

1 Resolution #

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3 TITLE: Evidence-Based Treatment of Gender-Dysphoric Youth

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5 SPONSORED BY:

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7 DATE: November 1, 2019

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10 DISPOSITION:

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12 Whereas, the Academy has the responsibility to ensure evidence-based treatment of
13 gender-dysphoric children, adolescents, and young adults; and

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15 Whereas, current evidence is based on the historically typical presentation of predominately
16 male gender-dysphoric youth who evidenced cross-gender interests and
17 behavior since early childhood; and

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19 Whereas, in the last decade, there has been a marked change in the presentation of
20 gender dysphoria: currently most pediatric gender dysphoric cases are
21 adolescent females with no documented childhood history of gender dysphoria,
22 despite years of evaluations by pediatricians and other professionals; and

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24 Whereas, adolescent-onset patients with gender dysphoria have high rates of autism
25 spectrum disorder (ASD) and other developmental and psychiatric comorbidities,
26 which may predispose them to feelings of body dysmorphia and dissociative
27 symptoms; and

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29 Whereas, the dysphoria treatment model that comprises “affirming” counsel, hormonal and
30 surgical interventions have not yet been evaluated for use in patients with
31 adolescent-onset gender dysphoria; and

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33 Whereas, there is no evidence that “affirmative care” reduces suicide, and recent evidence
34 from the United Kingdom’s leading gender clinic suggests increased suicidal
35 ideation among youth receiving cross-sex hormones, while the rate of completed
36 suicides in post-transition adults is as high as 19 times that of the general
37 population; and

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39 Whereas, historically, youth with the typical childhood-onset gender dysphoria had
40 resolution of their dysphoria more than 80% of the time without the need for
41 pharmacologic or surgical interventions; and

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43 Whereas, youth with atypical adolescent-onset gender dysphoria have not been
44 adequately studied to ascertain the rates of persistence vs. desistance; and

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46 Whereas, increasing numbers of youth with adolescent-onset gender dysphoria have
47 reidentified with their birth sex at or around the age of neurological maturity

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52 (mid 20s) and have begun to speak publicly about their regret at having
53 undergone irreversible body alterations and lost their fertility; and
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55 Whereas, the Academy's 2018 policy statement, "Ensuring Comprehensive Care and
56 Support for Transgender and Gender-diverse Children and Adolescents," which
57 endorses "affirmative care" as the only acceptable approach to gender dysphoria,
58 was flawed by its omission and misrepresentation of highly relevant
59 clinical literature, as outlined by James Cantor, PhD in a pending peer-
60 reviewed publication; and
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62 Whereas, new evidence since the publication of the AAP policy statement has
63 emerged regarding potential harms of hormonal interventions, including serious
64 risks to bone, metabolic and cardiovascular health, as well as profound
65 uncertainties about a range of other adverse developmental and health effects,
66 therefore be it
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68 RESOLVED, that the Academy suspends promotion of its current policy on gender
69 dysphoria until a thorough and depoliticized evaluation of all the evidence,
70 including new evidence that has come to light since the last publication, has
71 been examined and the policy is appropriately amended, and be it further
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73 RESOLVED, that the Academy initiate an inquiry into the etiology of the exponential rise of
74 adolescent females presenting with gender dysphoria for the first time to better
75 understand its causes, rates of persistence vs. desistance, and evaluate a range
76 of treatments suitable for this novel patient population.
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78 FISCAL NOTE: None
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80 REFER TO: 2020 Annual Leadership Forum
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82 LEAD AUTHOR: Julia Mason MS MD FAAP
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84 Email:
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86 BACKGROUND
87 INFORMATION
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89 References:
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