

Managing gender dysphoria/incongruence in children and adolescents: a perspective for debate

National Association of Practising Psychiatrists

1. This approach to managing gender dysphoria [1] or gender incongruence [2] in children and adolescents aims to protect and safeguard the health, safety and welfare of the child. These guidelines prioritise the best interests of the child in accordance with human rights obligations under the International Convention of the Rights of the Child [3].
2. Gender dysphoria/incongruence in young people is a debated area of medical practice. This approach avoids political, social or religious ideological positions.
3. As health professionals this approach acknowledges and respects young people's views about their gender identity, as part of the totality of their developmental and holistic clinical picture, and incorporates these into the clinical formulation. This approach requires that a comprehensive bio-psycho-social assessment be conducted before recommending specific treatment.
4. The approach appreciates that childhood and adolescence is a time of rapid physical and psycho-social growth and profound personal development. It is characterised by examining many aspects of identity, including sexual orientation and gender. As the child matures and progresses through puberty this questioning usually transforms and resolves and the young person, in the majority of cases, accepts his/her biological sex and adult body [4,5].
5. The approach recognises that gender dysphoria/incongruence can often be a manifestation of complex pre-existing family, social, psychological or psychiatric conditions. A holistic approach includes a comprehensive exploration for these potential conditions in order to more fully understand a child presenting with gender dysphoria/incongruence [6].
6. Extensive assessment of family, social, psychological and psychiatric factors is an essential step in effective and safe management of children and adolescents presenting with gender dysphoria/incongruence.
7. The approach proposes that psychotherapy should be a first-line treatment for young people with gender dysphoria/incongruence. This intervention should be undertaken before medical interventions (puberty-blocking drugs, cross-sex hormones, sex reassignment surgery) are planned.
8. The approach is aware that medical interventions to block puberty and to achieve feminization and masculinization according to the young person's perceived gender are not fully reversible and can cause significant adverse effects on physical, cognitive, reproductive and psychosexual development [7,8,9,10,11,12,13].
9. Currently, while some individuals report a successful transition, we are not aware of published long-term outcome studies that have followed up adults who have undergone childhood or adolescent transition that show substantial benefit. As a consequence, there is no consensus that medical treatments such as the use of puberty-blocking drugs, cross-sex hormones or sexual reassignment surgery lead to better future psychosocial adjustment [14,15,16,17].
10. Increasing numbers of individuals who have undergone hormonal treatment and surgical interventions subsequently report experiencing regret and a wish to de-transition. They describe significant psychological and physical suffering, including loss of fertility and sexual function as a consequence of decisions made when younger [18,19,20,21,22,23].
11. Clinicians should therefore reflect carefully before contemplating or recommending treatments for gender dysphoria/incongruence, including irreversible medical interventions.
12. The still unproven risks and benefits make it imperative that parents and children and adolescents are made aware of the current evidence regarding gender transition and provide fully informed consent before potentially damaging and irreversible treatment is commenced.
13. This cautious approach is also mirrored in general clinical guidance by national bodies that recommend health services for public funding [24].

In preparing this statement advice was obtained from a number of senior medical colleagues in child and adolescent psychiatry, adult psychiatry, forensic psychiatry, and from physicians who have cared for individuals experiencing gender dysphoria/incongruence.

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