

# Team finds high need for treatment of transgender youth

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A new study has confirmed that transgender youth often have mental health problems and that their depression and anxiety improve greatly with recognition and treatment of gender dysphoria. The results will be presented Saturday at The Endocrine Society's 97th annual meeting in San Diego.

"Youth with [gender](#) incongruence or dysphoria need a comprehensive, multidisciplinary approach to care," said principal investigator Maja Marinkovic, MD, a pediatric endocrinologist and Medical Director of the Gender Management Clinic at Rady Children's Hospital-San Diego, an affiliate of the University of California, San Diego. "They are in great need of experienced endocrinologists, therapists, psychiatrists, primary care providers and surgeons."

In gender dysphoria, the child's biological gender and the gender with which the child identifies do not match. Transgenderism is the persistent desire to change one's assigned gender, she said.

Forty-two patients participated in the study at the Rady Children's Hospital clinic. Twenty-six (62 percent) reported that they had depression, anxiety or both and/or cut themselves, with seven patients having a self-cutting history, Marinkovic said. Eleven patients had additional psychiatric or behavioral problems, including attention-deficit/hyperactivity disorder, or ADHD, Asperger's syndrome/autism spectrum disorder and bipolar disorder.

"Many of our patients suffer greatly from bullying, discrimination, isolation, and lack of support or lack of insurance coverage for the necessary treatment," Marinkovic said.

Often, she said, parents and school staff may not consider transgenderism, and a delay occurs in having the child assessed by a therapist who is experienced in gender identity problems until the transgender youth is deeply depressed or suicidal.

Of the 42 study participants, 28 were making a female-to-male transition, 13 were male-to-female and one natal girl was gender fluid. That patient reportedly later chose male hormone treatment.

Treatment consisted of gonadotropin-releasing hormone agonists (GnRHa), which Marinkovic described as "puberty blockers," in seven patients and cross-gender hormones in 32 patients, with only two patients taking both types of hormones. The average age of starting puberty suppression was 12.5 years, and treatment with cross-gender hormones began at an average age of 16.5 years. Two female-to-male patients had breasts surgically removed at ages 16 and 18 years, she reported. Several other patients wished to get this type of surgery, but their insurance plans did not cover it or they could not find an experienced surgeon locally.

"To date, none of the patients expressed regret or stopped therapy," Marinkovic stated.

Mental health follow-up data were available for 22 out of 26 patients. With treatment, depression, anxiety and/or self-cutting improved in all but two of these patients.

Since Rady Children's Gender Management Clinic began in 2012, it has seen a constant rapid increase in the number of patients referred to the clinic, Marinkovic said.

"There needs to be not only greater awareness and acceptance of this minority group but also improved accessibility to care for youth with gender dysphoria, to decrease the problems often seen in [patients](#) who are transgender," she said.

Provided by The Endocrine Society

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