

SUN-062: Psychiatric Co-Morbidities, Sexual Orientation, and Impact of Therapeutic Interventions in a Gender Non-Conforming Pediatric Practice

Veronica M. Figueredo. *Nicklaus Children's Hospital.*

Veronica M. Figueredo, MD, Alejandro Diaz, MD.
Nicklaus Children's Hospital, Miami, FL.

Background: There is limited scientific literature regarding gender non-conforming (GNC) youth in pediatric practice. GNC patients of all ages have an increased risk for psychiatric co-morbidities and suicidal risk. An increasing number of GNC youth are seeking therapeutic options to develop physical characteristics to match their gender identity. The study aim is to describe the prevalence of psychiatric co-morbidities and sexual orientation among GNC pediatric patients in a clinic-based setting in Miami, Florida. A secondary aim is to compare the grade of dysphoria before and after therapeutic interventions among GNC youth.

Methods: This is a retrospective chart review on records from 2014-2019 among transgender adolescents attending a pediatric endocrinology clinic in Miami. Data on demographics and clinical characteristics were obtained from electronic medical records. We performed descriptive statistical analysis using SPSS version and reported frequencies and percentages.

Results: A total of 158 patients were included in this analysis. There were 107 (67.7%) affirmed males (female to male), 47 (29.7%) affirmed females (male to female), and 4 (2.5%) considered themselves non-binary. Median age at onset of gender dysphoria symptoms and beginning of social affirmation was earlier in affirmed females (7.21 and 12.36 years vs. 9.65 and 13.50 years). Among affirmed males, sexual orientation was self-reported as 38% straight, 47% bisexual, 12% homosexual and 1% asexual vs. among affirmed females, whose sexual orientation was reported as 54.3% straight, 37.1% bisexual and 8.6% homosexual. Prevalence of psychiatric co-morbidities in our study population was 78.5%. Depression was the most frequent diagnosis (66.5%), followed by anxiety (33.5%), attention deficit hyperactivity disorder (10.1%), bipolar disorder (1.9%), bulimia (1.3%), anorexia nervosa (0.6%) and post traumatic stress disorder (0.6%). Psychiatric co-morbidities were more common among affirmed males (84.1% vs. 66%). History of suicidal ideation was more common among affirmed males (70.1%) than affirmed females (49%). Self-injuring (cutting) was more common among affirmed males (56.1%) than in affirmed females (25.5%). Mean age at hormonal treatment onset was similar in both groups (15.75 years in affirmed males vs. 15.58 years in affirmed females). The degree of gender dysphoria before and after starting hormonal treatment, reported on a scale of 0 (no dysphoria) to 10 (highest possible dysphoria), declined for both genders (8.08/10 and 3.99/10) and affirmed females (7.87/10 and 2.96/10).

Conclusion: The prevalence of psychiatric co-morbidities, suicidal ideation, and self-injuring behavior is high among GNC youth, but in this population, significantly worse among affirmed males. Both groups had significant improvement in the degree of dysphoria after beginning hormonal treatment.