



One year experience of NHS
Lothian's Edinburgh Steroid Clinic,
and the presentation of men who
attended

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Rationale



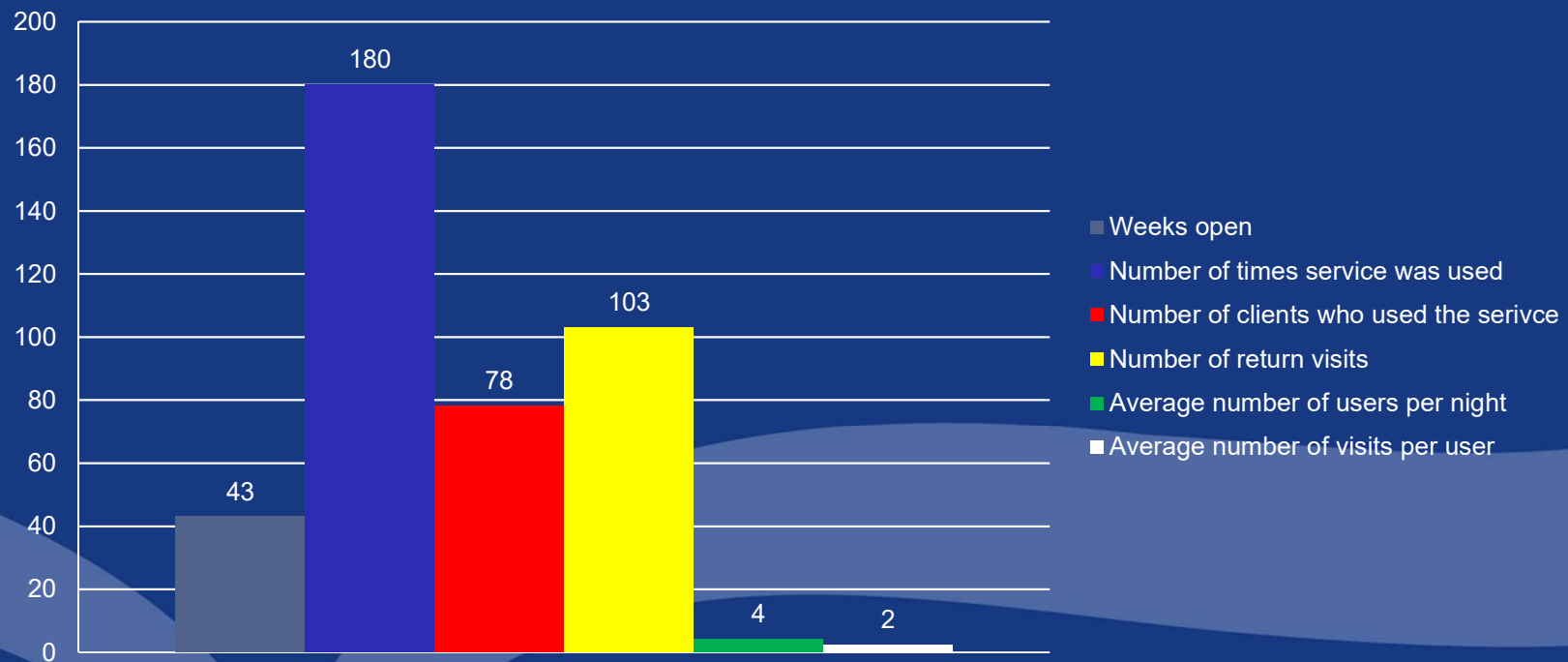
- 22% of individual clients using Lothian IEP services are now IPED users
- Most common injected drug in males <25 years
- NESI indicated that around 7% of IPED users are living with HCV in Scotland
- National IPED study 2015 indicated that 8.8% unknowingly living with HBV
- Client group may prefer not to attend same services as other drug users

Clinic provision & objectives



- Injecting equipment provision and harm reduction advice specific to IPED users
- Post-cycle blood testing
- BBV testing and HBV vaccinations
- Increase understanding of the health needs of this group
- Reduce health barriers by creating referral pathways to other services
- Mental health support and counselling

Clinic attendance



What we expected to see



What we are seeing at the clinic



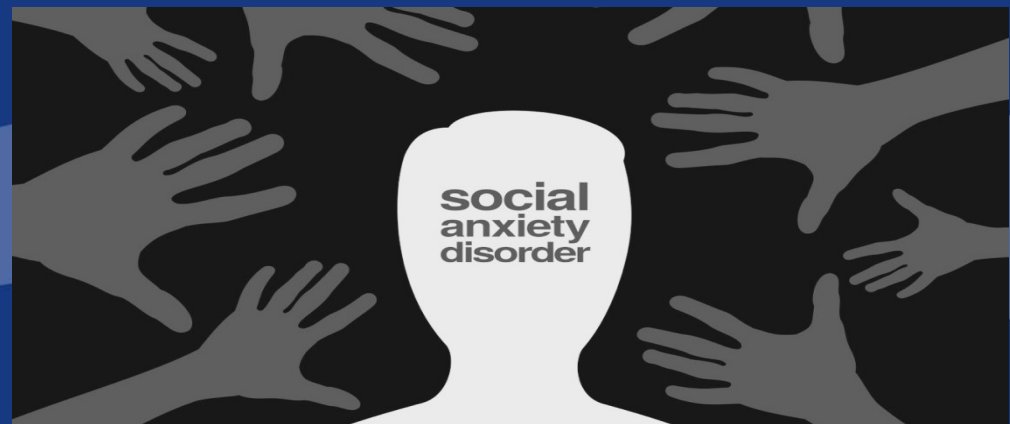
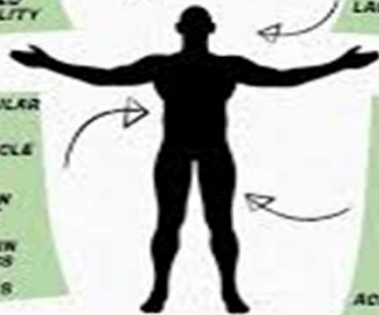
SIGNS OF LOW TESTOSTERONE

MOOD CHANGES
NO MOTIVATION
INCREASED EMOTIONALITY

HAIR LOSS
FATIGUE
LACK OF ENERGY

CARDIOVASCULAR DISEASE
LOSS OF MUSCLE MASS
INCREASE IN BODY FAT
DECREASE IN BONE MASS
THIN BOOBS

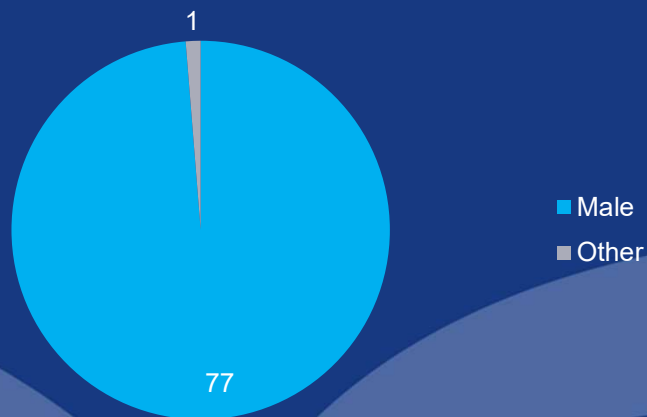
LOW SEMEN VOLUME
LOW SEX DRIVE
TESTICULAR SHRINKAGE
GENITAL RUBBINESS
DIFFICULTY ACHIEVING ERECTION



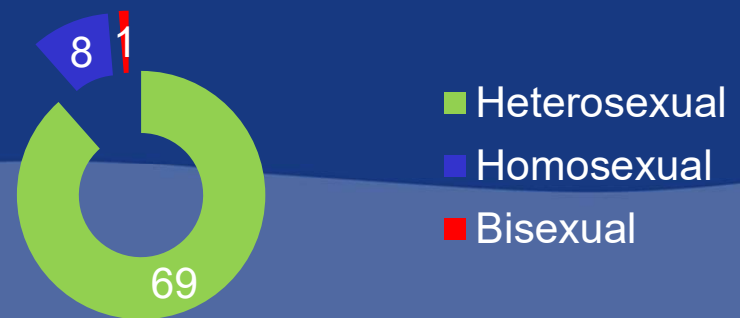
social anxiety disorder

Gender and sexuality

Gender



Sexuality

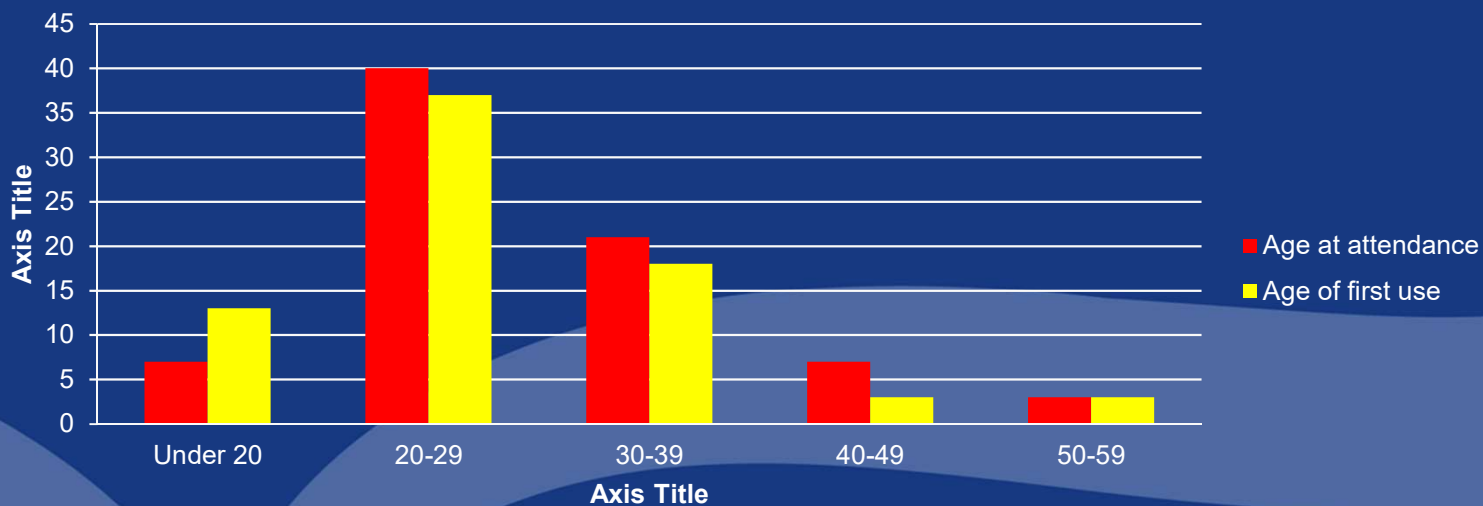


n=78

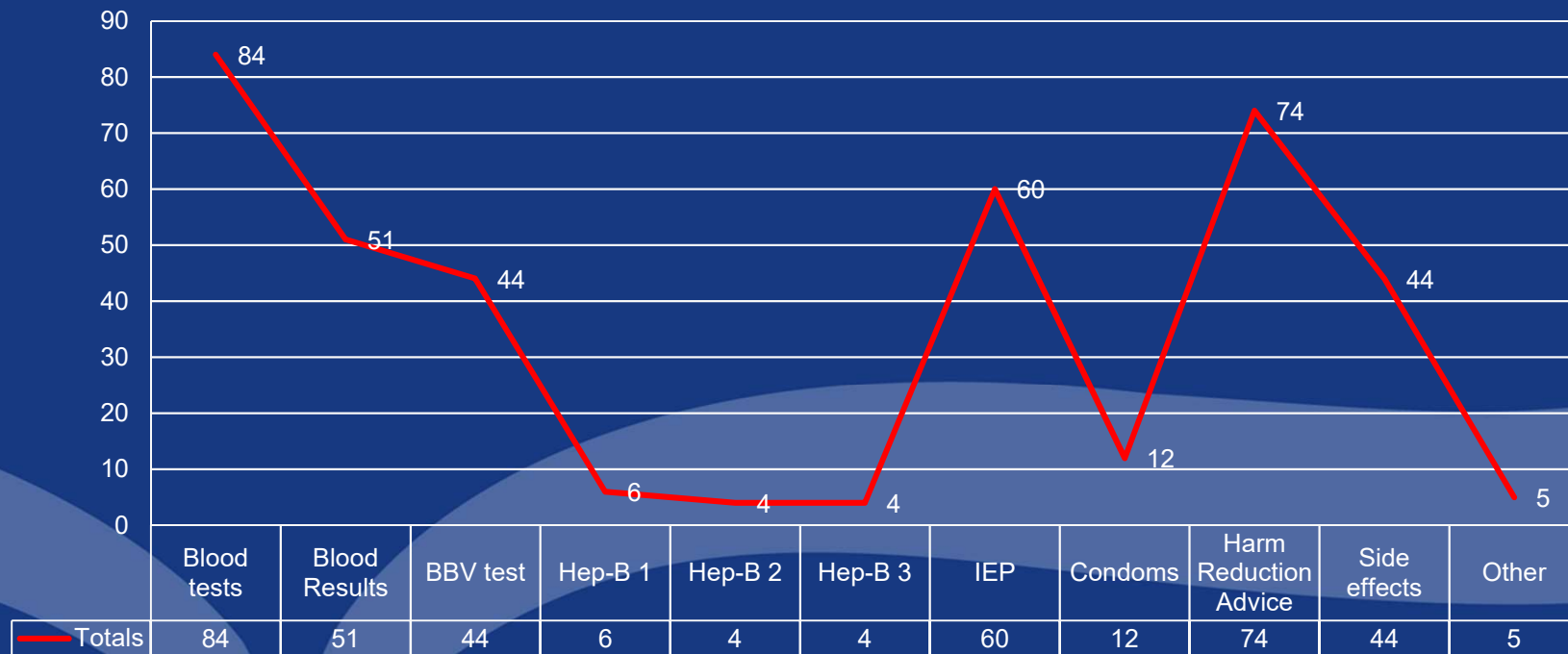
Age at attendance and age of first use



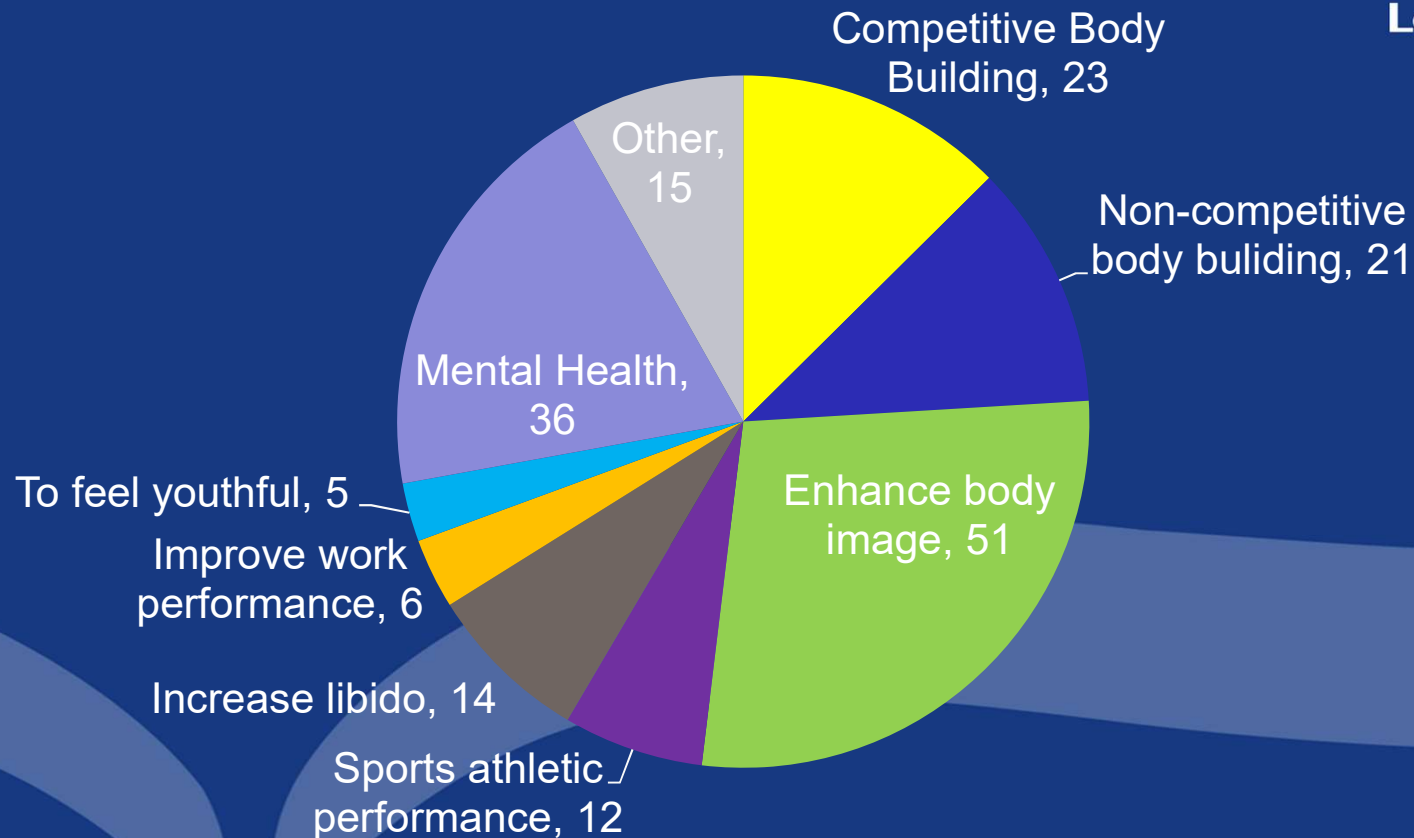
Age at attendance and age of first use



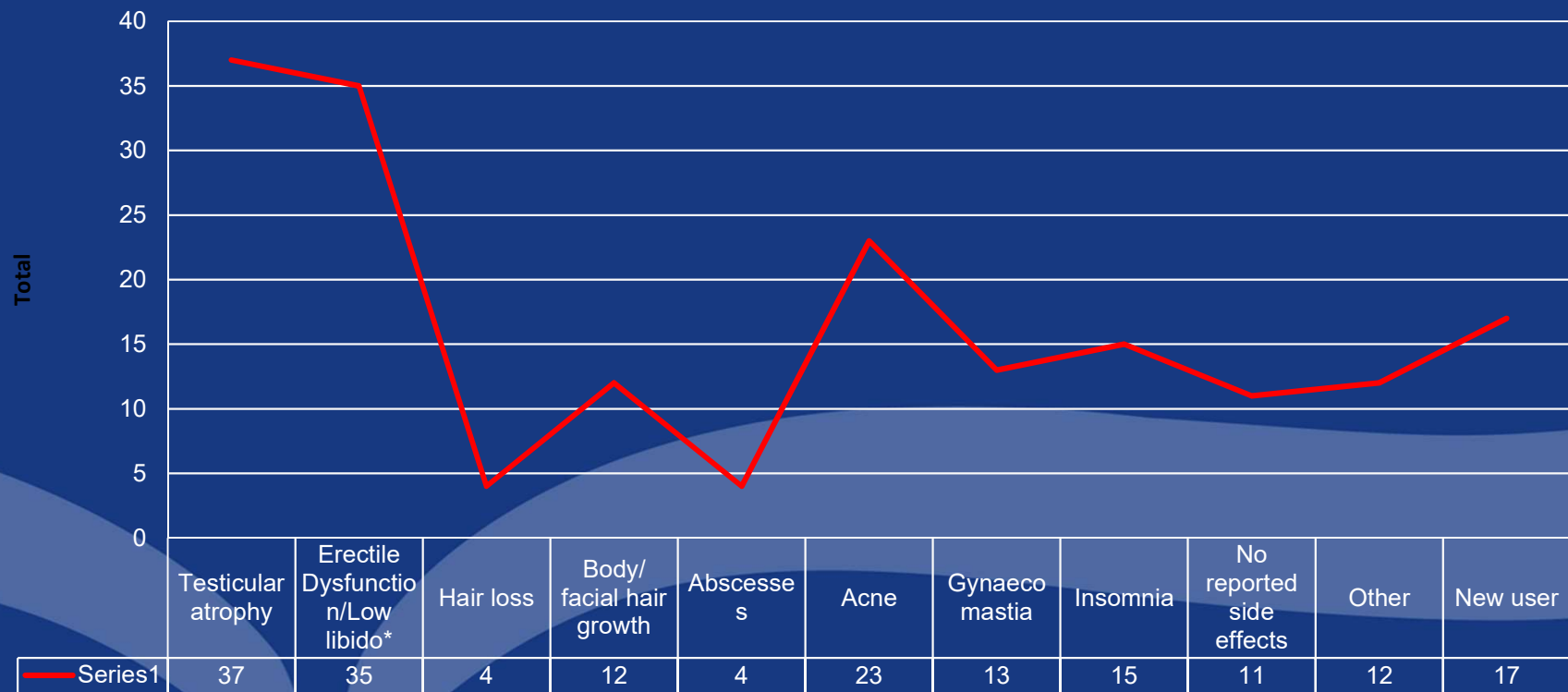
Reason for visit



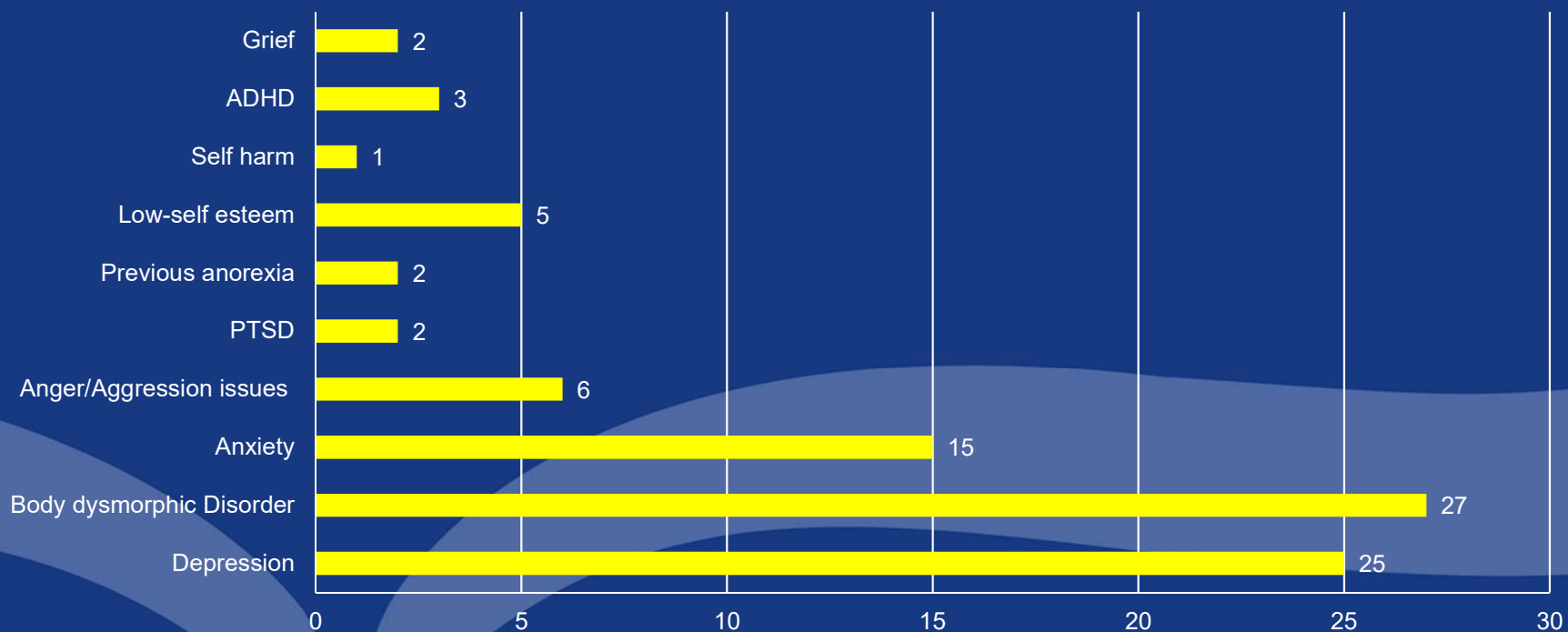
Multiple reasons for use n=78



Physical health issues n=78



Mental health issues



Positive effects of steroids

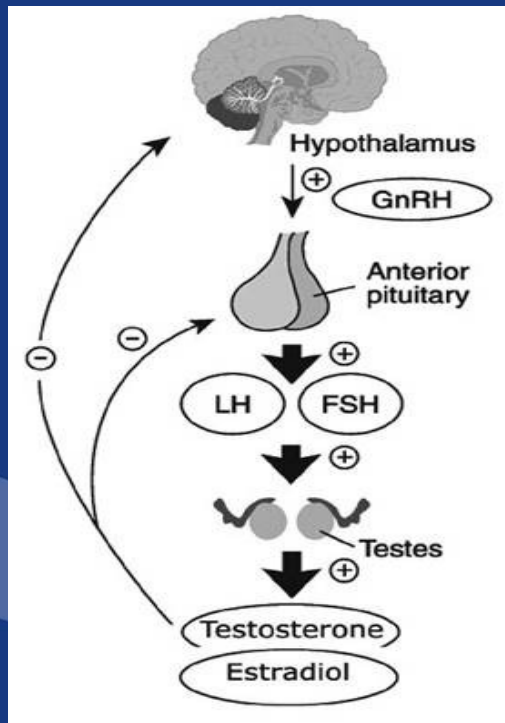


- Increased strength, stamina and motivation
- Increased and accelerated muscle growth
- Mental health improvements such as enhanced mood, increased confidence and reduced anxiety
- Increased libido
- Improved concentration

Post-cycle blood results

Blood tests

HPTA



- Blood-borne viruses
- U&Es
- LFTs
- PSA
- Cholesterol

Post-cycle blood results from using testosterone esters only



LH	6.6	U/L	(1.0 - 9.0)
FSH	6.2	U/L	(1.0 - 10.0)
Oestradiol	94	pmol/L	(0 - 160)
Testosterone	25.5	nmol/L	(10 - 38)

LH	3.3	U/L	(1.0 - 9.0)
FSH	3.9	U/L	(1.0 - 10.0)
Oestradiol	79	pmol/L	(0 - 160)
Testosterone	15.8	nmol/L	(10 - 38)

Post-cycle blood results from using nandrolone esters



LH	<0.5	U/L	
FSH	<0.5	U/L	
Prolactin	152	mU/L	(60 - 500)
Oestradiol	<50	pmol/L	
Testosterone	1.5	nmol/L	(10 - 38)
Cortisol	202	nmol/L	

LH	1.4	U/L	(1.0 - 9.0)
FSH	2.4	U/L	(1.0 - 10.0)
Oestradiol	<50	pmol/L	
Testosterone	6.7	nmol/L	(10 - 38)

No post-cycle therapy blood results



LH	<0.5	U/L	
FSH	<0.5	U/L	
Oestradiol	<50	pmol/L	
Testosterone	3.2	nmol/L	(10 - 38)

Testosterone only



Urea	5.5	mmol/L	(2.5 - 6.6)
Creatinine	96	umol/L	(61 - 97)
eGFR (/1.73m2)	>60	ml/min	
Sodium	139	mmol/L	(135 - 145)
Potassium	4.5	mmol/L	(3.6 - 5.0)
Bilirubin	8	umol/L	(3 - 21)
ALT	31	U/L	(10 - 50)
Alk. Phos	101	U/L	(50 - 250)
GGT	19	U/L	(10 - 55)
Cholesterol	4.0	mmol/L	
Triglyceride	1.5	mmol/L	(0.8 - 2.1)
HDL Chol.	1.1	mmol/L	(0.9 - 1.4)
LDL Chol.	2.2	mmol/L	
Chol:HDL Ratio	3.7		

Nandrolone ester blood results



Urea	8.1	mmol/L	(2.5 - 6.6)
Creatinine	83	umol/L	(64 - 111)
eGFR (/1.73m2)	>60	ml/min	
Sodium	138	mmol/L	(135 - 145)
Potassium	4.8	mmol/L	(3.6 - 5)
Bilirubin	9	umol/L	(3 - 21)
ALT	136	U/L	(10 - 50)
Alk.Phos	73	U/L	(40 - 125)
GGT	181	U/L	(10 - 55)
Lithium	<0.11	mmol/L	(0.4 - 1.0)

Early thoughts



- Anti-depressants are possibly not an effective treatment for men with body dysmorphia or low libido?
- Using only testosterone esters appears to be much safer to use than other steroids.
- Should testosterone treatment be easier to access for depression and libido issues?

Future plans for the clinic

- Enhanced data recording system on NEO
- Mid-cycle blood testing
- Enhanced links to other services
- West Lothian service



Thank you for listening

Any questions?

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