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, 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

Contributors CR wrote the initial draft which was addended to and amended by the other authors.

Competing interests None declared.

Patient consent Not required.

Provenance and peer review Not commissioned; internally peer reviewed.

Data sharing statement No additional unpublished data.

© Author(s) (or their employer(s)) 2019. No commercial re-use. See rights and permissions. Published by BMJ.

To cite Richards C, Maxwell J, McCune N. Arch Dis Child Epub ahead of print: [please include Day Month Year]. doi:10.1136/archdischild-2018-315881

Accepted 2 September 2018

http://dx.doi.org/10.1136/archdischild-2018-315984

Arch Dis Child 2019;0:1.

doi:10.1136/archdischild-2018-315881

REFERENCES