STM038:00/2020

Recommendation of the Council for Choices in Health Care in Finland (COHERE Finland)

Medical treatment procedures for dysphoria related to minors' gender variances

Concepts

Suppression treatment	Pubertal suppression with gonadotropin-releasing hormone analogues (a medicine suppressing the gonadotropin-releasing hormone activity) for suppressing the secondary gender attributes consistent with the biological gender
Cisgender/Cis person	A person whose experienced gender identity matches the gender assigned at birth (identifies and is satisfied with the gender assigned at birth and generally also expresses his/her gender accordingly)
Other gender	A person, who feels that he/she is neither a man or a woman; instead, for instance, something in between, asexual, crossing gender barriers, is outside them or multigendered
Transgender	A person, whose experienced gender has a gender identity or gender expression that differs from the gender assigned at birth, whose experienced gender does not correspond with the legal and biological gender assigned to him/her at birth but, instead, with the opposite gender

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1. Bases for preparing the recommendation

As the number of patients, also minors, referred to the Helsinki University Hospital's and the Tampere University Hospital' multi-professional outpatient clinics with the examination and treatment of gender dysphoria has increased, COHERE decided to prepare a recommendation for medical treatments for function-reducing dysphoria, i.e., anxiety related to a minor's gender variances. The gender identity variance refers to the gender identity placing anywhere at the man-woman scale or outside it, not being only divided into men and women. Only for a part of the patients, the gender identity variance includes significant suffering and decreased functional capacity and only some hope to get medical treatment.

This recommendation is based on the legislation valid upon the acceptance of the recommendation, on research evidence and on the clinical experience of the Helsinki University Hospital's and Tampere University Hospital's multi-professional units with expertise in gender dysphoria examination and treatment. The recommendation's knowledge base is described in a separate Preparatory Note and its appendices. They include a description of the organizing the treatment and the implementation of the medical procedures, a literature review of medical treatments, an extensive ethical analysis, and meetings with the patients and organizations.

The Finnish legislation has defined the prerequisites for confirming the gender of a transsexual (Act on the Confirmation of Gender of a Transsexual 536/2002). As the matter concerns the confirmation of a transsexual person's gender, a decree (1053/2002) will later be enacted with a more precise focus on research on gender reassignment and on the implementation of treatment. The Trans Act and the related decree apply to adults. There is no special legislation on the need of and organizing treatment for other than adult transgender persons; instead, the sections of the Health Care Act of Finland (1326/2010), especially § 7 (Harmonized principles of care), § 7a (Bases for the service choices), § 8 (based on evidence and good practice, is of high quality, safe, and appropriate) and § 10 (justifications for centralization) and also the Constitution of Finland (11 June 1999/731), § 6 on equality and § 19 on the right to sufficient social and health care services of apply to them. The Act on the Status and Rights of Patients of Finland (785/1992), especially §§ 5, 6, and 7, must also be taken into consideration.

2. Recommendation's target group

This recommendation applies to those minors, who, due to dysphoria related to gender identity variance, seek to have an assessment of the need for medical examination and treatment in a situation where the child or adolescent feels that s/he matches the opposite gender (transgenderism), is entirely non-binary, both a girl and a boy, or something in between (other genderism).

3. Procedure to be assessed

This recommendation consists of those medical treatment procedures whose aim is to decrease a minors' gender-identity-related suffering and decreased functional capacity caused by it.

4. Current care

The identification, even strong, with the opposite sex in childhood generally disappears in puberty, but for some, it can become stronger. Gender anxiety can also appear or get stronger only upon the commencement of puberty. For both genders, individual variance in pubertal timing is wide. The early-stage treatment for gender anxiety is psychosocial support and, as necessary, psychotherapy and treatment in line with the need for a possible concomitant psychiatric disorder.

If counselling is needed (for parents/treatment professionals) because a child identifies itself with the opposite gender and/or experiences gender anxiety, children (before puberty) can have consultation appointment at the Tampere University Hospital's or Helsinki University Hospital's minors' gender identity examination work group, but possible support or the need for other psychiatric treatment is organized through local services.

If, before the onset of puberty, a prepubertal patient has a distinct gender dysphoria symptom that becomes stronger in puberty, the patient can be referred to the assessment of gender suppression treatment by the gender identity examination groups at the Tampere University Hospital or Helsinki University Hospital. If no contraindications are found for early intervention, to prevent the development of the secondary gender attributes matching the biological gender, pubertal suppression with GnRH analogues (a medicine suppressing the effect of gonadotropin-releasing hormone) can be considered.

Those adolescents already past puberty experiencing gender anxiety but do not have some other concomitant symptom requiring psychiatric treatment and whose transgender experience does not disappear with the possibility to reflect own identity can be referred to gender identity examinations at the Helsinki University Hospital's or Joint Authority HUS's minors' gender identity examination work group. Transforming hormone therapy (testosterone/estrogen and anti-androgen) is started after the diagnostic examinations, but no earlier than at the age of 16. In addition, 3-6 months before the transforming hormone therapy that suppresses the patient's own gonad's hormonal activity, GnRH analogue treatment is often started for adolescents below the age of 18. No surgeries transforming the sexual phenotype are not performed on minors.

5. Effectiveness and safety and related factors of insecurity

During the literature review, two studies were found with the total of 271 persons diagnosed with gender identity disorder and related gender or body anxiety that worsens in puberty (Preparatory Note Appendix 1, Tables 15 and 16, pages 46-48).

In a smaller study following 70 adolescents, puberty was suppressed with the GnRH analogue at the average age of 14.8 (variance interval 12-18 years) and treatment was continued for an average of 2 years. During the treatment period, the adolescents' mood improved and the risk of behavioral disorders diminished, but gender dysphoria did not decrease and no changes manifested in the body image. In a more extensive study consisting of 201 adolescents, 101 patients with the average age of 15.5 (variance interval 12-18 years) started an 18-month psychologic supportive intervention, and, additionally at six months, pubertal development was suppressed by starting GnRH analogue treatment. Another 100-person group only received psychologic supportive intervention for 18 months. In both groups, the general functional capacity increased at 12 and 18 months statistically significantly and, for those having received only psychologic intervention, functional capacity increased statistically significantly already at the first 6 months. Long-term treatment follow-up until adulthood is missing from both studies.

The effect on the functional capacity, on the advancement of adolescents' development tasks, and on psychiatric syndrome of transgender hormone therapy started in adolescence was also studied in one Finnish study published after the literature review was completed. During the transgender hormone therapy, problems in those areas did not decrease.

Possible risks of the GnRH therapy include bone mineralization disorders and the currently still unknown effects on the central nervous system. In trans girls, early pubertal suppression has an effect on penis growth so that other tissue grafts must be used for a possible later vaginoplasty. The effect of pubertal suppression therapy and transgender hormones on fertility is not known.

6. Ethical assessment

The ethical analysis did not systematically discuss children's and adolescents' special issues, but they often emerge in several paragraphs (Preparatory Note, pages 52-62 and Appendix 5).

According to the Health Care Act (§ 8), health care services must be based on evidence and good treatment policies. As far as minors are concerned, there are no evidence-based health care procedures. On the other hand, it has been found that minors increasingly have gender identity dysphoria. In this situation, it is most important that the child or adolescent is being heard and given a possibility to talk about his or her own feelings. Experience reflection should be easily accessible in the child's own living environment's health care system (school or student health care, basic health care), and those feelings must not be construed as immediately requiring specialized medical examinations or treatment procedures.

As far as children and adolescents are concerned, the ethical issues especially address gender identity modelling normal in teenage and possible treatments' effects on it. It has been suggested that hormone therapy (e.g., pubertal suppression) changes gender identity development, in other words, in practice, they can establish the gender identity that would have changed during pubertal development for a part of the adolescents treated. The reliability of such treatment examinations that do not have a comparable control group is very uncertain, and based thereon, no such decisions can be made that can permanently transform a still maturing minor's mental and physical development.

From the patient organizations' perspective, instead of the suppression treatments postponing adolescence, it is thought to allow consideration time for a minor. The idea is that no permanent gender-expressing transfers would have enough the time to develop, which is estimated to socially facilitate and provide time for diagnostic examinations. Additionally, a patient organization presents that, if the person ends up having gender transforming treatments, hormone treatments that are started early would partially enable a better outcome. On the other hand, professionals consider it important that, to secure that such irreversible procedures that may also have considerable adverse effects, both physical and mental, are only performed for those persons who are able to understand the permanent transformations related to the treatment procedures and the possibility of problems and for whom the possibility to regret is unlikely. It is almost unknown, how the hormonal suppression of gender attributes' development effects the consideration and decision-making ability.

The Act on the Status and Rights of Patients (1992/785) states that the patient shall be provided with a clarification of his/her health status, the implications of the treatment, the different treatment options and their effects, and other issues concerning the treatment that have an effect on making the treatment decision. In a situation where a minor is found to identify with the opposite gender that causes long-term and severe dysphoria, it is important to make sure that he/she understands the realistic possibilities of gender reassignment treatments to have an effect on gender-expressing attributes, the meaning of a life-long commitment to medicotherapy, the permanency of the effects, and the treatments' possible physical and mental adverse effects. Although it is possible to regret, after the reassignment treatments, there is no going back to the non-reassigned body and its normal functions. Brain development continues up to the early adulthood (up to the age of ca. 25 years), which also has an effect on minors' ability to assess the decision's consequences on one's own future and rest of life.

It is also harmful, if there is no awareness of a very common concomitant psychiatric illness of gender-problematizing adolescents. It is not possible to decrease other psychiatric symptoms with hormonal medicotherapy or with surgical treatments and they must not be employed for controlling the gender experience. A young person's identity and personality development has to be stable, so that he/she is genuinely able to meet and discuss his/her gender-identity related anxiety and assess the meaning of own feelings and the need for different treatment options.

For children and adolescents, the above-described factors are crucial justifications for postponing the treatments to adulthood.

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7. Conclusions

The early-stage treatment for gender variances during childhood and adolescent years is psychosocial support and, as necessary, gender sensitive therapy and possible concomitant psychiatric disorder treatment. It should be possible to discuss the confusion related to gender identity taking into consideration the symptoms' degree of difficulty and the treatment need in line with the phasing the at the school's health care service, student health care service, own municipality's health care service, or specialty care service.

As regards adolescents, psychiatric illness and developmental difficulties may expose to the manifestation of gender dysphoria experience. They need to have treatment organized, and, before starting to clarify the gender identity, the child's/adolescent's mental situation has to be stable.

According to a clinical experience, autistic spectrum disorders are overrepresented among the adolescents suffering from gender anxiety, and, even if the adolescent is to problematize sex, rehabilitative intervention for autistic spectrum patients must be properly taken care of.

In the light of research evidence, reassignment treatments started as minors are experimental. Based on the studies conducted in minors' gender identity examination groups, when the transgender identity is affirmed, it is possible to consider hormonal gender reassignment treatments before adulthood, but careful consideration must be used in the case and no irreversible treatment should be started. Gathering knowledge of the hormone treatment procedures' possible problems is very slow, and it is not systematically reported. Information on the hormone treatments' benefits and problems must be acquired through reliable study settings.

As a minimum, a consultation appointment before puberty at the Tampere University Hospital includes an extensive assessment appointment costing EUR 369. As necessary, it is possible to arrange an outpatient clinic consultation day costing EUR 1,408.

Minors' gender identity examination process costs ca. EUR 4,300 at the Tampere University Hospital and Helsinki University Hospital. At the lowest, the costs in a situation where it is found that the time is not right for the examination process are EUR 640. An initial assessment/consultation by phone costs EUR 100.

For the first year, the planning and follow-up costs for the suppression treatment are ca. EUR 2,000 and for the continuing years ca. EUR 1,200. The minimum costs for the planning and follow-up of hormone treatments are EUR 400 per year.

The psychosocial support provided in the home locality, a possible need for psychiatric treatment, or hormone treatment's medication costs have not been accounted for in the aforementioned costs.

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8. Summary of the recommendation

COHERE considers that

1. Psychosocial support must be organized through school and student health care services and basic health care services for the treatment of a minor's dysphoria resulting from gender identity variance, and it must be sufficiently knowledgeable.
2. Child or adolescent psychiatric consultation and the needed psychiatric treatment and psychotherapy must be locally organized in line with the agreed phasing of the treatment.
3. If a child or adolescent experiencing gender anxiety has other concomitant psychiatric symptoms requiring specialized treatment, as no conclusions can be made on the stability of the gender identity during the disorder period caused by a psychiatric illness hindering development and the manifestation of the symptoms, treatment in line with the nature and stage of difficulty must be organized through local services.

COHERE considers that the consultation, examination periods, and treatments by the Tampere University Hospital's or the Helsinki University Hospital's minors' gender identity examination work groups must be carried out according to the following principles:

1. Based on a long-term and difficult identification with the opposite gender and/or anxiety related to gender dysphoria, children whose puberty has not started can be referred to a consultation appointment at the Tampere University Hospital's or Helsinki University Hospital's minors' gender identity examination work group. A need for support exceeding a possible consultation appointment or other need for psychiatric treatment must be treated according to the problem's nature and difficulty at a local service.
2. If, before the onset of puberty, a child is found to have had a long-term experience of identifying with the opposite gender and a gender anxiety symptom that becomes stronger in puberty, after the onset of puberty, the minor can be referred to the assessment of suppression treatment to the Tampere University Hospital's or Helsinki University Hospital's minors' gender identity examination groups. If there are medical indications for it and there are no contraindications, based on those studies, on a case-by-case basis, after careful consideration and appropriate diagnostic examinations, possible pubertal suppression treatment can be started. Also, therapeutic amenorrhea, i.e., menstrual suppression, is medically possible.
3. If the gender identity variance and related dysphoria do not manifest themselves as typical for the adolescent development stage, as passing identity search, or as development to some other direction when the adolescent has an opportunity to reflect his/her identity and, instead, the adolescent's identity and personality development seems stable, the adolescent already through puberty can be referred to the Tampere University Hospital's or Helsinki University Central Hospital's outpatient clinic for minors' gender identity examination for extensive gender identity examinations.
4. Based on a careful individual consideration, hormonal interventions transforming gender attributes may be started before adulthood only, if the identification with the opposite gender can be secured to be of permanent nature and causing severe dysphoria, and the adolescent is able to understand

the meaning of the irreversible treatments and the benefits and the problems related to a possibly life-long hormone therapy and no contraindications are found.

5. If an adolescent experiencing gender anxiety has had or has concomitant psychiatric symptoms requiring specialized care, in case the need for it continues after the psychiatric symptoms have yielded and the adolescent development tasks' progress has normalized, it is possible to consider gender identity examinations. In such a case, it is possible to refer the adolescent to an extensive specialty-level gender identity examination by his/her own locality's adolescent psychiatric specialize care service to the Tampere University Hospital's or Helsinki University Hospital's minors' gender identity examination work group, where diagnostic examinations are started, and based thereon, the need and timing of medically justified treatments are individually assessed.

Surgical treatments permanently transforming the body are not part of the treatment procedures for dysphoria caused by a minors' gender dysphoria. The starting and follow-up of minors' hormone therapy must be centralized to the Helsinki University Hospital's and Tampere University Hospital's outpatient clinics for minors' gender identity examination.

9. Additional evidence gathering and follow-up of the recommendations' effect

For the reassessment of the recommendation, the following information is needed on the patients diagnosed and having received treatments in Finland:

- number of new patient referrals
- number of patients starting the examination period, new transgender F64.0 and other gender diagnoses F64.8 made
- do the diagnoses remain the same in follow-up or does the gender experience change
- those having discontinued the examination period and the reasons for the discontinuation
- treatment discontinuations and reasons for the discontinuations
- treatments' adverse effects (especially long-term effects and effect on fertility)
- number of patients regretting the hormone therapy
- research periods' and treatments' effect gender dysphoria points (GCLS),
- examination periods' and treatments' effect on functional capacity and quality of life
- Adjuvant psychiatric diagnoses (also neuropsychiatric F80-F90) for persons seeking treatment/diagnosed and whether the adjuvant diagnoses have an effect on the benefit (decrease in gender dysphoria) received from the research periods and treatment procedures
- do the research periods and treatment procedures decrease the number of suicide attempts
- do the research periods and treatment procedures decrease depression and anxiety

10. Appendices

Preparatory note, with Appendices1-5.