

In response to: “Letter to: Endocrinological Approach to Adolescents with Gender Dysphoria: Experience of a Pediatric Endocrinology Department in a Tertiary Center in Turkey”

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Response to the Letter,

The accusations of Dr. Bayraktar are relying on a false narrative about the article published in Journal of Clinical Research in Pediatric Endocrinology. 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 gonadotropin-releasing hormone (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 (1,2,3,4).



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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

1. Hembree WC, Cohen-Kettenis PT, Gooren L, Hannema SE, Meyer WJ, Murad MH, Rosenthal SM, Safer JD, Tangpricha V, T'Sjoen GG. Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline. *J Clin Endocrinol Metab* 2017;102:3869-3903. Erratum in: *J Clin Endocrinol Metab* 2018;103:699. Erratum in: *J Clin Endocrinol Metab* 2018;103:2758-2759.
2. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*. 5th ed. Washington, DC: APA; 2013.
3. Coleman E, Radix AE, Bouman WP, Brown GR, de Vries ALC, Deutsch MB, Ettner R, Fraser L, Goodman M, Green J, Hancock AB, Johnson TW, Karasic DH, Knudson GA, Leibowitz SF, Meyer-Bahlburg HFL, Monstrey SJ, Motmans J, Nahata L, Nieder TO, Reisner SL, Richards C, Schechter LS, Tangpricha V, Tishelman AC, Van Trotsenburg MAA, Winter S, Ducheny K, Adams NJ, Adrián TM, Allen LR, Azul D, Bagga H, Başar K, Bathory DS, Belinky JJ, Berg DR, Berli JU, Bluebond-Langner RO, Bouman MB, Bowers ML, Brassard PJ, Byrne J, Capitán L, Cargill CJ, Carswell JM, Chang SC, Chelvakumar G, Corneil T, Dalke KB, De Cuypere G, de Vries E, Den Heijer M, Devor AH, Dhejne C, D'Marco A, Edmiston EK, Edwards-Leeper L, Ehrbar R, Ehrensaft D, Eisfeld J, Elaut E, Erickson-Schroth L, Feldman JL, Fisher AD, Garcia MM, Gijs L, Green SE, Hall BP, Hardy TLD, Irwig MS, Jacobs LA, Janssen AC, Johnson K, Klink DT, Kreukels BPC, Kuper LE, Kvach EJ, Malouf MA, Massey R, Mazur T, McLachlan C, Morrison SD, Mosser SW, Neira PM, Nygren U, Oates JM, Obedin-Maliver J, Pagkalos G, Patton J, Phanuphak N, Rachlin K, Reed T, Rider GN, Ristori J, Robbins-Cherry S, Roberts SA, Rodriguez-Wallberg KA, Rosenthal SM, Sabir K, Safer JD, Scheim AI, Seal LJ, Sehoole TJ, Spencer K, St Amand C, Steensma TD, Strang JF, Taylor GB, Tilleman K, T'Sjoen GG, Vala LN, Van Mello NM, Veale JF, Vencill JA, Vincent B, Wesp LM, West MA, Arcelus J. Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. *Int J Transgend Health* 2022;23(Suppl 1):1-259.
4. Rafferty J; Committee on Psychosocial Aspects of Child and Family Health; Committee on Adolescence; Section on Lesbian, Gay, Bisexual, and Transgender Health and Wellness. Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents. *Pediatrics* 2018;142:e20182162. Epub 2018 Sep 17. Erratum in: *Pediatrics* 2023;152(4).
5. Rosenthal SM. Approach to the patient: transgender youth: endocrine considerations. *J Clin Endocrinol Metab* 2014;99:4379-4389.
6. Carmichael P, Butler G, Masic U, Cole TJ, De Stavola BL, Davidson S, Skageberg EM, Khadr S, Viner RM. Short-term outcomes of pubertal suppression in a selected cohort of 12 to 15 year old young people with persistent gender dysphoria in the UK. *PLoS One* 2021;16:e0243894.