Gender Dysphoria: Baseline Characteristics of a UK Cohort Beginning Early Intervention

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Gender Dysphoria (GD): Definition

- Incongruence between psychological perception of and natally (at birth) assigned sex
- >6 months
- Causes clinically significant distress or impairment in social/school/work/other life

DSM V Criteria: American Psychiatric Association 2013
The number of children aged 10 and under who have been referred to NHS support services to help deal with transgender feelings has more than quadrupled in the last six years, the Victoria Cottonshale programme has learned.

In today's Magazine
A silence that kills men

Camille is six. Today she is wearing a dress patterned with strawberries and a pink zip-up sweater with Dinosaurs printed across the front in spiky sequins. Her fingernails are painted alternately pink and blue. She likes playing with Barbies. Her favourite Disney heroines are Elsa from Frozen and Ariel from The Little Mermaid.

Camille was born a boy. For the first few years of her life, she was known by her parents as Sebastian. When you ask Camille if she can remember being physically male, she nods her head. “Everyone was calling me Sebastian, but I was a girl,” she says, placing all the emphasis on the word. “I used to have girl playmates with Minnie Mouse on them and I used to dance in them.”

The story of two transgender children
By Victoria Cottonshale
Published: 7 April 2015 - Magazine

Camille with Louis Theroux in Transgender Kids. Photograph: BBC Worldwide

Family Court Chief Justice calls for rethink on how High Court handles cases involving transgender children
First published: 25 February 2015

Family Court Chief Justice Steven Bryant says she would like to see the court’s jurisdiction limited to cases involving medical treatment for transgender children.

“I’d like to see the High Court have the opportunity to examine those kinds of cases, those gender identity cases and to decide whether or not the court has the power to deal with it,” she told the ABC’s Four Corners program.

As it stands, a child wishing to change gender needs to apply to the Family Court for the second stage of treatment involving gender-changing hormones.

For that to change, there would have to be a test case in the full bench of the Family Court, and then to the High Court.

The judge was responding to issues raised in tonight’s Four Corners program, which tells the story of transgender children and their struggle socially and legally to be the person they believe they are.

As one child reveals, without support and medical intervention, her life might have been in real danger.

“It would be very dark, very bleak and very shout,” she said.

The program also explores what it’s like for a transgender teenager to make it clear the court and legal system needs to respect.

If you don’t buy this story, you’re going to be responsible for your daughter’s life.

The Telegraph

Transgender children’s minds cannot be aligned with their body
Increasingly clear that transgender health issues require physical treatment

Photograph: Erik Lidle

Part-time O’Shea helps transgender people at St Colomcille’s Hospital in Longford (News)
GD in Children & Adolescents: Epidemiology

- Limited data
- Natal males: 1:7,000-1:20,000
- Natal females: 1:33,000-1:50,000
- Children and adolescents referred to GD clinic 1:1, M:F ratio (USA)
- Increasing recorded prevalence
- Increasing referrals to gender identity services

American Psychiatric Association 2013
GD in Children & Adolescents: Aetiology

- Genetic
- Neurobiological (hormonal)
- Psychosocial

American Psychiatric Association 2013
Psychiatric Co-morbidities

Co-morbidities

- Bullying
- Depression
- Self-harm
- Suicidal ideation
- Anxiety
- Abuse
- Suicidal attempt
- ASD
- Eating disorder

% of Gender Dysphoria Population (%)

American Psychiatric Association 2013
Holt, Skagerberg et al. 2014
Persistence vs. Desistance

• ≤12 years/pre-pubertal
  • 2-27% persistence
    • More extreme cross-gender behaviours/feelings

• >12 years/post-pubertal
  • Majority persist

Wallien and Cohen-Kettenis 2008
Steensma, Biemond et al. 2011
Steensma, Kreukels et al. 2013
Endocrine Society Clinical Practice Guideline

- **Tanner 2/3**
  - Eligible for pubertal suppression (reversible) – monthly or 3m hormone blocker injections

- **16 years**
  - Eligible for cross-sex hormones (irreversible)

- **18 years**
  - Eligible for gender reassignment surgery

Hembree, Cohen-Kettenis et al. 2009
NHS Gender Identity Development Service (GIDS)

- Multidisciplinary Team
- Patients
  - ≤18 years and families/carers
  - Difficulties in development of gender identity
Gender Identity Development Service (GIDS)

- Psychiatric Assessment
- Diagnosis
  - Individual therapy
  - Family therapy
  - Young peoples’ groups
  - Parents’ groups
  - Local CAMHS
  - GP
  - School
  - Social Care
  - Endocrine Assessment
  - +/- Hormone Therapy

Local CAMHS, GP, School, Social Care, Endocrine Assessment, +/- Hormone Therapy
Gender Identity Development Service (GIDS)

- **Baseline Endocrine Assessment**
- Child’s feelings re physical pubertal changes
- Examination and pubertal assessment
- Genetic tests
- Hormonal tests
  - Estradiol/testosterone, LH/FSH
  - Standard Synacthen Test (hormonal disorder of sex development)
- Pelvic USS (anatomy)
Study Aims

“To describe characteristics of patients referred for consideration of medical treatment for gender dysphoria at an earlier age (<16 yrs) than conventionally.”
Study Methods

• **Participants**
  • All patients attending endocrine GIDS for consideration of early pubertal suppression using hormone blockers
  • May 2010-July 2014

• **Data collection**
  • Demographics
  • Clinical characteristics
  • Progression to intervention
Results: Participants

- n=61
- All referred by GIDS psychologists
- Males 56% (n=34); females 44% (n= 27)
- Average age at referral 13 years (range 10 - 15 years)
Results: Referrals

Number Referred Each Year

<table>
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<th>Year Clinic Established</th>
<th>Participants Referred (n)</th>
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Results: Initial Assessment

• Examination, baseline hormones, genetics, pelvic USS
  • 100% the same as natal sex
  • ie no genetic, hormonal or structural reason identified

• Puberty
  • Males were earlier in puberty
  • 1/3 males Tanner stage 1/2 ie early puberty
  • 1/10 females Tanner stage 1/2
Results: Hormone Blockers

• 82% progressed to hormone blockers

• 76% began hormone blockers <6 months after initial endocrine appointment and baseline investigations

• Average age at hormone blockers was 13.8 years (range 10.3-16.5 years)

• No significant difference in age between males (13.8 years) and females (14.0 years)
**Results: Hormone Blockers**

- All participants chose to receive hormone blockers
- Reasons for commencing hormone blockers after >6 months or still awaiting treatment
  - Pre-pubertal at baseline 16%
  - Low Bone Mineral Density 5%
  - Low BMI 3%
- All who began hormone blockers achieved full hormone (LH/FSH) suppression
- None of the cohort withdrew from treatment in the first 2 years
Results: Hormone Blockers

- Prescribing Hormone Blockers
  - 56% of GPs were unwilling to prescribe
  - Local hospital prescribed for 8%
  - Tertiary centre prescribed for 36%

- Administering Hormone Blockers
  - GPs 62%
  - Local hospital 10%
  - Tertiary centre 26%
  - Parent 2%
Gender Dysphoria: Conclusion

- Reported prevalence of GD increasing
- Increasing need for specialist GD services for younger children
- Invariably normal genetics and hormones
- Early medical intervention with hormone blockers to suppress puberty is effective and well-tolerated
- Assessment of growth, bone and psychological health are needed to assess the medium- and long-term safety and effectiveness of early intervention
- Encourage and support GP colleagues to participate in care to minimise disruption faced by these young people as they transition into adulthood
References


• Holt V, Skagerberg E, Dunsford M. Young people with features of gender dysphoria: Demographics and associated difficulties. Clinical child psychology and psychiatry. 2014.


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• **For further information:** harriet.gunn@health.nsw.gov.au
Gender Dysphoria (GD): Children

≥6 of the following for at least 6 months. Repeated/strong/persistent...

- Desire to be, or insistence s/he is the other sex
- Preference for dressing in clothes stereotypical of the other sex
- Preference for cross-sex roles in make-believe play
- Rejection of typical toys/games of one’s sex
- Preference for typical toys/games of the other sex
- Preference for playmates of the other sex
- Dislike of one’s sexual anatomy
- Desire for the primary (e.g. penis, vagina) or secondary (e.g. menstruation) sexual characteristics of the other sex

American Psychiatric Association 2013
Gender Dysphoria (GD): Adolescents

≥2 of the following for at least 6 months. Repeated/strong/persistent...

- Desire to be rid of or prevent development of primary and/or secondary sex characteristics
- Desire for primary and/or secondary sex characteristics of other gender
- Desire to be of the other gender
- Desire to be treated as the other gender
- Conviction that one has typical feelings & reactions of the other gender

American Psychiatric Association 2013
Endocrine Society Clinical Practice Guideline

- Monitoring for adverse outcomes
  - Counsel re reversibility/irreversibility before therapy commenced
  - Counsel re fertility
  - Cardiovascular risk factors
  - Growth
  - Bone health (Vitamin D, DEXA)
  - (Unknown impact on brain/cognitive development)

- Eligible for pubertal suppression (reversible) - GnRHa
- Eligible for cross-sex hormones (irreversible)
- Eligible for gender reassignment surgery

Hembree, Cohen-Kettenis et al. 2009
• Hormone Blockers

• IM depot injections
• Triptorelin (Decapeptyl SR): 11.25mg every 12 weeks (£897/year)
• Triptorelin (Gonapeptyl Depot): 3.75mg every 28 days (£1062/year)
Results: Initial Assessment

• Bone health
  • 49% vitamin D deficiency
  • 38% males had low bone mineral density
  • 11% females had low bone mineral density

• Standard Synacthen tests (SST)
  • 78% (n=21) females had SST to exclude adrenal dysfunction
  • All had normal cortisol and 17OHP response
  • ie no Disorders of Sex Development or overt hormonal cause

• Polycystic ovaries
  • 66% females (n=18/27) had pelvic USS
  • 72% (n=13/18) had polycystic ovaries on USS
  • None met criteria for PCOS (normal androgens)