



APEVAGE

Four-year experience of a new referral center for gender non-conforming children and adolescents in North-East of Italy

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BACKGROUND

Gender identity is a dimension of sexual identity and refers to persistent personal conception of oneself as male or female. Gender identity development is not always in accordance with the biological sex, therefore - even from an early age - some children do not identify themselves with the gender assigned at birth (gender variance). In some cases this condition may be accompanied by discomfort (gender dysphoria). Paediatricians are often the first contact these children/adolescents have with the health care system.

In 2015 a clinic called "APEVAGE" (*Ambulatorio Pediatrico per la Varianza di Genere, Pediatric Clinic for Gender Variance*), with a multidisciplinary team composed by pediatric endocrinologist, psychologist and child psychiatrist, was created at Institute for Maternal and Child Health "Burlo Garofolo" in Trieste. It is one of the 8 centers recognized by ONIG (*Osservatorio Nazionale sull'Identità di Genere, National Observatory on Gender Identity*) and the only one in the North-East of Italy (1,882,988 inhabitants <18 years of age over a total of 11,640,852 inhabitants).

AIM

To describe the patients with gender non-conforming referred to a pediatric medical center after creation of APEVAGE clinic.

METHODS

Data gathered on 15 consecutive patients <18 years, with initial visits between April 2015 and March 2019, who were referred to APEVAGE for gender nonconformity. Main descriptive measures included gender, age, source of referral, final diagnosis (if available).

RESULTS

Fifteen patients have been evaluated so far. The clinic started in 2015 with the first patient. There was an increase in the following years: in 2016 2 patients, in 2017 4 patients, in 2018 6 patients and 2 patients in the first 3 months of 2019.

Genotypic male:female ratio was 6:9 (**2:3**).

Age of presentation was 10.6 years [IQR 10.1-15.5] (median [IQR]) which was **higher for female** (15.2 [10.4-15.9] vs 10.5 [7.4-10.5], P=0.05).

Seven patients (46%) were referred by **primary care pediatricians**, 4 by **psychologists or child psychiatrists** (27%), 3 by **hospital pediatricians** (20%) and 1 by **parents self-referral** (7%).

In 2 patients (median age 14.9 years) a diagnosis of **gender dysphoria** have been established, but no medical treatments have been started so far (in one case due to disagreement between parents, in one case pending approval); 7 patients were identified as **gender variant** (median age 8.0 years) and did not require further evaluations; 2 patients had a **disorder of sex development** (Frasier syndrome and 5-alpha-reductase deficiency); 4 patients are currently under evaluation.

CONCLUSIONS

After establishment of a multidisciplinary gender clinic, there was a six-fold increase in referred patients, although the prevalence of children and adolescent referred is still very low (0.79/100.000 minors).

Girls are more frequently referred than boys, with a higher age at referral.

The majority of patients had been referred by primary care pediatricians.

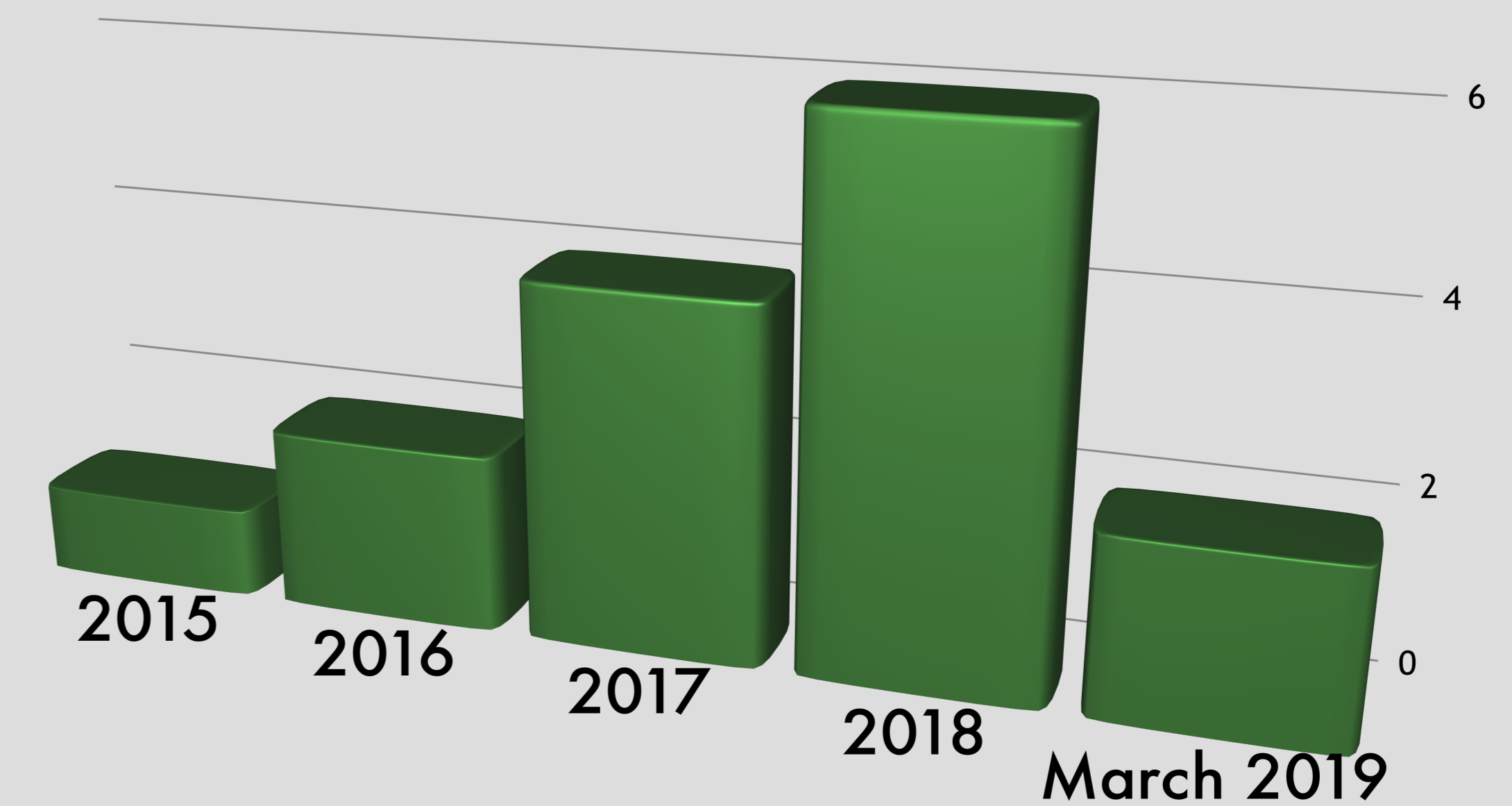
No patients were treated with pubertal suppressive therapy (due to a too advanced pubertal development), nor cross-sex hormone therapy.

A greater awareness is needed in this region of Italy.

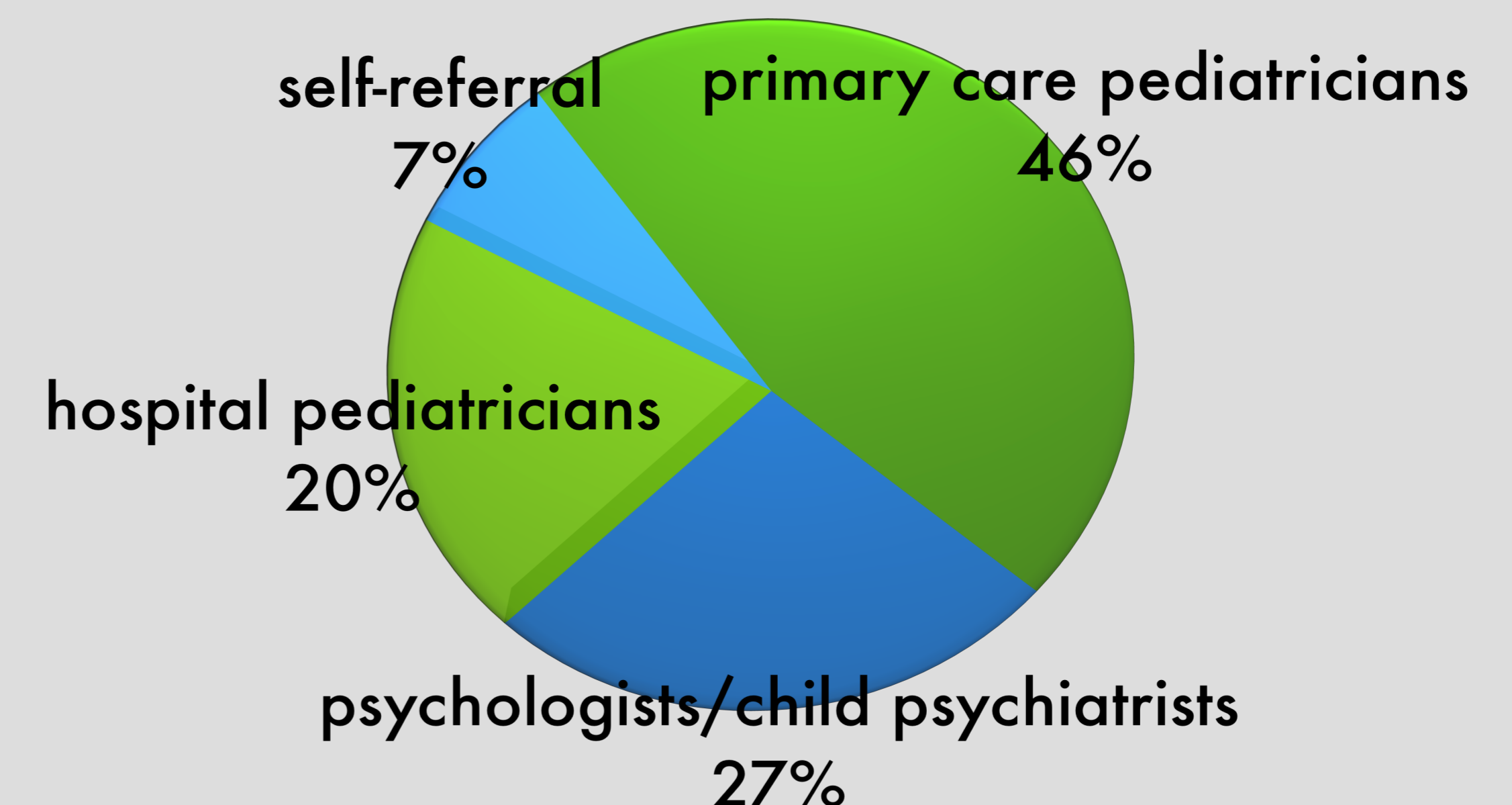
First meeting for health care professional organized by APEVAGE



Patients referred to APEVAGE



Source of referral



References

- Spack NP, Edwards-Leeper L, Feldman HA, et al. Children and adolescents with gender identity disorder referred to a pediatric medical center. *Pediatrics* 2012;129(3):418-25.
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