

Informed Consent/Assent for Puberty Suppression

For _____ Date of Birth: _____ Name Used: _____
Patient Name as listed in chart Name if different from chart

There are advantages, disadvantages, and possible risks with treatment to block or suspend puberty. Please read the possible risks and effects listed below. It's important that you understand all this information before you consent to your child starting medication to suspend or put their puberty "on hold."

Read the below information carefully. Ask your child's medical providers any questions you have about treatment. When you are comfortable and understand how puberty blockers may help your child, you may sign the consent to start treatment.

The main way that the physical changes of puberty can be put on hold is by blocking the signal from the brain to the organs that make the sex hormones estrogen or testosterone. Estrogen is made by the ovaries. Testosterone is made by the testicles.

The medications are commonly called puberty blockers. They may be prescribed for use daily, monthly, or once every three months. These medications work well for people assigned both male and female. If a person has a variation of sex development (e.g., intersex), they will need to work with a specialist (endocrinologist) to help with gender affirming hormonal treatments due to their special medical needs. Puberty blockers may be started just after the start of noticeable physical changes of puberty. Please talk to your medical provider about how to recognize these early changes if you are unsure what to help monitor or look for in your child.

For some trans feminine children additional medicines may be used to block the effect of testosterone. The most common medication of this type is called spironolactone. Spironolactone is not an option for all trans feminine children. Talk with your child's medical provider to go over all treatment options.

Many years of experience in treating gender diverse people and accepted, published medical guidelines on hormone treatment inform the use of hormone therapy for gender confirmation/affirmation (transition) in this health center. Continuing research on hormone therapy provides us with more information on the safety and usefulness of hormone therapy to relieve gender dysphoria or incongruence when appropriate. Nonetheless, medicine does not fully understand the long-term effects of estrogen therapy across the lifespan.

Read the following information and initial each section where indicated once you are sure you understand the information and your questions have been answered to your satisfaction.

Effects of Medications for Blocking Puberty

- Puberty Blockers are used to help temporarily suspend or block the physical changes of puberty
- It can take several months for the medication to be effective. No one can predict how quickly or slowly my child's body will respond.
- This treatment is based on current medical guidelines and research. These medications have been used to help treat gender diverse youth for many years. Treatment follows the recommendations of medical specialists who work with hormones and puberty (endocrinologists). Guidelines for using these medications for gender diverse youth when the physical changes of puberty need to be delayed are published by the Endocrine Society and the American Association of Clinical Endocrinologists, however, these medications are considered "off label" for this purpose.
- The medication effect of puberty suppression is not permanent. If my child stops taking the medication, they will restart the changes of puberty where their body development/changes paused.
- While taking these medications, my child's body will not be making the hormones of puberty, testosterone or

estrogen. This will “put on hold” my child’s physical development, though it may not stop all development, such as growing taller.

- These medicines may help my child avoid the need for future gender affirming surgeries and other treatments (i.e. chest reconstruction or augmentation, facial surgeries, electrolysis) that would otherwise be needed to reverse as many of the effects of puberty as possible.
- Children assigned male at birth who identify as female or feminine may be able to take spironolactone instead of puberty blockers to stop or decrease the effects of testosterone on their body development. Review what options are possible with your child’s medical provider.
- Stress that is present due to being gender diverse, social rejection and judgments, and needing to take any medications may cause increases in my child’s level of distress, anxiety, depression, or other mental health issues.
- My child and my family may benefit from mental health supports to reduce stress and improve or maintain the ability to cope with everyday life and medical treatments. You are encouraged to talk with the medical provider about benefits from and recommendations for individual and family therapy.

_____ (initials) My child’s medical provider or member of the medical team has answered my questions about the effects medications for puberty blocking. _____ (initials) Provider _____ Date discussed

Possible Risks of Puberty Blockers

- These medications have been administered to children for other diagnosis for many years, safely. However, the long-term side effects and safety of these medicines are not completely understood.
- My child may or may not get taller while on these medications. Puberty suppression may prevent growth spurts and increases in bone density. Adolescents continue to grow in height while on puberty suppression, but this growth is not as fast as during puberty. Research shows that delays in bone density generally reverse after puberty is resumed or cross-sex hormones are administered.
- These medicines will stop my child’s development from puberty. Other people may notice this, especially as my child becomes older and does not develop at the same rate as their peers.
- Blocking puberty development means my child will not make fertile sperm or eggs. This means that my child would have to stop puberty blockers and complete their biological puberty in order to attempt to have their own biological children later in life (i.e., become fertile). This would also mean that my child would develop all the usual secondary characteristics typical of their assigned sex at birth. This process could take several years and there would be no guarantee of fertility. There would also be the need for possible surgeries or other treatments to reverse the effects of having gone through their biological puberty (i.e., chest reconstruction, electrolysis, facial surgeries).

_____ (initials) My child’s medical provider or member of the medical team has answered my questions about the possible risks of medications for puberty blocking. _____ (initials) Provider _____ Date discussed

You understand that

- To support my child in taking puberty blocking medication as prescribed, I agree to tell my child’s health care provider if my child has any problems or side effects or is unhappy with the medication.
- Using these medicines to block puberty is an “off-label” use. I know this means it is not approved by the Food and Drug Administration for this specific use. I know that the medication that is recommended is based on the judgment and experience of my child’s health care providers and is based on the recommendations of the Society of Pediatric Endocrinology, the Endocrine Society, and the American Association of Endocrinologists.
- My child can choose to stop taking these medications at any time. I know that if my child decides to stop the puberty suppression medications, we need to make a safe plan to stop the medications with the help of my child’s health care provider. I understand that some forms of the medication cannot be stopped, such as implanted or large injections that absorb slowly over time, but these medicines will naturally slow down and stop on their own.

You agree to

- Schedule and bring my child to required periodic check-ups to make sure that they are responding as expected

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