

For diagnosing patients with suspected hypoparathyroidism (HypoPT)

Guide to best practice recommendations

HypoPT is diagnosed via blood tests at least 2 weeks apart confirming hypocalcemia and undetectable, low, or inappropriately normal PTH levels.

For accurate assessments¹:

- Serum calcium should use albumin-corrected calcium calculations or direct ionized calcium measurements
- 2nd or 3rd generation PTH assays should be utilized
- Biotin use (>5 mg daily) should cease at least 3 days prior to testing to avoid a falsely lowered PTH result

Additional blood tests and urine analysis to aid in diagnosis include¹⁻³:

- Magnesium
- Phosphorus
- 25-hydroxyvitamin D
- Serum creatinine (for eGFR)
- 24-hour urine creatinine
- 24-hour urine calcium

Identify the underlying cause of HypoPT¹:

- About 75% of cases have a post-surgical cause (thyroid/neck)
- Magnesium abnormalities
- Infiltrative or granulomatous disease

Along with lab analysis, patient history and physical assessment will help determine a genetic or autoimmune cause.

New best practice recommendations (Khan et al. *metabolism* 2025.) help guide you through the complexities of HypoPT diagnosis. **Scan to download.**



Genetic testing for patients with suspected hypoparathyroidism (HypoPT)

Genetic testing is recommended for idiopathic HypoPT

Experts agree it is a best practice recommendation **for all people with nonsurgical hypoparathyroidism to get genetic testing if the cause is unknown**, especially for those¹:

- Under 40 years of age
- With a family history of hypoparathyroidism

The benefits of genetic testing

Understanding the genetic type of HypoPT your patient has can help you:

- Create personalized treatment strategies
- Give them a reason for their ongoing symptoms
- Provide patient resources:
 - No-cost genetic counseling
 - Family planning education
 - Disease management tools
 - Learn from others with the same condition

A no-cost genetic testing program is now available

Patients are eligible for this program if they **reside in the United States and have 1 of the following diagnoses**:



**Nonsurgical
hypoparathyroidism**



**Idiopathic
hypoparathyroidism**



**Hypocalcemia suspected
to be of genetic cause**



**Genetic
hypoparathyroidism
in a relative**

Ordering a genetic test is easy

1. Request a collection kit
2. Kit is mailed to your office
3. Collect and return specimen (blood, saliva, buccal)

Results will be sent to your office typically within 3 weeks after receipt of sample.

No-cost genetic counseling is also available for patients, simply submit a referral form for counseling when ordering the test.

**Order no-cost
genetic testing now!**

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References: 1. Khan AA, Ali DS, Bilezikian JP, et al. Best practice recommendations for the diagnosis and management of hypoparathyroidism. *Metabolism*. 2025;171:156335. 2. Bollerslev J, Rejnmark L, Marcocci C, et al. European Society of Endocrinology clinical guideline: treatment of chronic hypoparathyroidism in adults. *Eur J Endocrinol*. 2015;173(2):G1–20. 3. Bollerslev J, Buch O, Cardoso LM, et al. Revised European Society of Endocrinology clinical practice guideline: treatment of chronic hypoparathyroidism in adults. *Eur J Endocrinol*. 2025;193(5):G49–G78.