

A Nursing Perspective

Common and best practices for pubertal suppression for children with central precocious puberty and transgender youth

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Objectives

- Explore current CPEN nursing practice in Canada
- Review of the related literature
- Discuss clinical practice guidelines and recommendations for reducing injection pain

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Background

- Collaboration within the Canadian Pediatric Endocrine Nurses (CPEN) network revealed practice differences across the country in pubertal suppression for central precocious puberty (CPP) and transgender (TG) youth.
- Treatment goals include effective pubertal suppression while minimizing side effects, lowering pain/anxiety for child/parent, providing least cost/time alternatives for families, and lowering costs for government funded procedures.

Aims



- To explore current nursing practice for pubertal suppression in CPP and TG youth.
- Compare to evidenced-based practice through a literature review.

Methods



- Online survey to assess nursing practice for pubertal suppression for CPP and TG youth.
- Literature search using key words:
- >60 Articles identified in search (recent 5 years)

Review



- Goals of treatment
- DL in TG youth
- Survey responses (doses, needle size, site, pain)
- Literature review

Conclusions

- There is room for improvement in offering pain reduction strategies, standard practice should be “every child, every time”.
- Recent studies show that children’s memories of pain and fear significantly impact the development of needle phobias and avoidance of injections in the future.

Clinical Implications

- Needle length, injection location, and use of pain reduction strategies impact the patients’ experience of pain.
- Using pain reduction strategies for children’s injections minimizes pain memory and fear, lowering needle phobia and avoidance of injections in adulthood.

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