Consent form for blocking male hormones

This consent form outlines important information you might want to talk to your health team about before starting blockers to block male hormones.

**Lucrin** (Leuprorelin acetate) injections or **Zoladex** (Goserelin acetate) implants work by blocking the production of male hormones in the testes.

The blockers are given every 10 – 12 weeks and will reduce the level of the male hormone testosterone in the body.

Blockers are a 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 halt the male changes of puberty such as voice changes, facial hair growth, enlargement of penis and testicles. Blockers can also be started later in puberty to prevent further masculinisation of the body including facial changes and broadening of the shoulders. It will slow down facial and body hair growth and decrease muscle development but will not reverse other changes that have already happened.

Starting blockers often improves psychological distress associated with having the unwanted male hormone and allows time to think about whether starting oestrogen is right for you.

**Common side effects**
- Hot flushes
- Mood swings – mostly in the first few weeks of starting
- Possible fatigue

Most side effects should settle within a few days to weeks of starting the medications. Allergic reactions can happen but are rare. Please tell your health team if you have any problems.

**Potential risks of blockers**
- Increased height (unlikely if already through puberty)
- Decrease future bone density

**Bones**

Puberty is a time of increased calcium uptake and growth of bones. Blockers may interfere with this. For this reason it is important to look after your bones while on the blockers by keeping active and having enough calcium and vitamin D. It is not known if being on blockers increases the risk for osteoporosis (thinning of bones) in older age.

**Fertility**

Your fertility (ability to get someone pregnant) is likely to be affected by the blockers, but this is not guaranteed. Contraception will be needed if there is any sexual contact that would put you at risk of getting someone pregnant.

For those starting on a blocker in late puberty storing sperm is an option to preserve fertility before starting the blocker.

For those starting on a 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 you decide to stop the blockers it is not expected that there will be any long term impact on fertility.

**Sex**

Being on blockers may lower your desire to have sex. It may stop your erections or make them less hard. It will decrease the size of your testicles over time. If blockers are stopped then puberty changes should resume but may take a little time to do so.
**Risks of withholding blockers**
Withholding the use of blockers may cause additional distress leading to anxiety and depression. Not using blockers can also lead to irreversible unwanted physical changes.

**The Health Team**
Keeping in touch with your health team for regular checkups and blood tests is an important part of your care and will reduce the risks of being on blockers.

It is your health team’s responsibility to best support you to make the 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 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.

Are there any other questions you want to ask?

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