

LETTER

Use of puberty blockers for gender dysphoria: a momentous step in the dark

We write with three areas of concern about the increasing use of puberty-blocking medication for gender dysphoria (GD) referred to in your recent leading article.¹

First, their use leaves a young person in developmental limbo without the benefit of pubertal hormones or secondary sexual characteristics, which would tend to consolidate gender identity. Butler provides evidence that intervention with a gonadotrophin-releasing hormone analogue (GnRHa) promotes a continued desire to identify with the non-birth sex—over 90% of young people attending endocrinology clinics for puberty-blocking intervention proceed to cross-sex hormone therapy. In contrast, 73%–88% of prepubertal GD clinic attenders, who receive no intervention, eventually lose their desire to identify with the non-birth sex. Our concern is that the use of puberty blockers may prevent some young people with GD from finally becoming comfortable with the birth sex.

Second, their use is likely to threaten the maturation of the adolescent mind. There is evidence from animal models that pubertal hormones promote cognitive maturity.² Recent findings from neuroimaging studies suggest a significant role for

puberty in structural brain development.³ In humans, the timing of puberty rather than chronological age is most associated with an increase in health-related behaviours and in mental health status during adolescence.⁴

Third, as Butler admits, puberty blockers are now being used in the context of profound scientific ignorance. The causes of GD are largely unknown as are the reasons for its rapidly changing epidemiology. In addition, little is known of the safety profile of GnRHa in this context. Butler refers to the public endorsement of GnRHa usage by paediatric endocrinology groups. Yet such endorsement is based on its use in the treatment of central precocious puberty. It is surely presumptuous to extrapolate observations from an intervention that suppresses pathologically premature puberty to one that suppresses normal puberty.

To halt the natural process of puberty is an intervention of momentous proportions with lifelong medical, psychological and emotional implications. We contend that this practice should be curtailed until we are able to apply the same scientific rigour that is demanded of other medical interventions.

Christopher Richards,¹ Julie Maxwell,² Noel McCune³

¹Department of Paediatrics, Royal Victoria Infirmary, Newcastle upon Tyne, UK

²Child Health Services, Hampshire Hospitals NHS Foundation Trust, Winchester, UK

³Retired, Child and Adolescent Mental Health Service, Southern Health and Social Care Trust, Portadown, Northern Ireland, UK

Correspondence to Dr Christopher Richards, Department of Paediatrics, Royal Victoria Infirmary, Newcastle upon Tyne NE1 4LP, UK; chris.richards@nuth.nhs.uk

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