

Puberty Is Not a Disorder

We vigorously object to the normalization of childhood gender identity disorder (GID) promoted by the American Academy of Pediatrics (AAP) in the article “Psychological and Medical Care of Gender Nonconforming Youth,”¹ published in the December issue of *Pediatrics*. The recommendations of the authors to reinforce the delusions of gender identity-confused children, and to prescribe puberty-blocking hormones as though puberty were a disorder, are outrageous. This approach violates the oath physicians take to “do no harm.” Although some affected children and their parents may report being happier when health professionals, families, friends, and schools affirm their false beliefs, “happiness” is not always consistent with good health. It can also be short-lived.

A recent 30-year study in transgendered adults in Sweden, unquestionably a transgender-affirming culture, should give the AAP and American Psychiatric Association (APA) pause: it showed that individuals who underwent sex reassignment surgery suffered significantly greater morbidity and mortality when compared with matched controls. Shockingly, their suicide mortality rose almost 20-fold above the comparable nontransgender population. The authors concluded, “Our findings suggest that sex reassignment, although alleviating gender dysphoria, may not suffice as treatment for transsexualism . . . [emphasis added].”² There is no adequate body of research on the long-term use of puberty blockers in early adolescence followed by lifelong administration of exogenous testosterone to biological girls or of exogenous estrogen to biological boys. However, there is significant evidence indicating stunted growth and infertility from puberty-blocking hormones, and possible malignancies from chronic use of synthetic hormones.³ Yet, this is what the AAP and APA recommend.

We submit that children who dread the development of secondary sex characteristics are emotionally troubled; puberty is not a disease. In fact, puberty brings relief for the vast majority of children receiving therapy for GID, because hormone surges propel the development of their brains as well as their bodies and they come to identify with their biological sex.^{4,5} Science and ethics trump the current recommendations of the AAP and APA, which amount to conducting an ideology-driven social experiment on vulnerable children and their families. All physicians must work for the reinstatement of the diagnosis and sound treatment of childhood GID.

Den Trumbull, MD, FCP
*President of the American College of
Pediatricians*

Michelle A. Cretella, MD, FCP
*Vice President of the American College of
Pediatricians*

Miriam Grossman, MD
*Psychiatric consultant to the American College of
Pediatricians*
E-mail: admin@acpeds.org

Conflict of Interest:

None declared

REFERENCES

1. Vance SR Jr, Ehrensaft D, Rosenthal SM. Psychological and medical care of gender nonconforming youth. *Pediatrics*. 2014; 134(6):1184–1192
2. Dhejne C, Lichtenstein P, Boman M, et al. Long-term follow-up of transsexual persons undergoing sex reassignment surgery: cohort study in Sweden. *PLoS ONE*. 2011;6:e16885
3. Hembree WC, Cohen-Kettenis P, Delemarrevan de Waal HA, et al; Endocrine Society. Endocrine treatment of transsexual persons: an Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab*. 2009;94(9):3132–3154
4. Zucker KJ. Measurement of psychosexual differentiation. *Arch Sex Behav*. 2005;34(4): 375–388
5. Vigil P, Orellana R, Cortes M, et al. *Endocrine Modulation of the Adolescent Brain: A Review*. North American Society for Pediatric and Adolescent Gynecology; 2011

doi:10.1542/peds.2015-0313A

Author’s Response

We respectfully disagree with many assertions made by the authors responding to our article “Psychological and Medical Care of Gender Nonconforming Youth.”¹ First, the respondents’ use of the psychiatric diagnosis of gender identity disorder (GID) is in itself problematic. The American Psychiatric Association changed this diagnosis in the *Diagnostic Statistical Manual of Mental Disorders, Fifth Edition (DSM-V)*, to “gender dysphoria.” The psychiatric and pathologic focus is not on the cross-gender identity but instead on the distress stemming from the mismatch between “assigned” and affirmed gender identity and from societal stigma and lack of acceptance. Our center and other major professional organizations do not view gender nonconformity as pathologic, as our article discusses at length; this may be at odds with the stated perspective of the respondents. Furthermore, the respondents suggest that gender-nonconforming children suffer from delusions regarding their gender identity; symptoms of delusions are not included in any diagnostic criteria for gender dysphoria in the DSM-V.

The respondents misinterpret the goals of our gender-affirming approach by stating that “affected children and their parents may report being happier when [professionals and community] affirm their false beliefs,” and “‘happiness’ is not always consistent with good health.” We not only want these youth to be happy, we want them to be less depressed, less suicidal, higher functioning, and, most importantly, thriving. As explained in our article, exposure to an environment that is supportive and affirming of gender nonconformity can be protective against suicidality, depression, and poor self-esteem.^{2,3}

To promote their argument that gender-modulating therapies are deleterious, the responding authors cite a follow-up study in adults who had gender-affirming surgery. The

Puberty Is Not a Disorder
Den Trumbull, Michelle A. Cretella and Miriam Grossman
Pediatrics 2015;135:e1366
DOI: 10.1542/peds.2015-0313A

Updated Information & Services

including high resolution figures, can be found at:
<http://pediatrics.aappublications.org/content/135/5/e1366.1>

References

This article cites 4 articles, 1 of which you can access for free at:
<http://pediatrics.aappublications.org/content/135/5/e1366.1#BIBL>

Subspecialty Collections

This article, along with others on similar topics, appears in the following collection(s):
Administration/Practice Management
http://www.aappublications.org/cgi/collection/administration:practice_management_sub

Permissions & Licensing

Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at:
<http://www.aappublications.org/site/misc/Permissions.xhtml>

Reprints

Information about ordering reprints can be found online:
<http://www.aappublications.org/site/misc/reprints.xhtml>

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



PEDIATRICS®

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Puberty Is Not a Disorder

Den Trumbull, Michelle A. Cretella and Miriam Grossman

Pediatrics 2015;135:e1366

DOI: 10.1542/peds.2015-0313A

The online version of this article, along with updated information and services, is located on the World Wide Web at:

<http://pediatrics.aappublications.org/content/135/5/e1366.1>

Pediatrics is the official journal of the American Academy of Pediatrics. A monthly publication, it has been published continuously since 1948. Pediatrics is owned, published, and trademarked by the American Academy of Pediatrics, 141 Northwest Point Boulevard, Elk Grove Village, Illinois, 60007. Copyright © 2015 by the American Academy of Pediatrics. All rights reserved. Print ISSN: 1073-0397.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

