Hyperparathyroidism Symptoms Checklist

Checklist · 73 items · 13 sections

A symptom-awareness checklist for hyperparathyroidism (overactive parathyroid glands driving calcium too high). Built around the classic Stones/Bones/Groans/Moans mnemonic and Endocrine Society guidelines. Confirmation requires calcium + PTH + vitamin D bloodwork, but knowing the signs gets you in the door.

Open the editable version online:
https://genechecklist.com/checklist/hyperparathyroidism-symptoms-checklist

HOW TO USE THIS

- [ ] These are common symptoms of hyperparathyroidism: parathyroid glands producing too much PTH, driving calcium too high

  HIGH

- [ ] Symptoms alone are not a diagnosis; blood tests (calcium, intact PTH, vitamin D, phosphorus) ordered by a clinician are required

  HIGH

- [ ] Symptoms overlap with depression, menopause, fibromyalgia, chronic fatigue, and aging; testing differentiates them

  HIGH

- [ ] Track which symptoms you have, how long, how severe before your appointment
- [ ] Classic mnemonic: Stones, Bones, Abdominal Groans, Psychic Moans, and Fatigue Overtones

ABOUT HYPERPARATHYROIDISM

- [ ] Primary HPT (PHPT): glands autonomously overactive, usually a benign adenoma (~80% single, ~15% multi-gland, ~5% atypical/cancer)
- [ ] Most common in women over 60; often discovered on routine bloodwork showing elevated calcium
- [ ] Secondary HPT: PTH rises in response to low calcium, vitamin D deficiency, or CKD (a compensation)
- [ ] Tertiary HPT: glands become autonomous after long-standing secondary disease (typically advanced CKD or post-transplant)

GENERAL AND METABOLIC (FATIGUE OVERTONES)

- [ ] Persistent fatigue out of proportion to activity or sleep
  HIGH
- [ ] Generalized weakness, often described as 'running on empty'
  HIGH
- [ ] Mild depression or low mood not responding to usual lifts
- [ ] Poor concentration, slowed thinking, mental fog
- [ ] Reduced sense of well-being even when labs look 'almost normal'

HYPERCALCEMIA SYMPTOMS

- [ ] Polyuria: urinating frequently, including waking at night to urinate
  HIGH
- [ ] Polydipsia: persistent thirst, drinking more water than usual
  HIGH
- [ ] Constipation, sometimes severe and chronic
  HIGH
- [ ] Nausea, reduced appetite, early satiety
  HIGH
- [ ] Vomiting in severe or acute hypercalcemia
- [ ] Proximal muscle weakness: trouble climbing stairs, rising from a chair, lifting arms overhead
  HIGH

BONES

- [ ] Bone pain, often in back, hips, or long bones
  HIGH
- [ ] Osteoporosis on DEXA, classically T-score below -2.5 at distal 1/3 radius
  HIGH
- [ ] Pathologic or low-trauma fractures (vertebral compression, hip, wrist)
  HIGH
- [ ] Loss of height or new kyphosis from vertebral fractures
- [ ] Brown tumors of bone in rare, severe, long-standing disease (osteitis fibrosa cystica)
- [ ] Subperiosteal resorption on hand X-ray (radial side of middle phalanges)
- [ ] 'Salt-and-pepper' skull on X-ray in advanced disease (rare today)

KIDNEY AND URINARY (STONES)

- [ ] Kidney stones (calcium oxalate or calcium phosphate); ~1 in 5 PHPT patients
  HIGH
- [ ] Flank pain, blood in urine, recurrent UTIs from stone disease
  HIGH
- [ ] Nephrocalcinosis: diffuse calcium deposition visible on imaging
- [ ] CKD from cumulative damage of hypercalcemia and stones (eGFR <60)
  HIGH

GI (ABDOMINAL GROANS)

- [ ] Peptic ulcer disease (partly driven by calcium-stimulated gastrin release)
- [ ] Acute or recurrent pancreatitis (uncommon but recognized association)
- [ ] Persistent constipation
  HIGH
- [ ] Vague abdominal discomfort
- [ ] Unintentional weight loss in older adults with prolonged hypercalcemia

PSYCHIATRIC (PSYCHIC MOANS)

- [ ] Depression, sometimes the dominant presenting feature
  HIGH
- [ ] Anxiety, irritability, short fuse that is new for the person
- [ ] Memory loss, word-finding difficulty, brain fog
  HIGH
- [ ] Sleep disturbance and reduced quality of sleep
- [ ] In severe hypercalcemia: confusion, lethargy, frank psychosis, stupor, or coma
  HIGH

CARDIOVASCULAR

- [ ] Hypertension, often resistant to standard medications
- [ ] Left ventricular hypertrophy on echocardiogram
- [ ] Valvular and vascular calcification (aortic, mitral, coronary)
- [ ] Arrhythmias, including shortened QT on ECG and rare heart block
- [ ] Increased long-term cardiovascular risk if untreated

HYPERCALCEMIC CRISIS - EMERGENCY

- [ ] Serum calcium above 14 mg/dL, sometimes much higher
  HIGH
- [ ] Severe dehydration with dry mucous membranes and low urine output
  HIGH
- [ ] Acute kidney injury and rising creatinine
  HIGH
- [ ] Altered mental status, profound confusion, lethargy, or coma
  HIGH
- [ ] Call 911 or go to ER: treatment is IV normal saline + IV bisphosphonate + calcitonin + endocrine consult
  HIGH

WHEN TO SEE A DOCTOR

- [ ] Persistent serum calcium above 10.5 mg/dL on more than one fasting draw
  HIGH
- [ ] PTH high or inappropriately 'normal' when calcium is high (PTH should be suppressed if calcium is elevated)
  HIGH
- [ ] Recurrent kidney stones, especially calcium-based
  HIGH
- [ ] New osteoporosis, fragility fracture, or rapid bone density loss
  HIGH
- [ ] Several symptoms from different sections lasting 4 weeks or longer
- [ ] Request a referral to an endocrinologist for confirmation
  HIGH
- [ ] Once confirmed, request a referral to a high-volume parathyroid surgeon for surgical evaluation
  HIGH

TESTS TO ASK YOUR DOCTOR ABOUT

- [ ] Total serum calcium + ionized calcium, with albumin correction
  HIGH
- [ ] Intact parathyroid hormone (iPTH)
  HIGH
- [ ] 25-hydroxy vitamin D (deficiency confounds the picture)
  HIGH
- [ ] 24-hour urine calcium and creatinine (rules out familial hypocalciuric hypercalcemia)

HIGH

- [ ] Serum phosphorus (typically low in PHPT)
- [ ] Creatinine and eGFR to assess kidney function

HIGH

- [ ] DEXA scan: lumbar spine, total hip, femoral neck, distal 1/3 radius

HIGH

- [ ] Renal ultrasound or non-contrast CT to screen for stones and nephrocalcinosis
- [ ] Sestamibi scan, neck ultrasound, or 4D-CT for surgical localization before parathyroidectomy

TREATMENT DECISIONS (BRIEF)

- [ ] Asymptomatic mild: monitor per Endocrine Society 2014 criteria (Bilezikian)

Surgery if age <50, Ca >1 mg/dL above ULN, eGFR <60, T-score <-2.5, vertebral fracture, or stones/nephrocalcinosis.

- [ ] Symptomatic disease: parathyroidectomy (the only curative treatment)

HIGH

- [ ] Minimally invasive parathyroidectomy if a single adenoma localizes preoperatively; bilateral neck exploration for multi-gland or failed localization
- [ ] Calcimimetics (cinacalcet) to lower calcium in non-surgical candidates
- [ ] Bisphosphonates or denosumab for bone density support in non-surgical candidates
- [ ] Adequate hydration and vitamin D repletion (deficiency makes PHPT look worse; must be corrected)

HIGH