

## Clinical Management of Youth with Gender Dysphoria in Vancouver

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**Objective** To describe patient characteristics at presentation, treatment, and response to treatment in youth with gender dysphoria.

**Study design** A retrospective chart review of 84 youth with a diagnosis of gender dysphoria seen at BC Children's Hospital from 1998-2011.

**Results** Of the 84 patients, 45 (54%) identified as female-to-male (FtM), 37 (44%) as male-to-female (MtF), and 2 (2%) as natal males who were undecided. Median age of presentation was 16.9 years (range 11.4-19.8 years) and 16.6 years (range 12.3-22.5 years) for FtM and MtF youth, respectively. Gonadotropin-releasing hormone analog treatment was prescribed in 27 (32%) patients. One FtM patient developed sterile abscesses with leuprolide acetate; he was switched to triptorelin and tolerated this well. Cross-sex hormones were prescribed in 63 of 84 patients (39 FtM vs 24 MtF,  $P < .02$ ). Median age at initiation of testosterone injections in FtM patients was 17.3 years (range 13.7-19.8 years); median age at initiation of estrogen therapy in MtF patients was 17.9 years (range 13.3-22.3 years). Three patients stopped cross-sex hormones temporarily due to psychiatric comorbidities (2 FtM) and distress over androgenic alopecia (1 FtM). No severe complications were noted in patients treated with testosterone or estrogen.

**Conclusion** Treatment with gonadotropin-releasing hormone analog and/or cross-sex hormones, in collaboration with transgender-competent mental health professionals, is an intervention that appears to be appropriate in carefully selected youth with gender dysphoria. Long-term follow-up studies are needed to determine the safety of these treatments in this age group. (*J Pediatr* 2013; ■: ■- ■).