What the pediatrician needs to know about transgender children and adolescents

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Objectives

1. Recognize current gender terminology and define gender dysphoria
2. Define the Standards of Care for the treatment for transgender adolescents
3. Apply cultural competency when caring for transgender individuals and families.

Disclosures

• Advisory Board to Endo Pharmaceuticals.
• Off FDA label use: Histrelin, leuprolide, testosterone, estrogen, spironolactone

Percent of Individuals Who Identify as Transgender by Age in U.S.

<table>
<thead>
<tr>
<th>Age Group (yr)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>13-17</td>
<td>0.7</td>
</tr>
<tr>
<td>18-24</td>
<td>0.7</td>
</tr>
<tr>
<td>25-64</td>
<td>0.6</td>
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<tr>
<td>&gt; 65</td>
<td>0.5</td>
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</tbody>
</table>

1:140 adolescents

State-level, population based surveys/ CDC surveys,
The Williams Institute, UCLA School of Law, 2017

Why is it coming to our attention now?

• 41% suicide attempt rate.
• Patients and caregivers have more access to information.
• More accepting society…

“We prefer to have a living son, than a dead daughter”

Why do all health providers need to feel comfortable treating transgender patients?

Transgender patients avoid seeing a medical provider because they fear they will be discriminated against, humiliated, or misunderstood.


Barriers to Health Care Transgender (Adults)

- 28% postpone necessary medical care
- 50% teach their doctors about transgender care
- 19% refused to care because of their gender identity
- 28% subjected to harassment in the medical setting
- 2% subjected to violence in a doctor’s office


Gender Terminology

The Genderbread Person

http://www.genderbread.com/
Appropriate Terminology

**Transgender**: NOT transgendered

A broad term for people whose gender identity is different from their assigned sex at birth.

Not a medical term

Other umbrella terms:
* Gender incongruent, expansive, diverse, fluid, variant, non-conforming

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**Transgender Identity**

- **Transfemale (MTF)**: assigned male at birth, identifies as female
- **Transmale (FTM)**: assigned male, identifies as male
- **Gender non-binary/queer**: do not identify as male or female or identifies as both or somewhere in between
- **Cisgender (not transgender)**

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**Gender Expression Changes through Time**

![Franklin Delano Roosevelt, 1884](image)

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**Sexual Orientation ≠ Gender Identity**

Transgender individuals can be homosexual, heterosexual, bisexual, pansexual, asexual, etc.

Example: transgender male who likes males would consider himself homosexual

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**Gender Terminology**

- **Gender Dysphoria**: discomfort with one's biological gender and/or gender role assigned to it, DSM-V diagnosis, ICD-10 diagnosis.
- 6 months duration, associated with significant distress or impairment in functioning
- **Misgendering**: incorrect use of appropriate name, pronouns or gender

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**Gender Terminology**

**Gender Transition**
- Process to align the gender identity with its outward manifestation
- **Social transition**
  - Clothing/hairstyle, name/pronouns
- **Physical transition**
  - Hormonal or surgical
Portraits Of Transgender Children Reveal “The Person They Feel They Really Are”

http://www.buzzfeed.com/lynzybilling/portraits

Gender Dysphoria: Etiology

- No longer considered a result of rearing or childhood events (abuse, trauma, etc.)
- Not considered a result of an emotional disorder
- 60% concordance in identical twins vs. 0% of non-identical twins


White matter microstructure in female to male transsexuals before cross-sex hormonal treatment. A diffusion tensor imaging study


The microstructure of white matter in male to female transsexuals before cross-sex hormonal treatment. A DTI study


Emerging Findings From Empirical Research on Gender Dysphoric Youth

- Heterogeneous group; different trajectories of gender development
- Not all young children persist into adolescence
- Factors associated with persistence: early onset, extreme gender dysphoria
- Gender dysphoria that is present in adolescence is likely to persist (>90%)


Mental Health
**Boston Community Health Center Data**

<table>
<thead>
<tr>
<th></th>
<th>Transgender</th>
<th>Cisgender</th>
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<tbody>
<tr>
<td>Depression</td>
<td>50.6%</td>
<td>20.6%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>26.7%</td>
<td>10.0%</td>
</tr>
<tr>
<td>Suicidal Ideation</td>
<td>31.1%</td>
<td>11.1%</td>
</tr>
<tr>
<td>Suicide Attempt</td>
<td>17.2%</td>
<td>6.1%</td>
</tr>
<tr>
<td>NSSI</td>
<td>16.7%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Inpatient MH care</td>
<td>22.8%</td>
<td>11.1%</td>
</tr>
<tr>
<td>Outpatient MH care</td>
<td>45.6%</td>
<td>16.1%</td>
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**GENECIS: Patient Characteristics**

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>N</td>
<td>102</td>
</tr>
<tr>
<td>Natal male: female ratio</td>
<td>0.9:1</td>
</tr>
<tr>
<td>Age at referral</td>
<td>12.9 ± 3.4</td>
</tr>
<tr>
<td>Age at disclosure</td>
<td>9.7 ± 5.1</td>
</tr>
<tr>
<td>Socially transitioned</td>
<td>60.3%</td>
</tr>
<tr>
<td>Legal name change</td>
<td>9.5%</td>
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</tbody>
</table>

Data are means ±SD


**GENECIS: Psychiatric Diagnosis at Referral**

- Depression
- Anxiety
- Other
- ADHD, unspecified
- ASD


**GENECIS: Self Injury and Suicidality by Age**

- NSI
- Suicidal Ideation
- Suicide Attempt


**Psychosocial Impact**

- Isolation
- Social anxiety
- Discrimination & Harassment
- Bullying & Violence
- School Avoidance
- Physical & Sexual Abuse
- Homelessness
- Substance Abuse
- At-risk Behavior

- Social stressors and ostracism from peers explained a large amount of the depression experienced by transgender individuals.


**Gender Dysphoria: Psychotherapy**

- "Reparative" or "conversion" therapy does not work and can be harmful
- Considered not ethical and not supported by the American Psychological Association, AAP
- Most accepted approach: "Gender affirming" psychotherapy
- Supportive environment

Social Transition in Early Childhood

A community-based national sample of transgender, prepubescent children (n = 73, aged 3-12 years) vs. control groups of nontransgender children in the same age range

Transgender children did not differ from the control groups on depression symptoms and had only marginally higher anxiety symptoms


What puberty means to transgender individuals

Psychological morbidity and continued gender dysphoria from:

• Not being able to stop the development of secondary sex characteristics
• Not being able to present socially in the desired social role (to “pass”)


What puberty means for transgender youth

Transmales:
• Cut breasts
• Bind chest
• Wear packers
• Gain weight and lift weights to appear bulky/muscular
• Distress with periods
• Voice
• Get testosterone illegally

Chosen Name Use Is Linked to Reduced Depressive Symptoms, Suicidal Ideation, and Suicidal Behavior Among Transgender Youth

Transgirls:
• Cut penis
• “Tuck-in” genitalia
• Avoid looking at genitalia
• Wear padded bra
• Restrictive eating (anorexia) to appear lean and feminine
• Distress with erections, facial/body hair/Adam’s apple
• Voice
• Get estrogen illegally

Pubertal Suppression

Nicole Maines, 14, her twin brother, Jonas


Portraits Of Transgender Children Reveal “The Person They Feel They Really Are”


https://www.buzzfeed.com/patrickstrudwick/this-trans-guy-took-a-selfie-every-day-for-3-years-to-show-h?utm_term=.lda9ZNlVK#.xxEMy04A7

Long-Term Psychological Outcomes of Puberty Suppression, Hormone Therapy and Surgery

• 55 transgender adults (22 transwomen and 33 transmen)

<table>
<thead>
<tr>
<th>Psychological</th>
<th>Psychological counseling and medical intervention</th>
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<tbody>
<tr>
<td>Hormone Therapy</td>
<td>1st plane</td>
</tr>
<tr>
<td>Puberty</td>
<td>2nd plane</td>
</tr>
<tr>
<td>8±2-3 (6-14)</td>
<td>18 yrs</td>
</tr>
<tr>
<td>Gender dx/p</td>
<td>cross sex steroids</td>
</tr>
</tbody>
</table>


Long-Term Psychological Outcomes of Puberty Suppression, Hormone Therapy and Surgery

• Improved behavioral and emotional functioning; global functioning

• Gender dysphoria and body image dissatisfaction:

Did not improve with puberty suppression only, but remitted after hormone therapy and surgery

Long-Term Psychological Outcomes of Puberty Suppression, Hormone Therapy and Surgery

- Quality of Life, Satisfaction With Life, and Subjective Happiness were similar or better compared to the Dutch Young Adult Population
- More likely to be pursuing higher education vs. the Dutch population (58% vs. 31%)
- None reported regret

Current Recommendations from the PES and Endocrine Society

Eligibility criteria to suppress pubertal development:

A qualified MHP has confirmed that:

1. The adolescent has demonstrated a long-lasting and intense pattern of gender nonconformity or gender dysphoria (whether suppressed or expressed)
2. Gender dysphoria worsened with the onset of puberty
3. Any coexisting psychological, medical, or social problems that could interfere with treatment (e.g., that may compromise treatment adherence) have been addressed, such that the adolescent’s situation and functioning are stable enough to start treatment
4. The adolescent has sufficient mental capacity to give informed consent to this (reversible) treatment

Current Recommendations from the PES and Endocrine Society

Eligibility criteria to initiate cross-sex hormone therapy:

A pediatric endocrinologist or other clinician experienced in pubertal assessment:

1. Agrees with the indication for GnRH agonist treatment
2. Has confirmed that puberty has started in the adolescent (Tanner stage G2/B2)
3. Has confirmed that there are no medical contraindications to GnRH agonist treatment.

Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline

Current Recommendations from the PES and Endocrine Society

Eligibility criteria to suppress pubertal development:

The adolescent:

1. Has been informed of the effects and side effects of treatment (including potential loss of fertility if the individual subsequently continues with sex hormone treatment) and options to preserve fertility
2. Has given informed consent

The parents or other caretakers or guardians:

Have consented to the treatment and are involved in supporting the adolescent throughout the treatment process

Current Recommendations from the PES and Endocrine Society

Eligibility criteria to initiate cross-sex hormone therapy:

A qualified MHP has confirmed:

1. The persistence of gender dysphoria
2. Any coexisting psychological, medical, or social problems that could interfere with treatment (e.g., that may compromise treatment adherence) have been addressed, such that the adolescent’s situation and functioning are stable enough to start sex hormone treatment
3. The adolescent has sufficient mental capacity (which most adolescents have by age 16 years) to estimate the consequences of this (partly) irreversible treatment, weigh the benefits and risks, and give informed consent to this (partly) irreversible treatment

References:

Current Recommendations from the PES and Endocrine Society

Eligibility criteria to initiate cross-sex hormone therapy:

The adolescent:
1. Has been informed of the (irreversible) effects and side effects of treatment (including potential loss of fertility and options to preserve fertility)
2. Has given informed consent

The parents or other caretakers or guardians:
Have consented to the treatment and are involved in supporting the adolescent throughout the treatment process


Safety Concerns

Puberty suppression with GnRH:
- Safety is well known for young children
- Reversible step to continue to explore gender identity
- Will likely impact fertility if puberty is not allowed to complete or restart (followed by cross-sex hormone therapy)
- Lack of knowledge on the effects of long-term use in adolescents on bone density, metabolic profile, brain development...

Safety Concerns

Cross-sex hormones:
- Infertility with estrogen
- Long-term safety studies suggest is reasonably safe in transgender adults
- Estrogen: Thromboembolic risk low in young individuals
- Testosterone: increased Hb/Hct, concern of increased CV risk long term

J. Curr Opin Endocrinol Diabetes Obes. 2013 Dec;20(6):565-9

Is Treatment Ethical?

- Failure to provide treatment will cause harm.
- Ethical when provider believes the youth is more likely to benefit from treatment rather than regret the consequences at a later date.

Role of the Pediatrician

1. To suspect gender dysphoria
2. Early referral to an affirming mental health provider or multidisciplinary care center.
3. Parental education and guidance
Approach to getting a gender dysphoria history

- Consider interviewing the patient without the caregivers present.
- “I have to ask some routine questions”

Young children:
- Some people feel like they were born in the wrong body; have you ever felt like that?
- For example, you have a boy’s body, but do you think you are a girl, or should have been a girl?

Adolescents:
- Some people feel that their gender is different from the sex assigned at birth, have you ever felt that way?

Addressing Patients

- It is not always possible to know someone’s gender based on their name or how they look or sound.

  - “How would you like to be addressed?”
  - “What name would you like to be called?”
  - “What pronouns do you prefer?”

Addressing Patients

What if a patient’s name or gender does not match their insurance or medical records?

You can ask: “Could your chart be under a different name?” or “What is the name on your insurance?”

You can then cross-check identification by looking at date of birth and address. Never ask a person what their “real” name is.

Conclusions

1. Transgender youth is vulnerable population at high risk for psychiatric comorbidity and suicide.
2. Parental support is critical to minimize mental health illness and high risk behaviors.
3. RECOGNIZE AND SUPPORT EARLY TO DECREASE RISK OF MENTAL HEALTH COMORBIDITIES
4. Puberty suppression followed by cross-sex hormones and gender affirming surgery, leads to improved psychological functioning.
5. Transgender patients need understanding providers