



APEG DSD Working Group

APEG Council endorses the six guidelines referring to adolescent transsexuals that are contained in the paper, Hembree WC, Cohen-Kettenis P, Delemarre-van de Waal HA *et al*: "Endocrine treatment of transsexual persons: an Endocrine Society Clinical Practice Guideline". *J Clin Endocrinol Metab* 94: 3132-3154, 2009.

The six guidelines are as follows:

1. "We recommend that adolescents who fulfil eligibility and readiness criteria for gender reassignment initially undergo treatment to suppress pubertal development".
2. "We recommend that suppression of pubertal hormones start when girls and boys first exhibit physical changes of puberty (confirmed by pubertal levels of oestradiol and testosterone, respectively), but no earlier than Tanner stages 2-3."
3. "We recommend that GnRH analogues be used to achieve suppression of pubertal hormones."
4. "We suggest that pubertal development of the desired opposite sex be initiated at about the age of 16 yr, using a gradually increasing dose schedule of cross-sex hormones."
5. "We recommend referring hormone-treated adolescents for surgery when 1) the real-life experience (RLE) has resulted in a satisfactory social role change; 2) the individual is satisfied about the hormonal effects; 3) the individual desires definitive surgical changes."
6. "We suggest deferring surgery until the individual is at least 18 years old."

The DSD Working Group notes that in Australia, any hormonal treatment, including GnRH agonist treatment, being prescribed for a transsexual person under the age of 18 years, with the intention of it being part of a process preparing the individual for a desired sex change, is defined as a *Special Medical Procedure* requiring application to the Family Court of Australia.

The DSD Working Group also notes that the primary care managers and decision makers for transsexual adolescents are child and adolescent psychiatrists, and that the role of the paediatric endocrinologist is to provide safe and effective hormonal treatment following a recommendation given by the patient's psychiatrists.

*Garry Warne, Chair DSD Working Group
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