Treatment-naïve transgender youth found to exhibit unhealthy behaviors that may have gender-specific effects on weight

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New research being presented at this year's European Congress on Obesity (ECO) in Dublin, Ireland (May 17-20) suggests that transgender

and gender-diverse (TGD) young people who have not had gender-affirming hormone therapies often lead unhealthy lifestyles that may result in gender-specific changes in body weight and composition.

The study by Ophir Borger, clinical dietician and Professor Yael Lebenthal, Director of the Pediatric Endocrinology and Metabolic Disease Unit at Dana-Dwek Children's Hospital in Tel Aviv, Israel and colleagues, highlights the need for individualized medical and nutrition interventions in this unique group of individuals to protect their long-term metabolic and cardiovascular health.

"We hope this research creates awareness about the challenges gender-diverse young people face, and how this may affect their lifestyle choices and in turn their weight status and future health," says Professor Lebenthal. "We hope our findings can help individuals, families and health care providers better understand and make a tangible difference to their health and well-being."

Research suggests that TGD adolescents are at a greater risk for overweight and obesity than their peers in the general population. Current guidelines for the diagnosis and management of gender-diverse children and youth focus on mental health and medical interventions, but provide little information on lifestyle habits, body composition, and cardiometabolic risk factors of this unique population.

Research has consistently shown that gender minorities often exhibit unfavorable lifestyle habits, including an unhealthy diet, lower physical activity, inadequate sleep, and high use of prescribed medications for associated conditions, all of which may contribute to an unhealthy metabolic profile.

To find out more about lifestyle habits and weight status in treatment-naïve TGD children and adolescents, researchers recruited 153 TGD

young people (average age 16 years; 94 TGD males [61%] designated female at birth) who attended the national referral gender clinic in Tel Aviv between January 2021 and December 2022.

These young people are all in the initial stages of their transitioning journey—none have had gender reassignment surgery (which normally would not take place until at least age 18 years) or begun any kind of gender-affirming treatment. Such therapy would only be prescribed after a comprehensive multidisciplinary assessment and consultation process. The young people in this study report gender incongruence (gender identity that is not aligned with the sex designated at birth) and decided to consult the National Children and Adolescents Gender Clinic.

All participants completed comprehensive interviews about their lifestyle habits, and researchers measured body composition and BMI according to designated sex at birth and age using US CDC growth charts.

The analysis also examined whether participants met healthy lifestyle recommendations to undertake at least 60 minutes of exercise every day; eat a healthy diet low in processed food and sugary drinks and high in fiber, and to get adequate sleep for their age.

The study found that nearly two-thirds (64%) of the cohort reported eating an unhealthy diet, over three-quarters (78%) did not take part in physical activity, and half (49%) reported inadequate sleep.

The research team also found that 21 (36%) of TGD females and 29 (31%) of TGD males did not meet any of the three lifestyle recommendations. Worse still, only 16 (11%) of the TGD youth in the cohort [5 TGD females and 11 TGD males] met all three recommendations.

Interestingly, TGD males were twice as likely to be living with overweight, obesity, or severe obesity than TGD females (39% vs. 20%); and TGD females were three times more likely to be underweight (15% vs. 4%).

In addition, compared to TGD females, TGD males had much higher average BMI z-scores (a measure of body weight based on height for each age group by gender; 0.62 vs. -0.25) and lower median muscle-to-fat ratio z-scores (low MFR z-score can predict cardiovascular risk factors; -0.86 vs. -0.31).

"Our findings underscore the need for comprehensive metabolic evaluation and tailored interventions for this unique group of individuals. Further studies are needed to determine the most beneficial program to promote future positive health outcomes," says Professor Lebenthal.

Provided by European Association for the Study of Obesity

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