

Gender Dysphoria

in Children/Adolescents <18 Years Old

FAST FACTS

up to 60%

of transgender youth have attempted suicide

only 16%

of LGBTQ youth are out (open about their sexual orientation or gender identity) to their healthcare provider

2x

LGBTQ youth are twice as likely as peers to be harassed at school

WHEN TO REFER

When there are gender concerns and a caregiver is aware, refer patient to the Living with Change Center (transgender clinic within Adolescent Medicine) at Cincinnati Children's, so we can begin providing information and support as soon as possible.

If you have clinical questions about gender dysphoria, call the Living with Change Center at (513) 636-8594 or email gender.team@cchmc.org.

After hours, call the Adolescent Medicine specialist on call through Physician Priority Link at 513-636-7997.

Gender dysphoria is a condition/developmental variant characterized by a person's feeling that the sex assigned to them at birth does not match their gender identity (innate sense of their gender). Gender is not binary (male/female) but a broad spectrum of identities. Gender dysphoria is NOT a disease or illness.

Definitions

Transgender—umbrella term describing a range of gender identities and gender expression

Trans man—a person assigned female at birth whose gender identity is male

Trans woman—a person assigned male at birth whose gender identity is female

Sexuality—different than gender, this is who a person is attracted to (males, females, no one, everyone, other transgender person)

Gender diverse individuals are at risk for many negative health outcomes (such as homelessness, violence, homicide, STDs including HIV, lack of access to healthcare) and at high risk for mental health issues (anxiety, depression, suicidal ideation, eating disorders, substance abuse).

ASSESSMENT

Perform detailed history, asking probing questions around social environment, mental health, and, if old enough, sexual history (see algorithm on reverse for specific questions). Perform a complete physical exam (including genitals)—check for cutting, bruising, signs of abuse, signs of congenital adrenal hyperplasia, and signs of intersex disorders.

HPE RED FLAGS

History:

- Caregiver dismissive of patient's gender concerns
- Caregiver threatening patient
- Depression symptoms
- Recent mental health hospitalizations

- Symptoms of eating disorders
- School failure or refusal that is new

Physical Exam (uncommon):

- Signs of cutting or abuse, which deserve further investigation for patient's safety

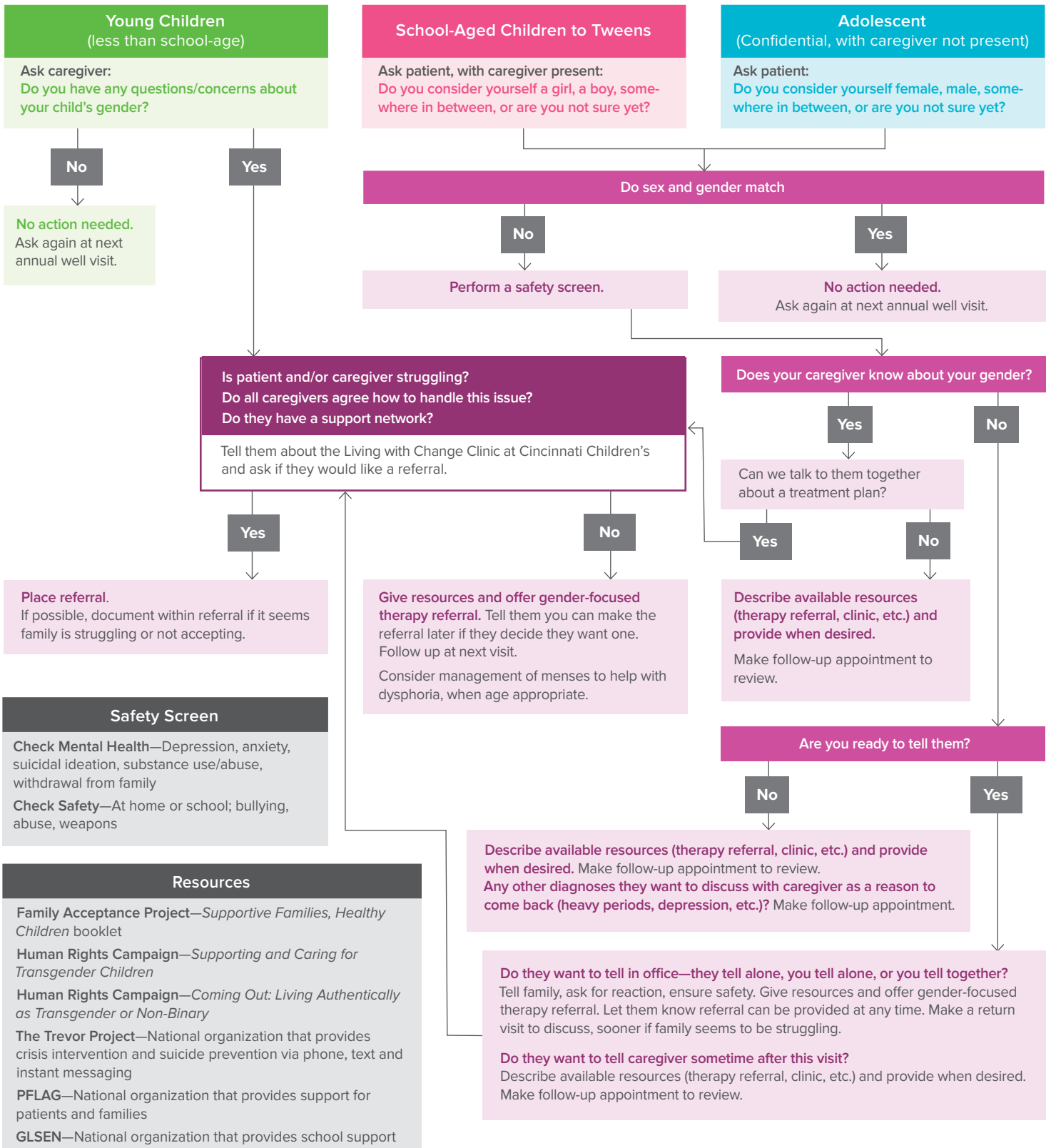
MANAGEMENT/TREATMENT

When there are gender concerns:

- Ensure patient is safe in all environments (home/school/work) and is not suicidal
- Help patients who are not out to their families to plan to tell a family member
- Do NOT out patient to caregiver without the patient's permission
- Provide patient with resources for coming out
- If patient feels unsafe telling a family member, discuss treating symptoms of the gender dysphoria (anxiety/depression) to try to get patient to therapy; provide suicide prevention hotline information
- Evaluate for anxiety/depression, refer for therapy (with therapist who can help with gender if possible) and begin medical treatment for mood, if patient and family agree
- Menses-related issues—consider starting treatment, preferably with progestin-only medication
 - Medroxyprogesterone injections if patient is at risk for pregnancy
 - Norethindrone – progestin-only pills if not needed to prevent pregnancy
 - Combined oral contraception if patient does not mind estrogen—extended cycling is better

If you would like additional copies of this tool, or would like more information, please contact the Physician Outreach and Engagement team at Cincinnati Children's.

Gender Issue Screening at Annual Well Visits



For urgent issues, or to speak with the specialist on call 24/7, call the Physician Priority Link at 1-888-987-7997.