



**Gender Identity Research and Education Society**

© - GIRES 2016

## **Gender Affirming Hormones for Adolescents Some Suggestions**

15 July 2016

The Gender Identity Research and Education Society (GIRES) has great respect for the work of The Endocrine Society regarding the endocrine treatment of people who experience gender dysphoria, or gender incongruence as the condition may in future be described.<sup>1</sup> GIRES gave its award in 2009 to the authors of the guidelines that The Endocrine Society published in that year. GIRES particularly welcomed The Endocrine Society's recommendation regarding the suppression of pubertal hormones from Tanner stages 2-3. This approach relieves the immediate distress of gender dysphoric young people. However, it does not overcome gender dysphoria, for which gender affirming hormones are the appropriate remedy.<sup>2</sup>

In this note, GIRES focuses on the provision of gender affirming hormones (previously known as cross-sex hormones) for gender dysphoric adolescents. At present The Endocrine Society's guidelines recommend that gender affirming hormones be provided from age 16, but suggest also that they may be provided at about age 16.<sup>3</sup>

GIRES suggests that for gender affirming hormones, just as for puberty suppression, it is unhelpful to establish any chronological age as a criterion for commencing treatment, in either natal males or natal females.

---

<sup>1</sup> - Possibly to be adopted in the International Classification of Diseases, Version 11, that the World Health Organisation may publish in 2018. The term gender incongruent will encompass a broad spectrum of people, including non-binary individuals, who experience some degree of discomfort from living in the gender role that is consistent with the sex assigned to them at birth. Some of those people seek endocrine, surgical and other treatments to align their sex characteristics with their gender identity and the way that they wish to express it.

<sup>2</sup> - de Vries AL, McGuire JK, Steensma TD, Wagenaar EC, Doreleijers TA & Cohen-Kettenis PT 2014 Adult psychological outcome after puberty suppression and gender reassignment. *Pediatrics* 134:696-704 <http://pediatrics.aappublications.org/content/134/4/696.full>

<sup>3</sup> - Hembree WC, Cohen-Kettenis P, Delemarre-van de Waal HA, Gooren OJ, Meyer, III WJ, Spack NJ, Tangpricha V, and Montori VM; Endocrine Treatment of Transsexual Persons: An Endocrine Society Clinical Practice Guideline; 2009: <http://press.endocrine.org/doi/abs/10.1210/jc.2009-0345>

The age at which puberty begins and the speed of its progression vary significantly between individual adolescents.<sup>4 5</sup> If gender affirming hormones are considered, the situation is made even more complex because some patients will have been receiving puberty suppression whereas others will not. The growth trajectory for individuals also varies widely. In natal males, this affects the stage at which feminising hormones may be an appropriate means for capping growth. Natal females, whose puberty was suppressed before growth plate closure, may experience increased height velocity with initiation of testosterone, perhaps allied with growth enhancing medication, and may reach an adult height within the normal range for phenotypic males.<sup>6 7</sup>

Endocrine intervention should be provided according to the adolescent's need to have their dysphoria addressed, bearing in mind that "withholding puberty suppression and subsequent feminising or masculinising hormone therapy is not a neutral option for adolescents"<sup>8</sup> Delay may cause "psychological torture".<sup>9</sup> The assessment process for adolescents who first seek these interventions at later Tanner stages should be expedited.

---

<sup>4</sup> - Parent A-S, Teilmann G, Juul A, Skakkebaek NE, Toppari J, and Bourguignon J-P; Endocrinology, 2011: The timing of normal puberty and the age limits of sexual precocity: variations around the world, secular trends, and changes after migration: <http://press.endocrine.org/doi/abs/10.1210/er.2002-0019>

<sup>5</sup> - Lee PA - Journal of Adolescent Health Care, 1980 – Elsevier: Normal ages of pubertal events among American males and females; <http://www.sciencedirect.com/science/article/pii/S0197007080800052>

<sup>6</sup> - Vance SR, Ehrensaft D, Rosenthal SM - Pediatrics, 2014 - Am Acad Pediatrics; Psychological and medical care of gender nonconforming youth: <http://www.ncbi.nlm.nih.gov/pubmed/25404716>

<sup>7</sup> Henriette Delemarre-van de Waal and her Dutch colleagues published many papers on endocrine treatments for gender variant young people, some of which include mentions of oxandrolone for augmenting growth. She presented a paper, which referred to this medication, #FP37-3, at: The Endocrine Society Annual Meeting and Expo; June 15-18, 2013; San Francisco:

<http://www.healio.com/endocrinology/pediatric-endocrinology/news/online/%7B453a517a-3bd1-4c03-86c7-027dc32bb338%7D/hormone-therapy-to-halt-puberty-safe-effective-in-transgender-adolescents>

<sup>8</sup> - WPATH Standards of Care, Version 7, page 21. [http://www.wpath.org/uploaded\\_files/140/files/Standards%20of%20Care,%20V7%20Full%20Book.pdf](http://www.wpath.org/uploaded_files/140/files/Standards%20of%20Care,%20V7%20Full%20Book.pdf)

<sup>9</sup> - Kreukels BP, Cohen-Kettenis PT - Nature Reviews Endocrinology 7, 466-472 (2011); Puberty suppression in gender identity disorder: the Amsterdam Experience: [www.ncbi.nlm.nih.gov/pubmed/215872](http://www.ncbi.nlm.nih.gov/pubmed/215872)

The current practice in reputable centres is to provide gender affirming hormones at age 14 or less.

- ~ 13.3 years (natal males) and 13.7 years (natal females) in Canada<sup>10</sup>
- ~ 13.9 to 14.9 years in The Netherlands<sup>11</sup>
- ~ 14 years in the USA<sup>12</sup>

Instead of age, clinicians might consider applying a range of readiness criteria, which could include physical, psychological and social factors. Health providers, other than those only in paediatric mental health, may be suitable to provide a second opinion. For instance paediatricians and general practitioners may develop appropriate competence through training and experience.

Bernard Reed OBE, MA, MBA

Trustee

---

<sup>10</sup> - Khatchadourian K, Amed S, Metzger D L, The Journal of Pediatrics Volume 164, Issue 4, April 2014, Pages 906–911, Clinical Management of Youth with Gender Dysphoria in Vancouver, <http://www.sciencedirect.com/science/article/pii/S0022347613013644>

<sup>11</sup> - op sit de Vries AL, et al

<sup>12</sup> - Rosenthal - The Journal of Clinical Endocrinology & ..., 2014 - press.endocrine.org; -Approach to the patient: transgender youth: endocrine considerations <http://press.endocrine.org/doi/full/10.1210/jc.2014-1919>