



Co-management Guide

Pediatric Endocrinology

Caring for gender dysphoria and gender incongruence in children and adolescents

Guidelines Referenced	<p>WPATH Standards of Care for the Health of Transexual, Transgender, and Gender Nonconforming People cahttps://wpath.org/media/cms/Documents/SOC%20v7/Standards%20of%20Care_V7%20Full%20Book_English.pdf</p> <p>Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline https://academic.oup.com/jcem/article/102/11/3869/4157558</p>	
Background	<p>Above guidelines make detailed recommendations and suggestions, based on existing medical literature and clinical experience, that will enable treating physicians to maximize benefit and minimize risk when caring for individuals diagnosed with gender dysphoria/gender incongruence.</p>	
Initial Evaluation	<p>Refer to mental health provider when initial questions/concerns for GD/gender incongruence appear. For children and adolescents, an MHP who has training/experience in child and adolescent gender development (as well as child and adolescent psychopathology) should make the diagnosis, because assessing GD/gender incongruence in children and adolescents is often extremely complex.</p>	
Initial Management/ When to Refer	<p>Refer to pediatric endocrinology once GD/gender incongruence is diagnosed by MHP or in conjunction with same as waiting for endocrine to refer to MHP delays treatment.</p>	
Pre-Visit Work Up	<p>No initial laboratory work up needed, Tanner staging exam should be done (pubertal patients warrant referral, while prepubertal patients may wait until puberty onset before referral if preferred by family as no intervention takes place until after puberty onset)</p>	
Co-management Strategy (as appropriate)	<p>Pediatric endocrinologist will assess based on above clinical guidelines readiness for pubertal blocker therapy and/or gender affirming hormone therapy and will treat accordingly after MHP assessment and agreement.</p>	<p>Primary care doctor should make initial referral to MHP as to not delay treatment at endo office and will continue normal pediatric/adolescent care as appropriate, including vaccinations etc. Some patients may choose to have prescribed blocker injections or hormone affirming therapy administered at PCP for familiarity/transportation/co-pay issues.</p>
Return to Primary Care Endpoint	<p>For routine medical management otherwise</p>	