hormone deficiency is being recognized increasingly and has been thought to be associated with premature mortality. Pituitary tumors are the commonest cause for GHD. GHD has been associated with neuropsychiatric-cognitive, cardiovascular, neuromuscular, metabolic, and skeletal abnormalities. Most of these can be reversed with growth hormone therapy.

Conclusions
The insulin tolerance test still remains the gold standard dynamic test to diagnose GHD. Growth hormone is administered subcutaneously once a day, titrated to clinical symptoms, signs and insulin like growth factor-1. It is generally well tolerated at the low-doses used in adults.