Title
Treating Transgender Youth: Pushing the Dialogue Forward

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Treating Transgender Youth: Pushing the Dialogue Forward

The last decade has seen increased attention to the provision of psychosocial and medical support to transgender youth. As a society, we see more visible transgender public figures, increased media attention to incidents of transphobia, and a heightened awareness of the unfortunate tragedies of transgender youth who have taken their own lives due to their suffering. As health providers, we have witnessed the formulation of clinical guidelines for medical support of transgender youth and an ever-increasing number of multidisciplinary gender clinics emerging across the country to provide that support.[1-4] And yet, the supply of transgender medical resources has been met with an overwhelming demand as more transgender youth are presenting for gender services, and a significant number of providers acknowledge that they lack adequate training to serve this population optimally.[5-7] In this month's issue of the *Journal of Adolescent Health,* two studies—by Vrouenraets et al. and Olson et al.—shed light on the challenges of medical management of this population. While the Vrouenraets et al. study explores the ethical debates regarding pubertal suppression—a focal point of medical management for gender dysphoric, early pubertal youth[8]—the Olson et al. study provides baseline physiological and psychological profiles of youth presenting for gender services in a U.S. multi-disciplinary clinic as a preview for crucial future longitudinal studies that will help us better understand the efficacy and safety of gender-modulating medical interventions.

In Vrouenraets et al.'s qualitative study, the researchers interviewed or surveyed psychology, psychiatry, and endocrinology professionals from international treatment teams about the ethical

considerations that underlie support for or opposition to pubertal suppression as a treatment option for youth with gender dysphoria. Of note, the administration of cross-sex hormones to youth under the age of 16, as delineated in the Endocrine Society's clinical practice guidelines, is likely similarly polarizing, but this study focuses primarily on pubertal suppression.[1] Vrouenraets et al.'s study adds to the literature by using sound qualitative analysis to present the voices of *both* proponents and opponents of this therapeutic modality for gender dysphoric youth. It moves forward a crucial dialogue rooted in questions about the underlying etiology and development of gender dysphoria, the short- and long-term efficacy and safety of early medical interventions, and the ethical considerations that emerge from various themes with opposing points of view.

The Vrouenraets et al. study does not attempt to reach consensus, but following on the heels of the only long-term study thus far published (which demonstrates a benefit to pubertal suppression as a component of phenotypic transition), the article appropriately calls for more interdisciplinary, multi-center research.[8] A limited number of studies, also carried out by the Dutch, have begun to explore potential adverse effects of pubertal blockers in gender dysphoric youth by examining the consequences of this treatment on executive function, brain development, and bone mineral density.[9-11] Although the Vrouenraets et al. study is strong overall, it was an oversight not to include adolescent medicine providers. The adolescent medicine subspecialty is highly represented in many multidisciplinary clinics serving gender nonconforming/transgender youth in North America.[2] Furthermore, adolescent medicine providers have unique training in providing medical care and assessing complex psychosocial

needs of young people transitioning into adulthood; thus, input from these subspecialists could have been particularly informative.

The Olson et al. study provides a thorough baseline assessment of physiologic and psychosocial parameters of transgender youth seeking care in the largest such program in the U.S. A unique strength of this study is that it draws on a large multi-ethnic cohort of gender dysphoric youth. The data presented highlight the significant risk for depression, risk taking behaviors, and suicidal ideation and attempts in this often marginalized population, and set the stage for important long-term studies.

Currently existing clinical practice guidelines for the care of transgender youth have been largely based on expert opinion with only limited long-term outcomes data. Both the Vrouenraets and Olson studies underscore the need for long-term data to inform optimal medical and mental health care for gender dysphoric youth.

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