

PAEDIATRIC HEALTH ASSISTANCE TO TRANSSEXUAL MINOR IN THE MULTIDISCIPLINARY CARE UNIT OF THE BASQUE COUNTRY (SPAIN)

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In 2009, the National Health Service of the Basque Country created a Gender Identity Reference Unit (GIU-BC) to cover the health needs of the transsexual population with a multidisciplinary assessment: psychiatry, psychology, endocrinology, plastic and reconstructive surgery. Pediatric endocrinologists and pediatric psychiatry were included in 2013.

AIM

To know the activity of Pediatric Endocrinology in this Gender Identity Reference Unit, since 2013.

METHODOLOGY AND PATIENTS

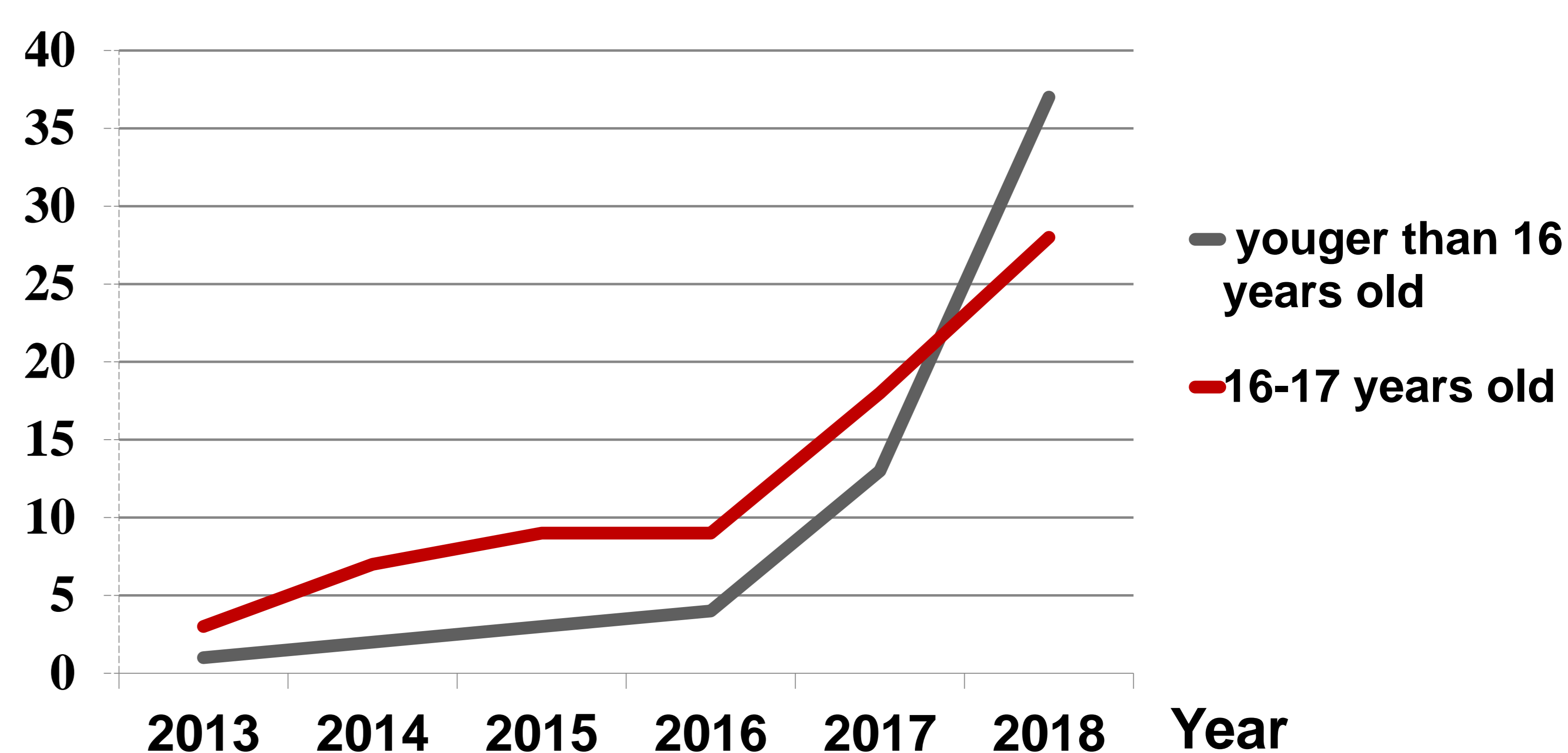
A retrospective/descriptive study was conducted to evaluate the endocrinological assistance offered to young patients with gender dysphoria/transsexuality in the GIU-BC. Epidemiological and clinical variables were studied. The GIU-BC follows the health care approach recommended by the Endocrine Society 2017⁽¹⁾ and the Working Group of the Basque Government 2016⁽²⁾. Transgender adolescents were treated with pubertal suppression (using gonadotropin-releasing hormone analogues) in stage 2 of Tanner, if possible, followed by the use of cross-sex hormones (estrogen or testosterone) at the age of 14-16 years. Monthly meetings scheduled to discuss the suitability of the physical and emotional situation of each patient before starting hormonal therapies.

RESULTS

Minors with gender dysphoria/transsexuality (n = 60)

- 55% assigned female sex
- Mean age at 1st visit: 11.3±3 years (range 4-15)
- Pubertal development: 35% prepubertal, 18% Tanner II-III and 47% Tanner IV-V.
- Normal weight and height in 89%:
 - Short stature: 2 children.
 - Obesity: 5 children.
- Transsexuality diagnosis: 53 minors (27 boys).
- Social transition before 1st visit: 77.3% of them.
- 6.7% did not continue the follow-up in the unit.

Number of patients per year



Comorbidity

- **Endocrinology diseases:**
 - 2 Thyroiditis/Hypothyroidism.
 - 1 Idiopathic central precocious puberty
 - 1 macroprolactinoma
 - 1 short stature: *SHOX* gen mutation
- **Non endocrinological diseases:**
 - 7 attention deficit
 - 3 severe psychopathology disorders

Transsexual minors (n = 53)

- Mean age at 1st visit: 11.2±3.1 years (range 4-15)
- Pubertal development: 36% prepubertal and 45% Tanner IV-V.
- Social transition before 1st visit: 83% of them.

TREATMENT:

- ✓ GnRH analogs: 51% of patients [mean age: 13.7±2.1 years (range 9-16)]
- ✓ Cross Hormonal Therapy: 21% of patients [mean age: 15.6±2.1 (range 14-16)]

The transsexual girls visited the GIU and made the social transition before the boys [visit by age: 10.1 ± 3.7 vs. 12.5 ± 2.5, p=0.03; Age transition: 9.8±3.6 vs. 12.1±2.8, p=0.01; Mann-Whitney test]

CONCLUSIONS

Assistance to transsexual adolescents is progressively increasing. Most of the children/adolescents made the social transition before attending the GIU. The transsexual girls consult and make the social transition earlier than boys. The percentage of children who have left the GIU is low.