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Pubertal blockade safe for pediatric patients with gender identity disorder

Canadian Pediatric Endocrine Group

Pubertal blockade can safely be initiated in pediatric patients who experience gender identity disorder, according to researchers at the Canadian Pediatric Endocrine Group 2012 Meeting. With exposure to hormones such as estrogen or testosterone later in their adolescence, these patients will experience normal metabolic processes.

"If kids are persisting at puberty [about the need to be the other gender], they will almost always persist," said **Daniel Metzger, MD, FRCPC,** a pediatric endocrinologist at BC Children's Hospital in Vancouver, British Columbia, Canada, and a clinical professor, division of endocrinology in the department of pediatrics, University of British Columbia in Vancouver.

Metzger spoke about the endocrine management of transgender youth and said pediatric patients who experience gender identity disorder require watchful management to reduce the risks for suicidality, depression, drug use and eating disorders, which are often secondary to gender identity disorder.

"These issues are frequently dealt with if patients can get on the road to transition," Metzger said, noting that parental support is key in making the transition smooth.

Patients will undergo counseling and therapy if they express a desire to transition from male to female or female to male to ensure they are serious about their desire, he said.

"The effect of the puberty-blocking drugs is reversible," Metzger said. "If they change their mind, they would come off the (puberty-blocking) drugs and enter puberty."

Although pubertal blockade, such as gonadotropin-releasing hormone agonists, puts bone and mineral status on hold, youths can resume the process of building bone once they are exposed to estrogen or testosterone, Metzger said.

In response to Metzger's presentation, **Norman Spack, MD,** an associate in endocrinology and co-director of the Gender Management Service Clinic at Children's Hospital Boston, said not treating youths with gender identity disorder is beginning to be thought of as disregard for the Hippocratic Oath. Spack co-wrote guidelines on treating gender identity disorder published by the Endocrine Society in 2009.

"[These patients] often harm themselves if they are not treated because they are clearly in the wrong body," Spack said. "The younger generation (of endocrinologists) who have grown up with gender-variant people is seeing this as a disregard for a human right."

In addition, pediatric patients are continually being psychologically tested to affirm their choice because the administration of sex steroids will not produce effects that can be reversed, Spack said.

"It is not reversible when you do a hormonal flip and give boys estrogen and girls testosterone," he said. "The Dutch experience has demonstrated that pubertal blockade does not preclude the ability of youths to have normal bone density."

For more information:

- Metzger D. The endocrine management of transgender youth. Presented at: the Canadian Pediatric Endocrine Group 2012 Scientific Meeting; Feb. 9-11, 2012; Winnipeg, MB, Canada.

Disclosure: Drs. Metzger and Spack report no relevant financial disclosures.