



Evidence-based Transgender Medicine

Understanding the issue:

When transgender and gender-diverse individuals experience distress and discomfort with their bodies, medical experts can help patients and their families choose evidence-based treatment options tailored to their individual needs.

While a growing number of teenagers and young adults identify as transgender and gender-diverse, relatively small numbers are choosing to undergo gender-affirming hormone therapy or to take puberty-delaying medication. Contrary to widespread misinformation, gender-affirming genital surgery is rarely offered to anyone under the age of 18.

Gender-affirming care developed over the course of decades of treatment and based on evidence from scientific research offers the best medical options to relieve feelings of gender incongruence and dysphoria.

Who we are:

Endocrinologists—physicians who specialize in hormone health conditions such as diabetes, obesity, thyroid conditions, osteoporosis, and infertility—are part of a team of specialists who help transgender and gender-diverse people navigate their treatment options. The Endocrine Society is the world’s oldest and largest organization in the field, representing more than 18,000 professionals around the world. Our [Clinical Practice Guideline](#) on gender-affirming care cites more than 260 research studies.

Depending on the patient’s needs, mental health professionals, pediatricians, primary care physicians, and other professionals may be part of the medical team with endocrinologists. Major international medical and scientific organizations including the American Medical Association, the American Psychological Association, and the American Academy of Pediatrics are in alignment with us on the importance of gender-affirming care.

Gender-affirming care for transgender and gender-diverse youth:

While societal change has encouraged more people to live openly, the number of transgender and gender-diverse youth remains small. Around 300,000 teenagers ages 13-17 in the United States—or 1.4% of the population—identify as transgender, according to the [Williams Institute](#).

The Society’s [Clinical Practice Guideline](#) recommends proceeding with treatment as conservatively as possible to give transgender and gender-diverse youth and their parents time to consider their options.

- When young children experience feelings that their gender identity does not match the sex recorded at birth, the first step is to support them in exploring their gender identity and to provide mental health support, as needed. Gender-affirming care may be as simple as a new hairstyle and clothing in this age group.
- Once younger adolescents enter puberty, only puberty-delaying medications—which are generally reversible—are recommended.
- Older adolescents who demonstrate the ability to provide informed consent (together with their parents or guardians) and experience persistent gender incongruence may start gender-affirming hormone therapy, which is partially irreversible, to help them experience puberty in a way that matches their gender identity.
- Our guideline suggests waiting until an individual has turned 18 or reached the age of majority in their country to undergo gender-affirming genital surgery.

Puberty-delaying medications

Puberty-delaying medication is a safe, generally reversible, and conservative approach that gives teenagers and their families more time to explore their options. Prescribing puberty-delaying medication called gonadotropin-releasing hormone (GNRH) analogs at the first signs of puberty can relieve psychological distress of gender incongruence. Early treatment also can help patients avoid physical changes that may require surgery in the future, such as the development of the Adam’s apple in transgender women.

The same treatment has been used for four decades to treat precocious puberty. Like many medications, GNRH analogs are prescribed on an off-label basis when used to delay puberty in transgender and gender-diverse adolescents. The purpose is the same as the medication’s on-label use in patients with precocious puberty—to delay the progression of puberty until a later time.

Among transgender and gender-diverse teenagers, only a fraction have opted to take puberty-delaying medication. An estimated 4,780 adolescents with a diagnosis of gender dysphoria started puberty-delaying medication between 2017 and 2021, according to an [analysis](#) performed by Komodo Health Inc for Reuters.

Risks of banning pediatric care

We recognize the risks of blocking adolescents from accessing gender-affirming care. It raises the risk of suicidal ideation and self-harm and denies the benefits of treatment, including improved psychological functioning.

For example, a [2020 study](#) analyzed survey data from 89 transgender adults who had access to puberty-delaying medication while adolescents and from more than 3,400 transgender adults who did not. The study found that those who received puberty-delaying hormone treatment had lower likelihood of lifetime suicidal ideation than those who wanted puberty-delaying treatment but did not receive it, even after adjusting for demographic variables and level of family support. Approximately nine in ten transgender adults who wanted puberty-delaying treatment but did not receive it reported lifetime suicidal ideation.

Banning care for teens also creates the need for additional gender-affirming procedures when they reach adulthood. Blocking pubertal hormones early in puberty prevents a teenager from developing irreversible secondary sex characteristics, such as facial hair and breast growth. Transgender and gender-diverse individuals who did not have access to care as teenagers may need additional treatment to address hair growth, voice changes, and facial development.

Our guideline recommends waiting until a teenager is competent to consent to hormone therapy, which typically happens around age 16. Patients should be fully informed about the partially irreversible aspects of hormone therapy prior to receiving treatment.

Cisgender teenagers, together with their parents or guardians, are currently deemed competent to give consent to various medical treatments. Transgender teenagers should be afforded the same legal rights.

Transgender and gender-diverse teenagers, their parents, and physicians should be able to determine the appropriate course of treatment. Banning evidence-based medical care based on misinformation takes away the ability of parents and patients to make informed decisions.

Medical evidence, not politics, should inform treatment decisions.