Response to Letter to the Editor: "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline"

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Laidlaw *et al.* (1) state that childhood gender dysphoria "is not an endocrine condition." The Endocrine Society's Clinical Practice Guideline on endocrine treatment of gender-dysphoric/gender-incongruent persons (2) makes no assertions about the etiology of childhood gender dysphoria but describes how endocrine treatment can be one mode of treatment of the condition in pubertal youth in specified circumstances, along with mental health treatment and other interventions.

Laidlaw *et al.* (1) refer to consequences of what they term gender-affirmative therapy—a term not used in the guideline—which they define as iatrogenic puberty blockade and high-dose cross-sex hormones. The guideline supports a variety of modes and types of treatment tailored to the needs of the individual, including treatment with sex hormones and puberty-suppression drugs for some patients, along with counseling and education about possible risks of treatment, including the possibility of suboptimal physical outcomes and of regret, and monitoring of the patient's responses to treatment. In no case does the guideline recommend "high-dose cross-sex hormones"; rather, it offers protocols designed to achieve hormone levels in the physiological range associated with the individual's affirmed gender identity. The guideline stresses the need for the involvement of multidisciplinary teams to monitor treatments and for shared decision-making to minimize the risk of harm.

Laidlaw *et al.* (1) focus many of their concerns on the treatment of gender dysphoria in youth with pubertal blockers, noting that a majority will "outgrow this condition" by adulthood. However, they have not acknowledged that gender dysphoria persists and worsens in up to 20% of such youth, and for this subset, puberty blockers can be of substantial benefit (3). Furthermore, Laidlaw *et al.* (1) state that the "health consequences of GAT are highly detrimental," failing to acknowledge the only long-term outcomes study published to date that clearly demonstrated the positive mental health effects of such care (4). Rather, Laidlaw *et al.* (1) endorse a model of care encouraging children to learn to "feel more comfortable in their own skin" (5), an approach that may increase the risk of shame and depression and may have a negative effect on successful attachment (6). In contrast, organizations including the American Psychiatric Association and the American Academy of Child & Adolescent Psychiatry have authored statements noting that mental health professionals should not engage in practices that attempt to alter the gender expression or identity of an individual (7, 8). Furthermore, exposure to an environment that is supportive and accepting can protect

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gender-incongruent adolescents against suicidality, depression, and poor self-esteem (4, 9).

Laidlaw *et al.* (1) also raise concern about teenage girls suddenly developing "rapid onset GD without prior history through social contagion" (10). However, major methodological concerns have been raised regarding the referenced report (calling into question the existence of "rapid-onset gender dysphoria" itself), including the facts that only parents and none of the youth participated in the study and that parents were recruited from web sites, most of which were not supportive of medical treatment of transgender youth (11). In fact, given these methodological concerns, a correction was recently published by the same journal (12).

Laidlaw *et al.* (1) highlight possible risks of some hormone treatments and call for research to establish and validate the safety and efficacy of alternative treatment approaches for this population. The guideline is transparent about the quality of the evidence supporting its recommendations. We agree that research to validate the safety and efficacy of all forms of treatment is desirable; however, we believe physicians would fall short in their duty of care if they withheld hormonal treatment of gender dysphoria/incongruence in pubertal youth, when indicated, given the existing state of knowledge, imperfect though it is.

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