

# Shared Care Guideline For Prescribing Sustanon 250 to boys with Constitutional Delay of Growth and Puberty (CDGP)

**Recommendations:**

The following shared care for managing the prescribing of Sustanon 250 to boys with CDGP has been agreed for use in East Kent.

**Approved by:** East Kent Prescribing Group (*Representing Ashford CCG, Canterbury and Coastal CCG, South Kent Coast CCG and Thanet CCG*)

**Date:** April 2013

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# Shared Care Guideline

## For Prescribing Sustanon 250 to boys with Constitutional Delay of Growth and Puberty(CDGP)

**Issue No: 1.3**

**Review Date (If Applicable):**

**Accountable Officer:**

**Contact Details:**

Document history:

Version	Created by	Date	Main Changes/Comments
1	Neil Martin	21.10.2013	Initial draft
2	Neil Martin	05.11.2013	Submitted draft
3	Heather Lucas, Prescribing Adviser	22.11.2013	Final guidance following comments from East Kent Prescribing Group

## Shared Care Guideline for prescribing Sustanon 250 to boys with Constitutional Delay of Growth and Puberty (CDGP)

<b><i>Patient name</i></b>	
<b><i>Patient's dob:</i></b>	
<b><i>Patient address</i></b>	
<b><i>NHS no.</i></b>	
<b><i>Patient's consultant</i></b>	
<b><i>Date of referral to GP for shared care</i></b>	
<b><i>Contact Details for Specialist team to answer any GP concerns regarding treatment</i></b>	<i>Dr Neil Martin, William Harvey Hospital : 07775 751349 or via Paediatric Secretaries 01227 766877</i>

# Shared Care Guideline for Prescribing Sustanon 250 to boys with CDGP

## INDICATION

Constitutional Delay of Growth and Puberty (CDGP) is the commonest cause for boys being of short stature before the onset of puberty. The diagnosis can be made by an experienced GP or paediatrician following appropriate growth monitoring and investigation. To bring forward the onset of the 'growth spurt' without altering final adult height, pituitary control of testicular function can be stimulated by low doses of exogenous testosterone most easily given by monthly intra muscular injections for 6 – 12 months. This treatment is most frequently introduced after the 14<sup>th</sup> birthday if signs of puberty are delayed.

## DOSAGE AND ADMINISTRATION

Sustanon 250 (Mixed testosterone esters) 50 – 100mg by monthly IM injection.

## SPECIALIST RESPONSIBILITIES

1. After discussion and agreement with the patient, write to the GP requesting that monthly injections be organised at the local surgery, indicating the exact dose and frequency of injections. & duration of treatment.
2. To be available for advice if the patient's condition changes.
3. To ensure that procedures are in place for the rapid re-referral of the patient by the GP.
4. To liaise with the GP on any suggested changes in prescribed therapy.
5. To communicate significant changes in the condition of the patient or the patient's condition to the GP in a timely manner.
6. To clarify and document that the child does not have a history of peanut allergy.
7. To counsel the patient about the importance of concordance with the treatment.

## GENERAL PRACTITIONER RESPONSIBILITIES

1. Respond to the specialist's request for shared care.
2. Continue to prescribe and administer IM testosterone injections, or seek a primary care colleague who is willing to do so.
3. Follow the specialist's advice on any changes in treatment.
4. Monitor concordance with therapy.
5. Ask for advice from the specialist before discontinuing medication.

6. To communicate with the specialist on any aspect of patient care that is of concern to the GP and may affect treatment.
7. Seek advice from the specialist or EKHFT Medical Information (01233 633331) if there are any supply issues with Sustanon.

#### **PATIENT'S ROLE (OR THAT OF CARER)**

1. Before shared care is put in place the patient must be fully informed of the plan and must be in agreement with it.
2. The patient should report to the specialist or GP if he or she does not have a clear understanding of the treatment, or has any concerns relating to treatment.
3. Attend appropriate specialist, GP and other follow up appointments and co-operate with assessments.
4. Inform the specialist or the GP of any other medication being taken, including herbal or over the counter products
5. Seek help urgently if side effects are suspected, or are otherwise unwell.
6. To be concordant with the prescribed medication.

#### **REQUIRED MONITORING**

No monitoring is required in primary care. Growth monitoring will be arranged in general paediatric or specialist growth clinics every 4 – 6 months until completion of therapy, usually 12 – 18 months following onset of treatment.

#### **SUPPORTING INFORMATION**

See Summary of Product Characteristics (SPC) for full prescribing information and updates.  
[www.medicines.org.uk](http://www.medicines.org.uk)