

**Client Information for Informed Consent**

**PUBERTAL BLOCKERS FOR MINORS IN EARLY ADOLESCENCE**

**Informed Consent/Assent for Puberty Suppression**

Before considering a medication for your child to put puberty “on hold”, there are several things you need to know. There are possible advantages, disadvantages and risks with pubertal blockers. We have listed them here for you. It's important that you understand all of this information before your child begins the medication.

Please read the following carefully and ask us any questions. We want you to be very comfortable and sure of what pubertal blockers offer your child.

After your questions or concerns are addressed and you have decided to proceed with the pubertal blocker medication for your child, you will need to sign this information and consent form.

**What are the different medications that can help to stop the physical changes of puberty?**

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 hormones of puberty. These hormones are estrogen and testosterone. Estrogen is made by the ovaries. Testosterone is made by the testicles.

The medications are called Pubertal Blockers, are given daily, monthly or every three months. This medication is effective for both males and females. They can be started just after the early physical changes of puberty.

For transgender girls there are alternative medicines that can block the effect of testosterone. The most common medication of this type is called spironolactone. Spironolactone is not an option for all transgender girls and your clinician will go over all appropriate treatment options.

Every medication has risks, benefits, and side effects that are important to understand before starting. It is also important to know how they work.

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**Please initial and date each statement on this form** to show that you understand the benefits, risks, and changes that may occur for your child by taking these medications.

## Medications for Blocking Puberty

### Guardian / Patient

\_\_\_\_\_/\_\_\_\_\_ I know that the Puberty Blockers are used to help temporarily suspend or block the physical changes of puberty for my child.

\_\_\_\_\_/\_\_\_\_\_ I know it can take several months for the medication to be effective. I know that no one can predict how quickly or slowly my child's body will respond.

\_\_\_\_\_/\_\_\_\_\_ this medication is not specifically made for the purpose of blocking puberty (they are not FDA-approved for this purpose) in transgender youth, however pediatric endocrinologists (children's doctors who work with hormones and puberty), recommend these medications if the physical changes of puberty need to be postponed. They have been in use for this purpose for many years.

\_\_\_\_\_/\_\_\_\_\_ I know that the medication is not permanent. If my child stops getting the medication, in about six months my child's body will restart the changes of puberty at the developmental stage they were at when they started the hormone blocker.

\_\_\_\_\_/\_\_\_\_\_ I know that by taking these medications, my child's body will not be making the hormones of puberty, testosterone or estrogen. At this time, I support my child in "putting on hold" the hormones and the changes that they cause in puberty.

\_\_\_\_\_/\_\_\_\_\_ I know that by providing these medicines to my child I may be helping them avoid the need for surgeries and other treatments (i.e. mastectomies for transmen, tracheal shaving or electrolysis for transwomen) that would be required to try to reverse the effects of puberty.

\_\_\_\_\_/\_\_\_\_\_ I know that if my child is a transgender girl (born male), my child can take spironolactone instead of puberty blockers to block the effects of testosterone. If we are interested in this medication, we can review this option with the clinician.

\_\_\_\_\_/\_\_\_\_\_ I know that my child and our family might be participating in therapy with a therapist experienced in gender issues while my child is taking the hormone blocker. This can be very helpful but is not required for all patients.

## Risks of Puberty Blockers

### Guardian / Patient

\_\_\_\_\_/\_\_\_\_\_ I know that the side effects and safety of these medicines are not completely understood. There may be long-term risks that are not yet known. However, these medications have been administered to children for other diagnosis for many years, safely.

\_\_\_\_\_/\_\_\_\_\_ I know that my child may or may not get taller while on these medications.

\_\_\_\_\_/\_\_\_\_\_ I know these medicines will be stopping the development of puberty for my child and that other people may notice. As my child becomes older, this may become more apparent.

\_\_\_\_\_/\_\_\_\_\_ I know that while taking puberty blockers my child cannot make fertile sperm or eggs. If my child later wishes to have genetic children, my child will have to stop the puberty blockers and complete biological puberty in order to achieve effective fertility: this will mean that my child will develop secondary characteristics appropriate to their sex assigned at birth – this process could take several years.

## Prevention of Medical Complications

### Guardian Patient

\_\_\_\_\_/\_\_\_\_\_ I support my child taking puberty blocking medication as prescribed. I agree to tell my health care provider if my child has any problems or side effects or is unhappy with the medication.

\_\_\_\_\_/\_\_\_\_\_ I know my child needs periodic check-ups to make sure that my child is responding appropriately.

\_\_\_\_\_/\_\_\_\_\_ I know that 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 for my child is based on the judgment and experience of our health care providers and is supported by the Society of Pediatric Endocrinology.

\_\_\_\_\_/\_\_\_\_\_ I know that my child can choose to stop taking these medications at any time. I know that if my child decides to do that, we should stop the medications with the help of my health care provider.

**The signatures below confirm that**

- My child’s health care provider has talked with me about
  - o the benefits and risks of puberty blockers for my child.
  - o the possible or likely consequences of using puberty blockers.
  - o potential alternative treatments.
- I understand the risks that may be involved.
- I know that the information in this form includes the known effects and risks. I also know that there may be unknown long-term effects or risks.
- I have had enough opportunity to discuss treatment options with my child’s health care provider.
- All of my questions have been answered to my satisfaction.
- I believe I know enough to give informed consent for my child to take, refuse, or postpone using puberty blocking medications.
- My child is in agreement with this treatment and the signature of my child on the Child’s Puberty Blocker consent form specifically for my child attests to this agreement.
- My signature attests to my consent for my child to begin the Puberty Blocker.

**Based on all this information:**

\_\_\_\_\_ (initials) I want my child to begin receiving the puberty-blocking medications

\_\_\_\_\_

Patient Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Prescribing Clinician Signature

\_\_\_\_\_

Date