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| INTRODUCTION | <p>Gender Incongruence</p> <p>The DSM criteria for making the diagnosis of Gender incongruence (previously referred to as Gender Identity Disorder or Gender Dysphoria) include a strong desire to be a gender other than the one assigned at birth; and discomfort with their biological sex or a sense of inappropriateness in that gender role which leads to distress.</p> <p>Studies to date report that only 27% of prepubertal children with Gender Incongruence will persist in experiencing dysphoria with their gender into adulthood. For those adolescents whose dysphoria continues once they enter puberty, most will continue to have Gender Incongruence into adulthood if not treated. For these reasons, current guidelines only recommend medical or surgical treatment of children after puberty has started. In contrast, mental health services can be very useful at any time.</p> <p>Current guidelines for adolescents recommend confirmation of diagnosis by a mental healthcare provider and continued psychosocial support, hormonal suppression and/or hormonal induction of the chosen gender, and if desired, surgical intervention provided certain criteria are met.</p> |
| INITIAL EVALUATION AND MANAGEMENT | <p>INITIAL EVALUATION:</p> <ul style="list-style-type: none"> • Obtain targeted history and physical exam <ul style="list-style-type: none"> ○ The history should confirm that the patient has a strong desire to be of another gender. ○ The targeted physical should include genital exam. <p>INITIAL MANAGEMENT:</p> <ul style="list-style-type: none"> • If suggestive of Gender Incongruence, provide family with overview of the condition and counseling • Prepubertal children should be monitored closely for signs of puberty |
| WHEN TO REFER | <p>ROUTINE REFERRAL (within 2 months): <i>See Appendix: Gender Program Pathway</i></p> <ul style="list-style-type: none"> • For prepubertal children, consider referral to community therapist with experience in gender identity issues. <i>For community therapist resource, see handout on website.</i> • Refer to Gender Program (GP) for patients who have achieved sexual maturation stage 2 or more (i.e. breast budding in females or early testicular growth volume 4cc and above in males). <ul style="list-style-type: none"> ▪ For a better long-term outcome, the referral should be made in the earliest stage of puberty as possible or age 10, whichever comes first. |
| HOW TO REFER | <p>REFERRAL TO THE Gender Program</p> <ul style="list-style-type: none"> • A referral to the Gender Program can be made to the Department of Endocrinology: Phone: 860.837-6700 Fax: 860.837.6765 • <i>Please specify that you wish to have an appointment for Gender Incongruence, attention: Dr. Phulwani</i> • With referral, please send relevant medical history/physical/diagnostics and growth chart <p>If making a referral, please provide patients/families with the following website information: www.connecticutchildrens.org/genderprogram</p> |
| WHAT TO EXPECT FROM CONNECTICUT CHILDREN'S VISIT | <ul style="list-style-type: none"> • History and full physical exam (including genitalia) by endocrinology • Evaluation of prior lab testing (if any) and growth chart • Additional labs and imaging if appropriate • Discussion regarding hormone and surgery options and referrals to urology and plastic surgery if desired. |

APPENDIX: Gender Program Pathway

