

I agree to take medroxyprogesterone acetate (Depo-Provera) in order to try to help reduce the intensity of my sexual urges so that I can better control them. I will also attend regular counseling sessions if requested to do so. Because this medication has only been available for this purpose for a few years I agree to have periodic blood test and recordings of my weight and blood pressure taken. The amount of blood needed will be about three test tubes full once every six months. I understand that this is being done to help monitor for possible side effects, and to document the effects of treatment upon my hormone levels.

All medications do have side effects which are the unwanted effects that sometimes occur in addition to the planned therapeutic effects. The most common side effects of treatment with Depo-Provera include weight gain and increased blood pressure. If your blood pressure becomes too high we may need to treat you with additional medications to lower it. Less common side effects are nightmares, cold sweats and hot flashes. Temporary sexual impotence is also possible. Muscle cramps and a tendency to become easily fatigued have also been reported. You should check with us before taking any other medications. Depo-Provera lowers the sperm count. Therefore, you will likely be unable to father a child while receiving this treatment. However, Depo-Provera should not be considered a guaranteed method of birth control.

Depo-Provera is a hormone which is similar to those contained in birth control pills. Therefore the risk of developing blood clots may exist. Depo-Provera has also been found to increase the frequency of malignant breast tumors (breast cancer) in female beagle dogs, and of uterine cancer in female monkeys. There have been no reports of this drug causing cancer in men.

Other side effects not listed above may also occur in some patients. If you notice any other side effects be sure to notify us. You may phone Dr. Fred Berlin, (301) 955-6292 for advice should any suspected side effects occur. During the course of your treatment here we may do additional periodic blood tests to make certain the medication is acting properly and not causing medical problems.

Depo-Provera is usually given once a week by means of two injections, one in each side of your hind end, or if you prefer, one in each arm.

If you sign this form this will indicate that you are willing to receive the type of treatment outlined here. Your doctors will also explain to you other kinds of treatments that are available to you. You should ask any questions you have about this form of treatment or alternative forms of treatment. You may ask questions in the future if you do not understand something that is being done.

The records from your treatment here will be kept confidential, as is the policy with all medical records in this hospital. If your treatment here involves the use of a drug which is under the jurisdiction of the Food and Drug Administration (FDA), FDA government officials may look at relevant parts of your medical records as part of their job to review new drugs, or new uses of approved drugs. Depo-Provera has not been approved by the FDA at this time for use as a "sexual appetite suppressant", although the FDA has deemed it to be effective for human use for other purposes. It is, however, permissible for your doctor to prescribe this medication for you through this clinic with your consent.

If you want to talk to anyone about your treatment here because you think you have not been treated fairly or because you think you have been in some way injured you should call Fred S. Berlin, MD, PhD at (301) 955-6292, or you may contact the Office of Public Relations here at the Johns Hopkins Hospital.

If, in spite of our recommendations, you do not wish to receive Depo-Provera treatment through this facility you are permitted to refuse such treatment. Even if you are in this treatment program as a condition of probation, you are still not obligated to take Depo-Provera. If you are receiving counseling here as a condition of probation and you fail to adhere to your agreed upon appointment schedule, we will notify your Probation Officer that you have been non-compliant. We will not, however, report to your Probation Officer information you tell us as part of the normal doctor patient privileged relationship. If we felt that in the absence of this form of medication treatment you would very likely not succeed in controlling your sexual behaviors appropriately, we would tell you so. If you decide not to accept Depo-Provera treatment here for your sexual disorder you would still have the same quality of medical care available to you at Johns Hopkins Hospital for any medical or psychiatric difficulty which you might have, or which might develop in the future. Some patients in our Clinic have conditions which do not require Depo-Provera treatment.

If you are agreeable to receiving treatment here with Depo-Provera in the manner outlined above, please sign your name below.

PATIENT'S SIGNATURE

DATE

SIGNATURE OF PARENT OR GUARDIAN (when applicable)

DATE

WITNESS TO ABOVE SIGNATURE(S)

DATE

SIGNATURE OF ATTENDING PHYSICIAN

DATE

NOTE: The protocol outlined above is intended to provide you with treatment for your sexual disorder. From time to time patients receiving treatment through our clinic may be asked to participate in research. If you are asked to participate in research you will be provided with a separate consent form to be signed agreeing to participate in that particular investigation.