Response to the Letter

The accusations of Dr. Bayraktar are relying on a false narrative about the article published in JCRPE. Medical treatment of transgender patients is evidence based, and it is not against the law in Turkey. The surgeries mentioned in the article are not gender-affirming genital surgeries and it has been clearly stated that these surgeries are done without our initiative and referral.

There were no significant and unexpected adverse effects of the medical treatment as has been stated clearly in the paper.

Disorders of sex development were excluded in all cases, and this was also confirmed through medical history, physical and hormonal evaluations. The psychiatric examinations have been performed by psychiatrists who are experts in the field. All evaluations, including the psychiatric assessments, were documented. Pediatric endocrinologists only provide treatment to transgender youth after the diagnosis has been made by psychiatrists and referred to endocrinologists. The focus of the article is endocrinological approach to transgender people and experience of an endocrinology department, and this is clear all through the article. That explains why the accompanying psychiatric process/treatment has been presented in a sufficient context, but has not become the focus of the paper. All cases met the criteria for GnRHa therapy after being referred to us by the diagnosis of gender dysphoria and pubertal suppression may be administered (1). All the cases continued their psychological treatment as recommended by international guidelines (2).

This study has consent from the ethical committee of the Istanbul Faculty of Medicine that found no ethical violation, in contrast to what Dr Bayraktar claims, without any evidence.

Although prospective cohort studies focusing on long-term effects are needed (which is currently under research in various centers) for optimizing the medical and mental healthcare for transgender youth (5), the up-to-date international and national clinical practice guidelines relying on expert opinions and based on the best available evidence, recommend the use of treatments to suppress the rise in sex hormones in adolescents experiencing gender dysphoria during puberty (1–4).
A recent study cited by the author of the Letter detecting a slight change in the psychological functioning, contrary to the findings of the majority of existing literature, still calls for larger and longer-term prospective studies to fully quantify the benefits and harms of GnRHa treatment (6). However, this study also notes positive overall patient experience of changes on GnRHa treatment, as well as predominantly positive or neutral changes in family and peer relationships (6). Together with the psychological functioning, these reversible treatments are used mainly “to prevent the development of secondary sex characteristics and provide time up until 16 years of age for the individual and the family to explore gender identity, access psychosocial supports, develop coping skills, and further define appropriate treatment goals” (4).

Furthermore GnRHa’s have been used for early puberty for nearly two decades and long term studies have shown that the effects are reversible with no major adverse events.

The study meets the rules of scientific research and makes an important contribution to the literature on the scientific medical approach to adolescents with gender dysphoria.

Feyza Darendeliler, on behalf of all authors

References