



Trauma: Christopher before his fall and, inset, in his 20s

during rugby or football, or falling out of a tree,' she adds.

Dr Newell-Price says: 'It is my belief the more severe the head injury, the greater the chance of damage to the gland. However, we know whiplash can severely damage the pituitary gland, as the sudden movement can sever the stalk so the gland is disconnected from the brain.'

Indeed, a 2009 study found that pituitary gland damage can be sustained by a minor cranial trauma without even having lost consciousness. As Mr Belli suggests: 'Mild head injury is ten times more common than severe, and we could, therefore, be looking at as many as 100,000 people a year having PTHP, most of whom will be undiagnosed.'

'The costs to society are vast for those with PTHP: they often stop going to work and their relationships break down — divorce among all head injury cases is 60 per cent.'

The brain injury charity Headway has recently applied to the Government health watchdog NICE to recognise the condition. It has yet to hear back.

The good news is once the condition is spotted, treatment is straightforward — a patient can have hormone replacement medication.

However, the more time that has elapsed between the head injury and PTHP, the more likely it is the patient will be on medication for life.

One of those who has benefited from

prompt treatment is James, a 38-year-old former television company manager from Surrey.

James (not his real name) suffered pituitary gland damage after he was set upon by a gang of men who robbed and seriously assaulted him in October 2007. As well as broken ribs and almost losing an eye, he suffered several blows to the head and lost consciousness for four days. He was in hospital for two weeks.

'The first six months passed in a bit of a blur,' he says. 'After that, I began to feel really awful. I couldn't get up, I couldn't sleep and I had trouble communicating.'

'I stopped going into work because I couldn't face it. I became fearful of pretty much everyone and everything. I had no idea what was wrong.'

James cut contact with friends and his partner (they have since reunited and have a one-year-old baby). And after two months of continual negative thoughts James made an attempt on his own life, trying again twice more over the next three and a half years.

He had been attending monthly hospital appointments after the attack for psychiatric support and blood tests, and it was during one of these tests that a doctor picked up that James's testosterone levels were very low.

An endocrinologist discovered his pituitary gland was 'virtually dead' as a result of PTHP. 'That's why I'd felt so tired and depressed,' says James. 'I began taking hormone replacement and felt better almost immediately.'

'Life is a lot better, but I still haven't returned to work. I've gone from someone who presented a 40-page document to shareholders, to a guy who can't remember to shut the fridge door.'

'I'll probably be on the hormones for life. But if I hadn't received help, I'd be no further forward and probably — I hate to say it — dead.'

■ *FOR more information, visit pituitary.org.uk and headway.org.uk.*