

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

This consent form outlines important information you might want to talk to your health team about before starting puberty blockers to block testosterone. 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 testosterone in the testes.

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

Puberty blockers are considered a largely reversible medication used to stop the physical changes of a puberty. It can be started in early puberty (Tanner stage 2-3). If started then Puberty blockers will halt the testosterone induced puberty changes such as voice changes, facial and body hair growth, enlargement of penis and testicles.

Puberty blockers can also be started later in puberty which may prevent further testosterone induced changes including facial changes. It may slow down facial and body hair growth and decrease muscle bulk but will not reverse other changes that have already happened.

Starting Puberty blockers can improve psychological distress associated with having the unwanted effects of a testosterone induced puberty. This may allow time and maturity to develop before consideration of further choices eg stopping the puberty blocker or considering oestrogen.

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.

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. 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 puberty 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 someone pregnant) is likely to be affected whilst on the puberty blockers, but this is not guaranteed. Contraception will be needed if there is any sexual contact that may lead to pregnancy.

For those starting on a puberty blocker in tanner stages 3-5, storing sperm is an option to preserve fertility before starting treatment.

For those starting on a puberty blocker in early puberty, sperm storage may not be possible. Fertility information will be discussed and decisions around this can be revisited again at any point before starting on hormone therapy. If the puberty blocker is stopped it is not expected that there will be any long-term impact on fertility.

Sex

Being on puberty blockers may lower sex drive and impact on sexual experiences. It may stop erections or make them less hard. It can decrease the size of testicles over time. If puberty blockers are stopped then puberty changes should resume but may take time to do so.

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 puberty 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 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 your journey. Please feel free to discuss this with your prescriber before you stop your medication. 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: _____