



Statement on the management of Gender Identity Disorder (GID) in Children & Adolescents

Definitions:

- Gender identity disorder (GID) is a DSM-IV-TR diagnosis. This psychiatric diagnosis is given when a strong and persistent cross-gender identification, combined with a persistent discomfort with one's assigned sex or sense of inappropriateness in the gender role of that sex, causes clinically significant distress.(1)
- Gender dysphoria is the distress and unease experienced if the gender identity and sex are not completely congruent. (1)

The management of a child or adolescent presenting with potential GID or gender dysphoria is a highly specialised and sensitive process. 75-80% of gender identity disorders of pre-pubertal children do not persist into puberty (2). For those where GID persists into puberty, the associated physical and psychological changes can be distressing as they heighten the disharmony between their self perception of gender identity and the physical reality of the changing body. The response to the request for physical and psychological intervention is aimed at ameliorating the distress. However, this raises a number of linked issues: persistence or desistence of the condition in the long term; implications for physical, reproductive and CNS development; ability of the young person to give informed consent; role of parents or guardian.

The recent Endocrine Society Clinical Practice Guideline: Endocrine Treatment of Transsexual Persons (2) states that sex reassignment requires expert multidisciplinary treatment. It highlights the role of the mental health professional (MHP) in a multidisciplinary team (MDT). This professional must have the expertise to be able to distinguish between GID and other conditions with similar features and to diagnose co-morbid mental health problems and facilitate appropriate intervention or referral for their management. The MHP working with children and adolescents with GID should be trained in child and adolescent mental health to ensure that a full psychodiagnostic assessment and child psychological evaluation takes place.

Recommendations

1. Management of children and adolescents with GID or gender dysphoria should only be offered within a specialist MDT, which includes a MHP experienced in managing GID in children and adolescents, and a paediatric endocrinologist experienced in the management of puberty.
2. Each person presenting with GID or gender dysphoria should be assessed in his/her own right. It is recognised there may be exceptions to routine practice. Rigid adherence to guidelines /protocols based on current limited evidence may not be in the best interest of some individuals. However, any deviation from current practice should be made by the specialist MDT. Such a change in management should include comprehensive multidisciplinary assessment, informed consent, a system for monitoring outcome and ideally should be implemented as a research study.

Specialist medical treatment for GID in childhood and adolescence is currently offered in the UK by the national GID Service at the Tavistock Clinic, London, and in liaison with the Paediatric and Adolescent Endocrinology Service at University College London Hospital. The service is now formally recognised as a national specialist service, for which funding has been provided by the National Commissioning Group. There are plans for another centre within the UK.

Management in designated centre(s) of excellence will ensure that children and adolescents with GID are evaluated properly and managed safely. This will enable collaboration in multi-national long-term research studies, which are essential to inform future clinical care of a highly complex and sensitive problem.

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<http://www.tavi-port.org/childidentityissues>

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2. Hembree WC, Cohen-Kettenis P, Delemarre-van de Waal HA et al (2009), Endocrine Treatment of Transsexual Persons: An Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab.* 94: 3132-54
3. Royal College of Psychiatrists (1998) *Gender Identity Disorders in Children and Adolescents – Guidance for Management*. Council Report CR63. London: Royal College of Psychiatrists.