PedsCases Podcast Scripts

This is a text version of a podcast from Pedscases.com on "**Gender Dysphoria.**" These podcasts are designed to give medical students an overview of key topics in pediatrics. The audio versions are accessible on iTunes or at www.pedcases.com/podcasts.

Gender Dysphoria

Developed by Dr. Ashlee Yang, Dr. Amy Robinson, Dr. Stephen Feder, Dr. Karine Khatchadourian and Dr. Melanie Lewis for PedsCases.com.
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Introduction:

Approach to Gender Dysphoria in Adolescents

My name is Ashlee Yang, a pediatrics resident physician at CHEO, a pediatric hospital in Ottawa, Canada. I'm joined today by Dr Amy Robinson, an Adolescent Medicine specialist at CHEO. We will be talking about Gender Dysphoria in Adolescents and general principles of care for transgender youth. This podcast was developed with support from Dr. Stephen Feder and Dr. Amy Robinson, from Adolescent Medicine and Dr. Karine Khatchadourian from Pediatric Endocrinology at CHEO, and Dr. Melanie Lewis from General Pediatrics at the Stollery Children's Hospital in Edmonton.

Let's start with a clinical case.
You are working in a community clinic. A 14-year-old biological female, Taylor, presents to your office for an annual check up. You notice that she looks slightly different than before, having cut her hair short and wearing loose baggy clothing. She reveals to you that she feels like she "was born in the wrong body". How would you approach this situation? What questions would you ask?

Being comfortable discussing gender with adolescents is important. Here are the objectives of our podcast:

1) Discuss our understanding of gender in a social and cultural context
2) Review the incidence of gender dysphoria in youth
3) Review the mental health co-morbidities of youth with gender dysphoria
4) Develop a sensitive and inclusive approach to an adolescent that presents with gender dysphoria
5) Recognize the importance of family and peer support, resources and psychosocial interventions for youth with gender dysphoria
6) Understand the interdisciplinary nature of ongoing care and follow-up for trans youth and their families

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What is gender dysphoria, and how has our understanding of gender changed over time?

Many youth feel that their gender identity is consistent with the sex assigned at birth. However, some youth experience distress or discomfort between their assigned sex and their gender identity – this is **gender dysphoria.** The number of clinics that specialize in the care of gender diverse youth has continued to grow in an attempt to meet the needs of this population.

Let's define some key terms to help us understand gender dysphoria.
Biological sex is assigned at birth, based on a person's anatomy and physiology
Gender identity exists on a spectrum and is a person's internal sense of being male, female or neither. Some individuals identify as agender, gender non-binary (not identifying with traditionally male or female roles) or gender fluid.
Cisgender refers to individuals whose gender identity matches their assigned sex at birth.
Transgender refers to individuals whose gender identity is different from their physical characteristics or assigned-at-birth sex.

- Transmale refers to a person assigned female at birth who identifies as male
- Transfemale refers to a person assigned male at birth who identifies as female

Gender dysphoria is the discomfort or distress caused by a discrepancy between a person's gender identity and assigned sex at birth (and its associated gender role).
Gender expression refers to a person's appearance and behaviors, described on a spectrum involving masculinity, femininity or neither.
Gender nonconformity refers to the extent to which a person's gender identity, role, or expression differs from cultural norms.

It is important to remember that sexual orientation is separate from gender identity and gender expression. **Sexual orientation** refers to a person's feelings of romantic and sexual attraction to persons of the same sex, opposite sex, both or neither.

Binary gender is a social construct. Our cultures and norms tell us that pink is for girl babies and blue for boy babies. We learn what is approved and accepted in society as traditionally feminine or masculine behavior and emotional expression. There has been a huge change and evolution of acceptance in how society understands gender non-conforming people.

Gender identity disorder was first introduced in DSM-III in 1980 as a psychiatric disorder. A significant paradigm shift occurred when being gender nonconforming and transgender became accepted as diversity, not pathology. Gender Identity Disorder was changed to gender dysphoria in the new DSM-V, recognizing that gender nonconformity is not in itself a mental disorder. The presence of clinically significant distress

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associated with being transgender in a transphobic and misunderstanding society is integral to the diagnosis. Such distress is directly related to the difficulties and stigma from social disapproval by potentially families, peers, religious and secular communities, and by a society built on the rigid concept of binary gender. Some advocates anticipate that with time, gender dysphoria will no longer be recognized as a psychiatric diagnosis and hence may be removed from the DSM entirely.

Although we have reviewed some key terms, there are many terms used by youth to describe their gender identity, preferred pronouns, expression and sexual orientation. Terminology is constantly evolving. Being sensitive, respectful and inclusive goes a long way when working with youth and their families.

How common is Gender Dysphoria in Children and Adolescents?

Adolescents are in a period of transition and development in their lives. At this most critical point in their development, being gender diverse can potentially challenge the youth as they strive to achieve the developmental tasks of adolescence: a positive sense of identity; healthy individuation from parents; peer relationships; and school success. Despite the association of problem behaviours with these developmental challenges, not all gender nonconforming adolescents will experience gender dysphoria.

Gender dysphoria can emerge at any stage of life: childhood, adolescence or adulthood. We do know that even very young children can show evidence of gender dysphoria. Gender identity development usually begins when children are 2-3 years old. This sense of gender and gender stability increases between ages 3-5 and then becomes more or less stable by age 5-6. Children with gender dysphoria prefer clothes and toys traditionally associated with the opposite sex. They may also express the wish to be the other sex and express unhappiness with their physical body parts.

We have learned from epidemiology involving transgender youth that gender identity is likely to be persistent once the youth undergoes pubertal changes. The onset of puberty and secondary sexual characteristics inconsistent from their affirmed gender identity is often a source of significant distress. Most adolescents with gender dysphoria, whether they had it in childhood or not, will continue to identify as transgender when they become adults.

Previously, we thought that the prevalence of transgender youth and adults was between 0.003-0.01%, but we now know this is a significant underestimation. Those statistics were based on adult statistics measuring rates of gender reassignment surgery. From recent population studies in US, Europe and New Zealand, transgender prevalence among adolescents and adults ranges from 0.5 to 1.2 percent, and this is similar between those born male or female.

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What are issues faced by Gender non-conforming and Transgender Youth?

Gender diverse youth are at risk for mental health co-morbidities, such as anxiety and depression. The mental health issues faced may simply be comorbid, unrelated and/or derived from being perceived as different in a society built on a binary gender model. That said, the process of a young person struggling to understand their gender and how they fit in can be all consuming. Some youth may feel that there is something wrong. Some may fear parental rejection and therefore delay seeking support from those most important to them.

As the stigma surrounding transgender people is still very present, adolescents can experience social rejection from their peers. Higher rates of suicidal ideation and suicide attempts have been documented in transgender youth. The bullying, transphobic comments, verbal and physical abuse potentially affect the psychological well-being of trans youth and puts them at greater risk of developing mental health illness. Social media can play both a supportive role in helping youth resolve some of their confusion. At the same time, social media can also be debasing and hurtful.

The experience of puberty can cause further distress and may even be traumatic. Development of secondary sexual characteristics may contribute to increased gender dysphoria and can lead to or worsen depression and anxiety, self-harm behavior, suicidality, social withdrawal and substance use.

Some youth face rejection or experience abuse from their family members who do not accept their gender identity and/or expression. They may even leave home, which deprives them of financial support and possibly shelter, making them vulnerable.

Gender diverse youth may avoid medical professionals because they fear potential stigma and prejudice or because the physicians are not trained and equipped to address the needs of this population. They may have had previous negative experiences with health care providers in which their affirmed gender and pronoun was not respected or the provider admitted to not knowing about and hence not wishing to work with transgender youth.

How do we create a safe, non-judgmental space to talk to adolescents and their families about gender?

An approach that medical professionals and parents can adopt is called the gender-affirmative model. Being gender affirming means that we understand that gender variation is not a disorder; gender presentations are diverse; and that gender identity may be fluid, non-binary and may unfold over time. The goal of adopting this approach is to validate and to not view the adolescent's affirmed identity and behavior as

pathologic. By doing so we can create a safer space for youth at home and in the community, promote their feelings of self-worth and allow for them to be more comfortable in seeking peer, family, and medical support.

As the stigma against transgender people is still present in the community, many youth may not feel comfortable talking about their struggles. Try asking a gender inclusive screening question as part of your adolescent interview such as “Some teens feel that the gender they were born with does not match the gender that they identify with. Have you ever felt this way?” or “Some teens feel that they were born in the wrong body. Is this something that concerns you?”. A simple question will set the stage for future interactions, letting youth know that they have a safe, non-judgmental space to disclose any gender identity concerns should they wish to share. Sometimes, adolescents with gender dysphoria may present indirectly with behavioral problems, conflicts at school or home, declining academic performance, mental health problems, self-injury or suicidal behaviour. For this reason, it’s important to do a thorough psychosocial screen. Many health care providers like to use to use the mnemonic HEEADSSS for the adolescent interview, which stands for home, education and employment, eating, activity, drugs, sex, safety and suicide.

Let’s return to our case about Taylor, a 14-year-old assigned female at birth who has gender dysphoria.

It is important to ask the youth how they would like to be addressed and what pronoun or gender marker they use. Adolescents may or may not have already started to socially transition in this way. In addition to “she/her” or “he/his”, some people use other pronouns such as “they/them/ze/zir” – this list is not exhaustive.

Taylor tells you he uses male pronouns. He didn’t change his name as he felt that Taylor was fairly unisex.

Adolescents may or may not have parents who are supportive of their gender identity and expression. Sometimes, parents or friends may not even know, and you might be the first person the adolescent is coming out to. It’s critical to interview Taylor alone and reassure him that what you discuss together remains confidential, unless you are concerned for his or someone else’s safety.

Taylor shares that he recalls feeling different from other girls when he was younger, preferring “boy” toys. These feelings became more obvious and uncomfortable two years ago, when he started to develop breasts. He hid these changes by wearing loose clothing. He initially came out to his friends, who were very supportive. He then came out to his mom, who was initially nervous about the situation, but is now adjusting and also supportive. A few months ago, Taylor cut his hair and began dressing in male clothing.

With Taylor's permission and with confidentiality respected, you may also want to speak with parents alone. This investment in the family is an opportunity for them to address personal biases, feelings of loss, difficulty in understanding the situation, and possible fears for their child's future. Providing a safe space for guardians to openly ask their questions and to address their concerns is critical to that parent's ability to offer full support. Emphasize that the priorities are their unconditional love and support for the happiness and wellbeing of their child. Studies show that trans youth with supportive parents do much better. These youth have greater self-esteem, satisfaction with life, and lower occurrence of depression and suicide attempts. Support the parent in supporting their child.

What is important to assess on physical exam?

In addition to the routine physical exam for pediatrics, an exam to determine the stage of puberty is important for adolescents presenting with gender dysphoria, especially if hormone blockers are being considered. Tanner staging is a method of classifying the current stage of puberty. Because adolescents with gender dysphoria feel extreme distress with their assigned sex and physical body parts, Tanner staging can cause significant anxiety and discomfort. Sometimes, it can be helpful to build rapport and spend time getting to know the adolescent while deferring the full exam to a later visit. Alternatively and when working with a multidisciplinary team, if the puberty exam will be done by another team member, such as the endocrinologist, then questions about any abnormalities may suffice and prevent the youth from having to undergo repeat physical examinations that are likely uncomfortable.

How do we care for youth with gender dysphoria?

Some initial options include social transition and/or puberty suppression. Remember that doing nothing for the moment is also possible, and some adolescents and parents may choose to wait. Some parents may ask if they can wait until the child is older – age 18 or 21 – suggesting that they will be more mature and better able to make these life altering decisions. However, It is important to recognize that waiting, unless it is the youth's choice, can be associated with poor mental health outcomes as the youth is prevented from being their authentic self. Each situation is different. Regular follow-up is critical to assess if the gender dysphoria continues to be consistent and persistent.

Social transitioning involves taking on the social role of their affirmed gender and may include changing name, appearance, clothing and gender pronoun. This is not an easy decision and should be made together with the adolescent and family. Some kids may have already socially transitioned, like Taylor, prior to coming to a physician's office. This experience allows youth the opportunity to see what it is like living as the gender they identify with at home, school and in public before choosing further interventions.

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Puberty suppression involves medications that are puberty blockers, which suppress the secretion of hormones that drive the development of secondary sexual characteristics. These medications are GnRH agonists and inhibit puberty by inhibiting the secretion of the two hormones, LH and FSH. The most common puberty blocker used is leuprolide or trade name Lupron. Puberty blockers will simply stop pubertal development, without further feminization or masculinization. Pausing puberty buys adolescents time to explore their gender expression and identity without development of undesired and irreversible secondary sexual characteristics, such as a deeper voice or breast development. They will also have more time to seek out resources, support and make thoughtful decisions about their future. Endocrine Society guidelines recommend that GnRH agonists can be considered when youth first exhibit signs of puberty (ie. Tanner stage 2 or later) for youth who have maintained a consistent and strong cross-gender identification. Even older adolescents in later stages of puberty can benefit from hormone blockers to prevent further progression of puberty. For transmale youth who have completed puberty, leuprolide can stop menses. Hormone blockers are safe and are felt to be reversible, as we have been using them in children with precocious puberty for a long time. It is an intramuscular injection given monthly or every 3 months. Some side effects include menopause-like symptoms namely hot flashes in transmales, possible slower rate of accumulation of bone mineral density, possible weight gain and chance of developing a sterile abscess (an allergic reaction to the matrix) at the injection site. The benefits of starting Lupron often greatly outweigh the potential side effects. However, puberty blockers cannot be continued indefinitely on their own, mainly due to potential long term effects on bone health. Timing of discontinuation of Lupron is individualized and discussed with each youth depending on their future choices. Youth may potentially progress to cross-sex hormone therapy to achieve physical transition. Other options could include alternate methods of menstrual suppression, common for non-binary youth who don't desire cross-sex hormones, or stopping hormone blockers, which would result in puberty resuming as per their assigned birth sex.

Cross-sex hormones will cause permanent masculine or feminine physical changes in alignment with the youth's affirmed gender. Because these changes are irreversible, there must be clear evidence that the youth has persistent and consistent gender dysphoria, and that they are well-informed and capable of making health-related decisions. Starting cross-sex hormones is a thoughtful process involving the medical team, the adolescent and their family. Risks and side effects are reviewed, and the youth is screened for contraindications and other medical conditions that could be exacerbated by cross-sex hormones.
The implications of puberty suppression and cross-sex hormones on fertility is also discussed. Fertility clinics have expertise in and can counsel patients and families about gamete preservation for those that show interest. For the scope of this podcast, we wanted to provide an introduction to puberty suppression and hormone therapy and

thus will not discuss long-term management and side effects of cross-sex hormones in detail.

It's important to refer adolescents presenting with gender dysphoria to a clinic that is specialized in and comfortable with the care of transgender youth and their families. Familiarize yourself with your local resources, as these clinics vary in different places. Adolescent medicine, pediatrics, or psychiatry can be involved for diagnosis of gender dysphoria, and pediatric endocrinology for consideration of hormone therapy. Many gender clinics for youth will have an interdisciplinary team with physicians, mental health professionals, nurses, and social workers that understand the unique challenges faced by transgender youth and their families. If such a clinic is not available in your area, sometimes there are medical professionals who can provide care by co-managing with a specialized clinic. The referring provider is welcome to establish a collaborative relationship with the specialized services and in so doing remain an involved member of the youth's support system.

Psychosocial support has a huge role in the care of youth with gender dysphoria. Encourage youth to access community, school or online peer support groups. Provide parents with resources and information about support groups for parents of transgender children. Find out about and refer to local community resources, social work, and mental health services. The advocacy of the referring provider is essential.

Here are a few final key take home points:

- Gender dysphoria is the discomfort or distress that is caused by a discrepancy between a person's gender identity and assigned sex at birth. Gender identity is separate from sexual orientation and gender expression.
- Remember to create a safe, inclusive and informed care environment when discussing gender. Ask about – and use - their preferred name and pronouns. Try adding a screening question about gender in your routine adolescent visit, for example "Some teens feel that they are uncomfortable with the gender they were born with, is this something that concerns you?".
- Transyouth may be at risk for mental health and potentially harmful behavioural issues, social rejection and bullying. Always do a complete adolescent or HEEADSSS screen.
- Invest in the family. Studies show that transyouth with supportive parents do significantly better. We need to respect where the youth and family are at and individualize care.
- Social transitioning allows the youth to live as their affirmed gender. Puberty blockers, like leuprolide, are reversible, can decrease gender dysphoria and psychological distress, and buys time for the adolescent and family.
- Timely referral to physicians or an interdisciplinary clinic that specializes in the care of transgender youth is crucial.

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While significant strides have been made in the care of transgender youth, there is still much work to be done. The onus is on us as health care professionals and as a society to do better. We have the ability to create safe spaces and empower gender diverse youth in a medical and social context.

Thank you for listening to this Pedscases podcast on Gender Dysphoria in Adolescents. We hope you found it helpful. Stay tuned for more podcasts!

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