



Gender Dysphoria for the PCP

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Conflicts of interest

- Planning Committee & Faculty Disclosure: The Planning Committee and Faculty have no relevant financial relationships with commercial interests to disclose.
- The talk does include discussion of non-FDA approved use of a commercial product/device.



Objectives:

- Recognize the potential medical and mental health disparities and risks faced by this population.
- Recognize that early identification and affirmation of gender identity is essential to engaging supports and promoting positive mental health outcomes.
- Describe approaches and options for care available to transgender and gender diverse youth and their families.



Example Vignettes

- A 6 yr old assigned male presents for their WCC and the parent notes that the child wants to wear a dress to school and to change their name to Elsa.
- A 11 yr old assigned female presents for difficulty sleeping. Careful history reveals that their new chest development is distressing, and they are gender questioning.
- A 15 yr old assigned female presents for dysmenorrhea and has recently come out to his parents as a transmale.



Terms and Abbreviations

- **Gender** is the inner sense of being male, female, a combination of both, or somewhere in between.
- **Gender expression** is how a person presents themselves and is interpreted by (**gender perception**) the world.
- **Gender dysphoria** is significant discomfort due to an incongruence between gender identity and assigned gender.
- **Cisgender:** when a person's asserted gender identity aligns with their assigned gender (biologic sex)
- **Transgender:** when a person's asserted gender identity does not match their assigned sex at birth (biologic sex).

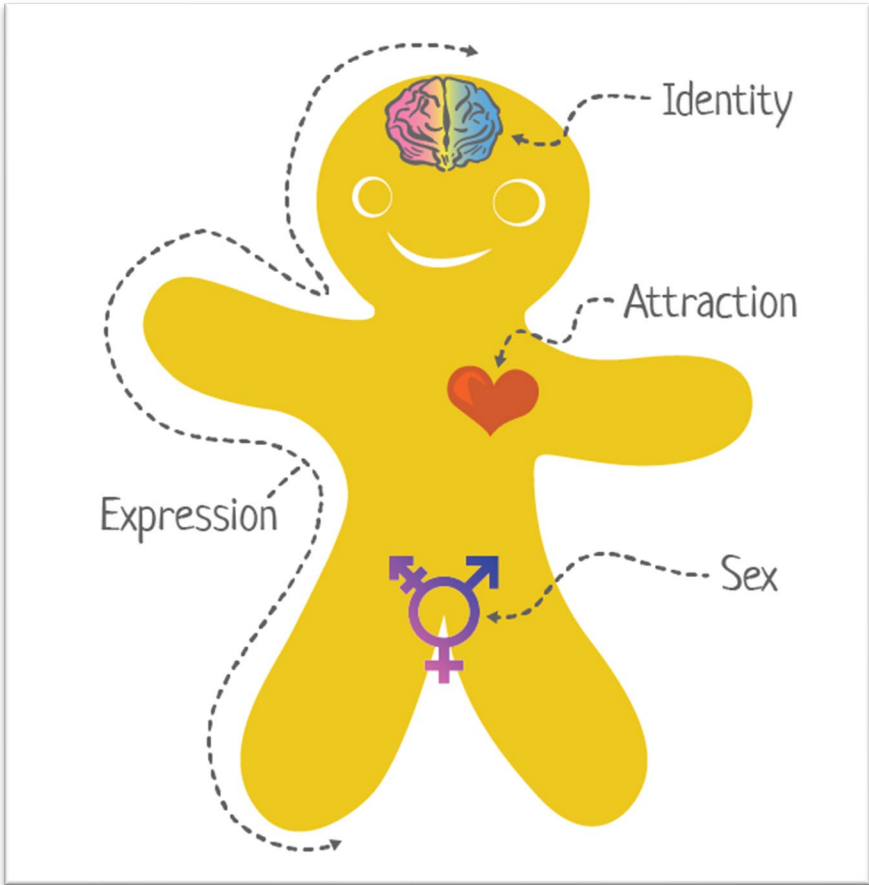


Terms and Abbreviations

- **Nonbinary:** when a person's gender identity is something other than entirely male or female.
- **Gender diverse:** people with gender behaviors and expressions that differ from socially expected for their assigned gender (biologic sex).
- **Gender fluid:** when a person's gender identity is not fixed.
- **TGD:** Transgender and Gender-Diverse (sometimes gender non-conforming is used instead)



Aspects can be fluid.



The Gender Unicorn

Graphic by: **TSER**

- Gender Identity** (Rainbow icon)
 - Female/Woman/Girl
 - Male/Man/Boy
 - Other Gender(s)
- Gender Expression** (Green icon)
 - Feminine
 - Masculine
 - Other
- Sex Assigned at Birth** (Gender symbol icon)
 - Female
 - Male
 - Other/Intersex
- Physically Attracted to** (Orange heart icon)
 - Women
 - Men
 - Other Gender(s)
- Emotionally Attracted to** (Red heart icon)
 - Women
 - Men
 - Other Gender(s)

To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

These constructs are independent of each other!



Gender through Developmental Stages

- Infants can distinguish differences in gender.
- Toddlers learn gender labeling.
- Preschoolers demonstrate gender preferences and behaviors.
- School age children develop gender consistency and stability. They also experiment with different expressions.
- Gender development is an ongoing process that is revisited and reevaluated throughout the lifespan.



Prevalence of TGD Youth in the US

- 2017 Youth Behavior Risk Survey: 1.8% of high school students identified as Transgender
- 2018 modified YRBS survey was given to high school students in a NE mid-sized city school district: 9.2% identified as TGD (GDY).

TABLE 1 Gender by Race and/or Ethnicity

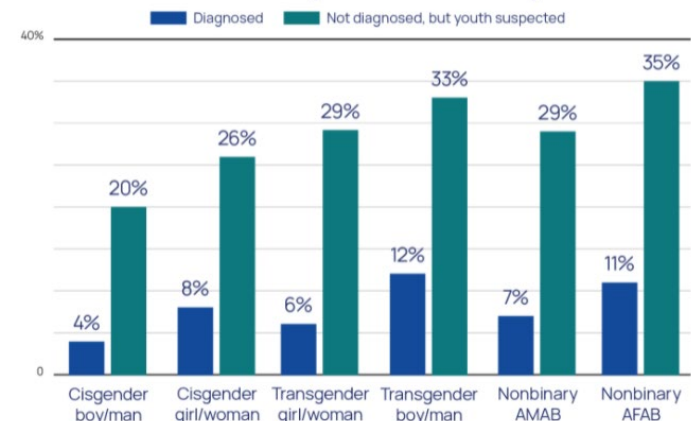
	Total (<i>N</i> = 3168), <i>n</i> (%)	White (<i>n</i> = 1307), <i>n</i> (%)	Black (<i>n</i> = 988), <i>n</i> (%)	Multiracial ^a (<i>n</i> = 425), <i>n</i> (%)	Hispanic ^b (<i>n</i> = 291), <i>n</i> (%)	Other Race ^c (<i>n</i> = 157), <i>n</i> (%)
Cisgender youth	2877 (90.8)	1214 (92.3)	890 (90.1)	388 (91.3)	249 (85.6)	136 (86.7)
GDY ^d	291 (9.2)	93 (7.1)	98 (9.9)	37 (8.7)	42 (14.4)	21 (13.4)



Health risks to TGD children/adolescents

- Depression and anxiety
- Lower self-esteem and social withdrawal
- Self-injurious behaviors and suicide
- Disordered eating
- Substance use
- Violence and victimization
- Homelessness and incarceration

Percentage of LGBTQ Youth Who Reported an Eating Disorder by Gender Identity

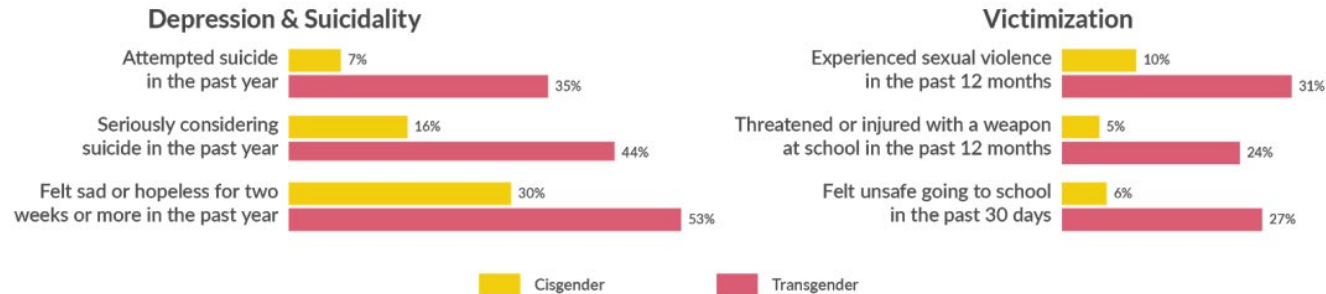




Trauma and Risk of Suicide

An ACE score of 7 or more =

- Increased the risk of suicide attempts **51-fold** among children/adolescents
- **30-fold** among adults



LGBTQI+ Prevalence of MH Concerns

- 42% of LGBTQ youth seriously considered attempting suicide in the past year.
- >50% of transgender and nonbinary youth considered attempting suicide.
- 72% of LGBTQ youth reported symptoms of generalized anxiety disorder in the past 2 weeks.
 - > 3 in 4 transgender and nonbinary youth.
- 62% of LGBTQ youth reported symptoms of major depressive disorder in the past 2 weeks.
 - Including > than 2 in 3 transgender and nonbinary youth.



Creating a Welcoming, Trauma-Informed Environment

- Visibly posting a rainbow flag, pink triangle or other gender-inclusive symbols
- Identifying unisex bathrooms
- Exhibiting posters and brochures about TGD health concerns
- Posting public statements of nondiscrimination
- Including non-cisgender options on registration forms, etc.
- Preferred Name: _____ Pronouns: _____



Gender Affirmation: what it is and isn't

- Family acceptance of a TGD youth is critical to their short- and long-term well-being and associated with improved health outcomes into adulthood.
- Acceptance is the ability to recognize the youth's struggle and to provide unconditional love.
- It isn't without concerns, questions, and disagreements, but they don't constitute rejection. They are part of the process of acceptance and accommodation.



Affirmations

- **Social:** Adopting gender affirming name, pronouns, restroom use, clothing, hairstyle, etc.
- **Legal:** Legally changing name and/or gender marker on official documents
- **Medical:** Treatments to pause pubertal development or provide affirming hormones to induce physical changes that align with the person's gender identity
- **Surgical:** Procedures to alter physical appearance and function to better align with the person's gender identity.



Pronouns



Always use the pronouns that a person identifies with
(May change across time)



If you don't know a person's pronouns, ask!



My name is ***, my pronouns are she, her, hers, what pronouns do you use?



Expect to use they/them/their when referring to an individual

PMG
pronoun Pins
are coming!



Management options – affirming care

- There is no single path.
- Gender therapy with a gender qualified mental health provider is necessary and important during all of this.
- Pubertal suppression: use of GnRH analogs to pause pubertal development.
 - Use during Tanner 2 – 4 pubertal development
 - Reversible if stopped prior to starting affirming hormones
- Period Management: suppressing periods can be incredibly helpful to TGD youth.
 - OCPs, progesterone only pills, Depo-Provera, and IUDs



Management options – affirming care

- Hormone therapy with estradiol or testosterone is appropriate for some older TGD youth.
 - Discussions about fertility and family planning are important.
 - Requires a letter of support from their gender QMHP.
 - Cause reversible and irreversible changes.
- Delaying care is not a neutral choice.



BHPs: Gender Affirming Care

- Individual and family support
 - Balancing model of care vs bridge to long-term
 - Appropriate referral for primary-care BHPs
- Gender affirming care conversations/evaluations
 - Affirming hormone therapy evaluations
 - Affirming surgical evaluations
- Gender expression
- Mood management
- Risk assessment



When to Refer

- Endocrine: Children or adolescents of any age with gender questions or parents that have questions on affirming care for their TGD child.
- Behavioral health: Individuals of all ages (and families) with any gender questions, gender identity, or gender expression considerations. Support considerations for gender-affirming care.
- E-consult: Ask-OR-Trans+ (Multidisciplinary E-Consult)



Resources

- The Trevor Project: www.thetrevorproject.org
- TransActive: www.transactiveonline.org
- PFLAG: <https://pflag.org/>
- Gender Spectrum: <https://genderspectrum.org/>
- National Center for Transgender Equality:
<https://transequality.org/>
- Basic Rights OR: <https://www.basicrights.org/>
- Ask-OR-Trans+ E-consult (Multidisciplinary E-Consult)



Questions?

- Phone number: 503-216-6050
- Fax: 971-282-0102
- Epic code for internal referrals:
 - Pediatric Endocrinology: REF70I (that's 70 and the letter "I")
 - Behavioral Health: experienced integrated BHPs at: SW Peds, Scholls, Gateway, Newberg, West Hills, North Portland, Yamhill, Glisan, and Orenco



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