RESEARCH POSTER SYMPOSIA II: GENDER AND SEXUAL HEALTH

17.

DEVELOPMENT AND VALIDATION OF NEW GENDER DISTRESS AND GENDER POSITIVITY SCALES FOR YOUNG TRANSGENDER ADOLESCENTS IN CANADA

Elizabeth M. Saewyc, PhD, RN, FSAHM [1], Sandra Gotovac, PhD [2], Mauricio Coronel Villalobos, PhD [3], Ayden Scheim, PhD [4], Ashley Vandermorris, MD, MSc [5], Greta Bauer, PhD [6]

[1]University of British Columbia School of Nursing; [2]Western University; [3]University of British Columbia; [4]Drexel University; [5]Hospital for Sick Children; [6]Western University.

Purpose: Existing measures of gender dysphoria or gender distress for research and clinical practice do not currently take into account non-binary identities, or differentiate distress based on sexed aspects of the body or social gender. The existing measures also contain non-equivalent questions based on sex assigned at birth, and do not include measures of positive aspects of gender identity, which we conceptualized as differing from mere absence of distress. For the Trans Youth CAN! cohort study of young adolescents [ages 10-15] in gender clinics across Canada [N=161] we developed and tested new gender distress (TYC-GDS) and gender positivity (TYC-GPS) scales to address these issues, and to improve sensitivity to early non-surgical changes to clinical care, such as prescribed puberty blockers or hormones.

Methods: Based on existing research and youth lived experience, the TYC-GDS (16 items) and TYC-GPS (12 items) were each developed with two subscales of related to social gendered experiences (Social) and sexed body experiences (Body). Items use a 5-point summated rating scale disagreeing or agreeing to the statements. Measures were administered at the first clinic visit for gender affirming hormone care in English or French. Validation of the scales involved inter-item polychoric correlations; internal consistency reliability; confirmatory factor analyses; convergent/divergent validation with a number of existing measures such as depressive symptoms, self-harm, quality of life, and parental support; and congruence/divergence between the TYC-GDS and TYC-GPS and subscales.

Results: Based on inter-item correlations and internal consistency, we dropped one item from each of the TYC-GDS and TYC-GPS, and shifted one TYC-GDS item to the Body subscale, and one TYC-GPS item to the Social subscale. CFA factor loadings confirmed a 2-factor correlated solution for both TYC-GDS ($r=0.73$, $p<.001$) and TYC-GPS ($r=0.32$, $p=0.001$). TYC-GDS total and subscale scores were significantly correlated with measures of distress, depression, social avoidance, and self-harm; Body subscale was correlated with desire for surgery and disordered eating, and Social with suicidality (all $p<.05$ to $p<.001$). As hypothesized, TYC-GPS total and subscale scores were significantly correlated with family connectedness, school connectedness, life quality and positive feelings about gender, and total and Body subscale (but not Social) with parental support (all $p<.05$ to $p<.001$). The final TYC-GDS and TYC-GPS scores were negatively correlated with each other ($r=-0.53$, $p<0.001$); however, most youth reported high levels of both gender distress and gender positivity. Subscales were also negatively correlated between the scales (Body, $r=-0.65$, $p<.001$; Social, $r=-0.19$, $p<.001$).

Conclusions: Results support that gender distress and gender positivity related to social gender and sexed body experiences among young trans adolescents are distinct constructs, with both distress and positivity co-occurring rather than along a continuum. While we found evidence to support validity in the small clinical population for which the scales were designed, they should be evaluated for older adolescents, non-clinical trans and non-binary youth, and young adults for their ongoing salience, and in subsequent longitudinal studies for sensitivity to change over time.

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18.

CONTINUATION OF GONADOTROPIN-RELEASING HORMONE ANALOGUE USE AMONG TRANSGENDER AND GENDER-DIVERSE ADOLESCENTS WITH ACCESS TO LOW- OR NO-COST GENDER-AFFIRMING MEDICAL CARE

Andrea L. Nos, MD [1], David Klein, MD [2], Elizabeth Hisle-Gorman, MSW, PhD [2], Terri A. Adirim, MD, MPH, MBA [3], Natasha A. Schvey, PhD [2], Christina A. Roberts, MD, MPH [1]

[1]Children's Mercy, Kansas City; [2]F. Edward Hébert School of Medicine, Uniformed Services University; [3]Acting Assistant Secretary of Defense for Health Affairs, United States DoD; [5]UMKC School of Medicine.

Purpose: The Endocrine Society Guideline for Transgender Care and the World Professional Association for Transgender Health Standards of Care recommend the use of gonadotropin-releasing hormone analogues (GnRHa) as a treatment option for adolescents with gender dysphoria who have not completed puberty. These medications attenuate sex hormone production and pause development of secondary sex characteristics. The effects of GnRHa are reversible, allowing adolescents time to explore their gender identity before determining if they would benefit from interventions with partially irreversible effects, such as gender-affirming hormones. Critics of this approach have argued that starting GnRHa treatment will inevitably lead to the use of gender-affirming hormones, thus adolescents must understand the consequences of possible future irreversible treatments in order to assent to GnRHa treatment. We performed this study to assess the continuation rate of GnRHa treatment among transgender and gender-diverse (TGD) adolescents and the progression to gender-affirming hormones.

Methods: This is a secondary analysis of medical billing records from the United States Military Healthcare System from 2009-2018. Using pharmacy records and diagnostic codes, we identified TGD individuals who initiated GnRHa treatment prior to age 18 and between 30 days before their first visit and 90 days after their most recent visit that addressed gender dysphoria. We used Kaplan-Meyer analyses to estimate the proportion of patients who stopped GnRHa without starting gender-affirming hormones and the proportion who went on to initiate gender-affirming hormones. We explored the influence of demographic factors on these outcomes. IRB approved.

Results: We identified 93 TGD adolescents who initiated GnRHa. The majority were transmasculine (58%) and had an enlisted (lower income) insurance sponsor (66% enlisted versus 34% officer). Average age at first gender dysphoria-related diagnosis was 13.5± 2.5 years (range: 5-18 years) and the average age at initiation of GnRHa was 13.9±2.5 years (range: 9-17 years). One year after starting GnRHa, 8.4% (95% CI: 1.0% – 15.8%) were no longer taking any gender-affirming medications (GnRHa and/or gender-affirming hormones). Over the first three years, none of the patients who started GnRHa