

Consent form for GnRH agonists (“Puberty Blockers”) for blocking oestrogen

This consent form outlines important information you might want to talk to your health team about before starting puberty blockers to block oestrogen. The information provided is based on current available evidence. It is important to be aware that this may change over time.

Leuprorelin acetate injections or Goserelin acetate implants (puberty blockers) work by blocking the production of oestrogen in the ovaries.

The puberty blockers are given every 10 – 12 weeks and will reduce the level of oestrogen in the body. It is important that the puberty blocker is given on time.

Puberty Blockers are considered to be a largely reversible medication used to stop the physical changes of puberty. It can be started in early puberty (Tanner stage 2-3). If started then, blockers will usually stop significant breast development and further pubertal changes such as starting periods. Puberty blockers will stop periods but may take up to 3-6 months to do so. There are other good options for the cessation of menses.

Starting puberty blockers can improve psychological distress associated with having the unwanted effects of an oestrogen induced puberty. This allows time and maturity to develop before consideration of further care choices. eg stopping the puberty blocker or considering Testosterone.

Common side effects

- Hot flushes
- Mood swings/ low mood
- Fatigue
- Headache

Side effects may be more likely in older adolescents. Side effects may settle over time. Allergic reactions can happen but are rare. Please tell your health team if you have any problems or concerns.

Potential risks of blockers

- Increased height
- Impact on bone density

Height

Whilst height velocity typically slows whilst on a puberty blocker, if starting a puberty blocker in early puberty, there is potential for increased final height. Final adult height is influenced by many factors such as parental stature, nutritional status and age of onset of puberty.

Bone Health

Puberty is a time of increased calcium uptake, growth of bones and increase in bone density (bone strength). Puberty Blockers impact on bone density development in the short term due to suppression of sex hormones. Therefore, it is important to look after your bones while on the blockers by keeping active and having enough calcium and vitamin D (sun exposure). It is not known if being on a puberty blocker during puberty significantly increases the risk for osteoporosis (thinning of bones) in older age.

Fertility

Fertility (ability to get pregnant) is likely to be affected whilst on the puberty blocker, but this is not guaranteed. Contraception will be needed if there is any sexual contact that may lead to pregnancy. It is important not to get pregnant while on blockers as it may be harmful to the pregnancy.

If deciding to stop the blockers it is not expected that there will be any long term impact on fertility, but periods may take time to return to normal.

Your doctor will discuss future fertility considerations relating to gender care treatment options – eg future testosterone.

Sex

Being on blockers may lower sex drive and impact on sexual experiences. It may cause the vagina to become drier. This increases the risk of sexually transmitted infections (STIs), including HIV if having any sexual contact with this part of the body. Condoms provide good protection against STIs and lubricant helps to prevent any discomfort.

Decision Making

The decision to use a puberty blocker is a collaborative process typically including the young person, family supports and health care team. This includes considering the risks and benefits of both using and not using a puberty blocker. The impact of not using a blocker may include additional distress and irreversible unwanted physical changes.

The Health Team

Keeping in touch with your health team for regular check-ups and blood tests is an important part of your care and will reduce the risks of being on puberty blockers

It is your health team's responsibility to best support you to make decisions that are right for you and to keep ourselves up to date with health information so that we can best inform you.

For many different reasons, people may question whether or not they want to continue to be on blockers. This can be a normal part of the journey. Please feel free to discuss this with your prescriber before stopping medications. Come and talk – your health team is always ready to listen.

I wish to start puberty blockers _____:	
Name: _____	
Signature: _____	Date: _____
Parent/caregiver	
Name: _____	Relationship: _____
Signature: _____	Date: _____
Prescribed by: Name: _____	
Signature: _____	Date: _____