SUPPRESSION OF PUBERTY FOR TRANSGENDER TEENS
BIET 395B- DR. FRANKS & DR. PARKS

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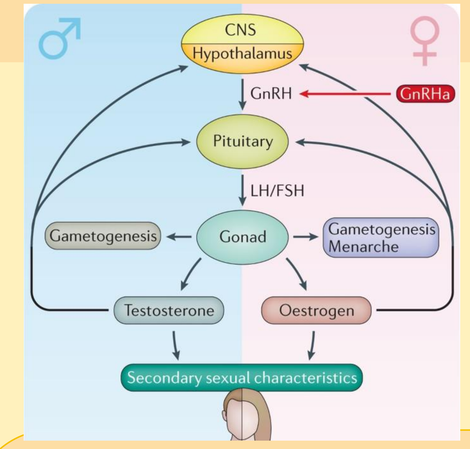
ABSTRACT

The purpose of our study is to investigate suppression of puberty for transgender teens. We will examine current treatments, developing treatments, ethical limitations, and the overarching questions that cause hesitation in healthcare providers. Many of the issues faced by these children stem from their age, and thus their ability to make rational decisions for themselves. Proposals against treatment can create psychosocial developmental issues in teens and increase developing gender dysphoria; the psychological distress that results from the inability to align one's assigned sex with their new gender identity. But fears of regretful decision-making leads to the question of what is more ethical, the postponement of treatment due to lack of self-awareness or the alleviation of suffering with the risk of reversal.



This discussion surrounding the suppression of puberty in transgender teens is important when we consider the disproportionate number of suicide and mental health issues in the transgender population. These concerns for alleviating body dysphoria are valid to consider as some interventions have the potential to avoid those feelings of dysphoria before puberty begins. By preventing these physical, emotional, and hormonal changes to take place, it may lead to an easier transitioning process for these teens. However, there are concerns to keep in mind during this discussion: age of consent, irreversible physical/hormonal changes, and the potential for a teen's gender identity to change later in life. In this discussion, we will evaluate the scientific changes from these interventions, ethical concerns, a case study example, and the future implications of this process.

INTRODUCTION

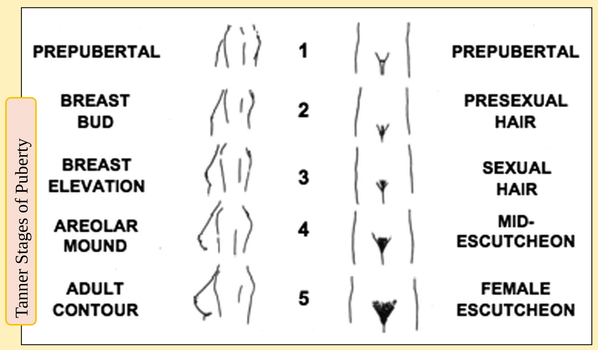
SCIENCE

For children under the age of 16, most treatments begin with a focus on psychological components of what it means to be transgender, using specifically trained individuals, Mental Health Professionals, to diagnose as accurately as possible the signs and symptoms the child may be experiencing. Likely exploring many facets of the child's life; "the etiology of dysphoria will prove to have complex biological, social, and psychological influences."

- The Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5) states that the criteria for the diagnosis of gender dysphoria in adolescents and adults as the presence of a marked incongruence between one's experienced/expressed gender and assigned gender, lasting for at least 6 months, as manifested by at least two of the following: (1) a marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics); (2) a strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics); (3) a strong desire for the primary and/or secondary sex characteristics of the other gender (or a gender different from that assigned at birth); (4) a strong desire to be of the other gender (or a gender different from that assigned at birth); (5) a strong desire to be treated as the other gender (or a gender different from that assigned at birth); and (6) a strong conviction that one has the typical feelings and reactions of the other gender (or a gender different from that assigned at birth). The individual must also experience clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Secondly the use of continuous gonadotropin-releasing hormone (GnRH) is used in children typically till the age of 18

- GnRH has the effect of blocking the release of follicle stimulating hormone (FSH) and luteinizing hormone (LH) from the pituitary gland. These hormones start the process known as puberty.
- The current recommendation is to start GnRH treatment during "the Tanner II or III phases" of puberty, so as to halt the puberty before the child feels its biological effects. This gives the child time to assess their feelings about their gender identity and sets the stage for them to begin hormone therapy if they wish to transition to another gender.
- Historically, such treatment has not been readily used in persons under 18. Now there is strong evidence that waiting this long can increase the chance of children with a long history of gender dysphoria or GID (gender identity disorder) developing a psychiatric disorder or having suicidal thoughts.



Then there is sex hormone treatments, which are practically irreversible and requires sufficient mental capacity to make an informed decision.

- Many scientists and medical professionals are concerned about allowing adolescents to make lasting decisions about their health and gender when there has been scientific research showing that during adolescence, the great amount of neurological development occurring during this time impacts the "processing rewards and risks, self-regulation, and the effect of peers on decision-making"

ETHICS

This section explores the ethical arguments, both for and against puberty blockers.

FOR

Non-maleficence and Beneficence (TW//suicide mention)

- A 2020 study by the American Academy of Pediatrics found treatments for gender dysphoria including puberty suppressing treatments can be associated with decreased rates of suicidal ideation and illicit drug use throughout the lifetime of a trans patient.
- Puberty suppressing hormones allow the decision to commence HRT to be prolonged allowing patients to mature and develop their own power of judgement.
- Allowing adolescents to avoid the gendered maturation brought on by puberty offers the highest likelihood of preferred results for gender transition later in life.

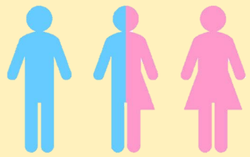
Respect for patient autonomy

- Despite the fact that minors cannot give legal consent to treatments does not dismiss the fact that they have a right to autonomy.
- Seeking gender affirming treatment is a very intimate and personal decision, puberty suppressors allow kids to not experience as much gender dysphoria while making those decisions.
- "[puberty blockers] certainly facilitates exploration significantly more than letting puberty run its course; whereas puberty strongly favors cis embodiment by raising the psychological and medical toll of transitioning"
- A study from the American Academy of Pediatrics found that only 2.5% of patients with gender dysphoria who wanted puberty suppressing hormone treatment actually got it.

AGAINST

Informed consent and nonmaleficence

- Early medical transition is irreversible and could lead to sterility later in life
  - Need for more long-term studies to consider the age and cognitive development of kids with gender dysphoria.
  - However, many trans patients report that feeling comfortable in their own bodies far outweighs the "harm" of losing the ability to procreate.
- Trans kids are put into a tough position because if they don't transition, they can face all kinds of stigma and danger for being gender non-conforming and not "passing", but if they do use medical interventions to transition, they are making an irreversible decision. Ultimately, as a society, we need to give children the support and the space, they need to question their gender without putting pressure on trans people to be "passing". One way to ensure this is through the use of psychological treatments for adolescents in order to allow the child time to mature and evaluate their decision to ensure that it will be one that affirms their gender identity.



CASE STUDIES

Case Study #1: 18-years-old

Background

- Assigned as female at birth, at the age of 5, Phoenix identified as gender non-binary. At the age of 11 during the time of puberty, the patient underwent severe distress regarding pubescent changes and requested puberty blockers. The doctor and patient agreed to reconvene upon Phoenix turning 16 to further assess treatment options. This also allowed time for gender identity to solidify.

Diagnosis

- Phoenix does not have any underlying medical conditions. Patient is diagnosed with gender dysphoria. Doctor has started the current course of treatment and has agreed to re-evaluate further measures to be taken after 2 years.

Treatment

- Phoenix has been treated with puberty blockers and has requested from her physician to continue the blockers long term. Patient also has been referred to a psychologist.

Outcome

- Phoenix wants to continue puberty suppressants 'forever' and has no desire for their body to change. Patient's physician is hesitant about the request for long term puberty suppressants due to physical risks regarding bone health and underlying psychological risks regarding issues surrounding growing up. Upon psychological evaluations, Phoenix has decided that the need to remain in a pre-pubescent state is the only way to reflect the patient's non-binary identity. Psychologists support Phoenix's decision to maintain puberty blockers as the decision was made with consent, free will, and disclosure of outcomes and potential side effects.

Case Study #2: 10-years-old

Background

- Assigned as female at birth, identifies as male. Questions regarding identity began at the age of 5 and claims that "he wants to be a boy". Concerns from the mother regarding the permanence of some treatments regarding hormones or surgery. Upon the onset of pubertal changes, patient has experienced severe distress

Diagnosis

- Patient is diagnosed with gender dysphoria which means the gender assigned at birth is not the same as the gender the patient identifies as which leads to distress.

Treatment

- Transgender teens often have a high rate of suicide, self harm, depression, anxiety, eating disorders, as well as social conflicts. Care that affirms the gender the patient identifies with through the use of puberty blockers and/or gender- affirming hormones can reduce the risk of the previously mentioned illnesses. Puberty blockers are used for the patient

Outcome

- Patient used puberty blockers. Family also recognizes the severity of distress the patient must feel which allows them to seek out a mental health provider. Pursuing treatment has improved family relations and decreased some stress on the patient. Patient feels confident in their decision and engages in therapy and hopes to begin testosterone at the age of 14.

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