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 preserving these physical, emotional, and hormonal changes as part of their identity, transgender teens may face less distress in the immediate and long-term. It is also important to note that many interventions may have ethical implications and require further research.

Case Study 1: 18-year-old John

John was assigned female at birth, identifies as male, and has been undergoing puberty blockers for 18 months. His parents have noticed a decrease in his distress and an increase in his overall mood. John has also been referred to a psychologist who has confirmed that he is making good progress in his gender transition. John's parents are pleased with the results and continue to support him in his journey.

Case Study 2: 10-year-old Lily

Lily was diagnosed with gender dysphoria at the age of 5. She has been on puberty blockers for 5 years and has shown a significant decrease in her distress and an increase in her self-esteem. Her parents have also noticed a decrease in her symptoms of depression and anxiety. Due to the successful treatment, Lily's parents are pleased with the outcome and continue to support her in her gender transition.

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
• Trans kids put into a rough 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 use medical interventions to transition, they are making an irreversible decision.


SCIENCE

For children under the age of 16, most treatments begin with a focus on physical characteristics 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 is the presence of a marked incongruence between one’s experienced/expressed gender and assigned gender, lasting for at least 6 months, manifested by at least two of the following: (1) a strong desire to be of one’s primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics); (2) a strong desire to be 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.

Secondary sex characteristics are usually not used routinely in 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.

SOURCES


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