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Baseline Physiologic and Psychosocial Characteristics of Transgender Youth Seeking Care for Gender Dysphoria

Johanna Olson, M.D.^{a,b,*}, Sheree M. Schragger, Ph.D., M.S.^a, Marvin Belzer, M.D.^{a,b},
 Lisa K. Simons, M.D.^a, and Leslie F. Clark, Ph.D., M.P.H.^{a,b}

^a Division of Adolescent Medicine, Children's Hospital Los Angeles, Los Angeles, California

^b University of Southern California Keck School of Medicine, Los Angeles, California

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ABSTRACT

Purpose: The purpose of this study was to describe baseline characteristics of participants in a prospective observational study of transgender youth (aged 12–24 years) seeking care for gender dysphoria at a large, urban transgender youth clinic.

Methods: Eligible participants presented consecutively for care at between February 2011 and June 2013 and completed a computer-assisted survey at their initial study visit. Physiologic data were abstracted from medical charts. Data were analyzed by descriptive statistics, with limited comparisons between transmasculine and transfeminine participants.

Results: A total of 101 youth were evaluated for physiologic parameters, 96 completed surveys assessing psychosocial parameters. About half (50.5%) of the youth were assigned a male sex at birth. Baseline physiologic values were within normal ranges for assigned sex at birth. Youth recognized gender incongruence at a mean age of 8.3 years (standard deviation = 4.5), yet disclosed to their family much later (mean = 17.1; standard deviation = 4.2). Gender dysphoria was high among all participants. Thirty-five percent of the participants reported depression symptoms in the clinical range. More than half of the youth reported having thought about suicide at least once in their lifetime, and nearly a third had made at least one attempt.

Conclusions: Baseline physiologic parameters were within normal ranges for assigned sex at birth. Transgender youth are aware of the incongruence between their internal gender identity and their assigned sex at early ages. Prevalence of depression and suicidality demonstrates that youth may benefit from timely and appropriate intervention. Evaluation of these youth over time will help determine the impact of medical intervention and mental health therapy.

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IMPLICATIONS AND CONTRIBUTION

Although transgender youth are known to be at high risk for depression, anxiety, and suicidality, there are no data available describing the physical and psychosocial characteristics of transgender adolescents seeking sex reassignment in the United States. This study presents baseline data describing characteristics of a youth cohort with gender dysphoria.

“Transgender” is a broad term that is often used to describe individuals whose gender self-identification or expression transgresses established gender norms. Specifically, it is the state of

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* Address correspondence to: Johanna Olson, M.D., Division of Adolescent Medicine, Children's Hospital Los Angeles, 5000 Sunset Blvd. 4th Floor, Los Angeles, CA 90027.

E-mail address: jolson@chla.usc.edu (J. Olson).

one's internal gender identity (self-identification as male, female, both or neither) not matching one's assigned sex at birth (identification by others as male or female based on natal sex) [1]. Gender dysphoria is defined as the discomfort or anxiety that arises and persists when there is discordance between assigned sex at birth and internal experience of gender that results in an impairment of function [2]. The identity and behavior of transgender individuals are often socially and medically stigmatized, resulting in an underserved population at risk for negative health outcomes [1].

Transgender youth are presenting at gender clinics for treatment related to gender dysphoria in higher numbers than previously seen [3,4]. Few providers feel educated and comfortable enough to treat transgender people [5], and even fewer feel comfortable treating transgender youth. Experiencing the wrong puberty for transgender youth leaves them vulnerable and often triggers symptoms of depression, anxiety, maladaptive coping, and suicidality [6]. Transgender youth are likely to experience societal discrimination resulting in economic marginalization, incarceration, social isolation, and physical abuse leaving them at higher risk for drug abuse, suicide, depression, violence, human immunodeficiency virus, other sexually transmitted infections, and homelessness [7,8]. A handful of studies have examined the prevalence of psychiatric morbidity experienced by transgender youth. In 2011, deVries et al. reported on 70 transgender youth eligible for medical intervention at the Amsterdam Gender Identity Clinic of The Vrije Universiteit (VU) University Medical Center. The study utilized the Child Behavioral Checklist and the Youth Self-Report to collect information at baseline before intervention. Of the participants, 44% of the sample scored in the clinically significant range on the Child Behavioral Checklist total problem scale (compared with 8%–9% Dutch adolescent norm), and 29.6% scored in the clinically significant range on the internalizing scale of the Youth Self-Report (also compared with 8%–9% Dutch adolescent norm) [9]. Studies have estimated the prevalence of suicide attempts among transgender youth to be between 25% and 32% [1,10]. A 2013 report of transgender youth presenting to the Gender Management Service at Boston Children's Hospital showed high prevalence of psychiatric morbidities including depression (58.1%), suicide attempts (9.3%), anxiety (16.3%), and self-mutilation (20.6%) [11]. In 2014, a report from British Columbia Children's Hospital Transgender Program described similar psychiatric morbidity among 84 transgender youth, including mood disorders (35%), anxiety disorder (25%), suicide attempt (12%), and psychiatric hospitalizations (12%) [3]. In 2009, the Endocrine Society published guidelines outlining the importance of treatment for transgender youth with recommendations for medical intervention. The Endocrine Society guidelines recommend using gonadotropin-releasing hormone agonists to suppress undesired puberty in early adolescence, with the addition of cross-sex hormones for masculinization or feminization as youth get older [12]. One recent study from the Netherlands points to the positive impact of a protocol incorporating puberty suppression, cross-sex hormones, and gender reassignment surgery on psychological functioning and well-being of 55 transgender individuals who began their interventions in adolescence [13]. Prospective studies about the physical and psychosocial impact of medical treatment are rare and have not fully explored the effects of the recommended treatment protocol outlined by the Endocrine Society.

The data presented in this article represent the baseline physiologic and psychosocial characteristics obtained from the first 101 participants in a large, prospective observational study examining a population of multiethnic transgender youth seeking care related to gender dysphoria. Future articles will report on the follow-up of these youth over time.

Methods

Self-identified transgender youth between the ages of 12 and 24 years presenting consecutively for care at the Center for Transyouth Health and Development at Children's Hospital Los

Angeles between February 2011 and June 2013 were screened for participation in the study. The Center for Transyouth Health and Development has been providing care for transgender youth for more than 20 years. Currently, the clinic serves more than 425 patients between the ages of 3 and 25 years. The clinic offers a range of services including mental health counseling and referrals, family and youth support groups, puberty suppression and hormonal intervention for those youth interested in a phenotypic transition, and referrals for appropriate surgical interventions.

Eligibility criteria for the study included the age between 12 and 24 years, self-identification with an internal gender identity different than the one's assigned sex at birth, presence of gender dysphoria, desire to undergo puberty suppression or phenotypic gender transition, naivety to cross-sex hormones or <3 months of previous cross-sex hormone use, and ability to read and comprehend English. Before enrollment in the study, participants underwent mental health screening by a gender specialized therapist to diagnose gender dysphoria, identify major mental health concerns and social risk factors that might interfere with gender transition, and provide a recommendation that medical intervention would benefit the participant in their transition process. Family dynamics related to the participants' gender transition and contribution to familial support during the process are also part of the mental health assessment. All the therapists that our Center collaborates with are vetted by our own internal mental health providers and are considered competent in the care and assessment of transgender youth. The two medical providers involved in the initial assessments are experienced physicians in the care of transgender youth.

At the time of enrollment, the Diagnostic and Statistical Manual of Mental Disorders (DSM IV-TR) [14] described criteria for *Gender Identity Disorder*, a diagnosis that has since been removed and replaced with *Gender Dysphoria* in the DSM 5 [2]. However, despite this recent revision for the purposes of this study, both the mental health and medical provider agreed that the participant met the DSM IV-TR criteria for a diagnosis of gender identity disorder before participation. Participants under the age of 18 years required consent from their legal guardians to participate in the study.

Demographic data and psychosocial measures were collected via computer-assisted survey at baseline after participants were screened and consented. Baseline physiological data were abstracted from the medical charts of the participants. One hundred and one participants were evaluated for physiologic parameters. Four baseline surveys were lost on a hard drive that could not be recovered; one participant enrolled in the study but never returned to complete the survey. Therefore, 96 baseline surveys assessing psychosocial parameters were available for analysis. Nine additional youth were screened but ineligible due to prior hormone use, and one otherwise eligible subject declined to participate because of concerns about potential unintentional disclosure of their transgender status. Participants received a \$20 gift card for their time. The institutional review board at Children's Hospital Los Angeles approved this study.

Sociodemographic and gender measures

Demographics including age (years), country of birth (United States not including Puerto Rico, or another country), and ethnicity (African-American/black, Caucasian/white, Latino(a), Asian/Pacific Islander, or other) were collected in the study. Assigned sex at birth was assessed with the question "What was

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