

Understanding the short-term impact of gender-affirming care

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Transgender and nonbinary youth face all kinds of headwinds, not the least of which is poor mental health associated with a lack of social support and constant stigma and discrimination. And while research has shown receipt of gender-affirming care is associated with better long-term mental health outcomes, little has been known about the impact in the months immediately after treatment is initiated.

For a study published in *JAMA Network Open*, researchers investigated changes in mental health over the first 12 months of receiving gender-affirming care. In particular, researchers examined whether initiating puberty blockers and gender-affirming hormones was associated with changes in depression, anxiety and suicidality.

A look at the first year

Researchers prospectively followed more than 100 transgender and nonbinary youth 13–20 years old, each of whom completed surveys at three, six and 12 months. The cohort included 63 transmasculine, 27 transfeminine and 10 nonbinary or gender-fluid youth.

The results showed that youth who received gender-affirming medications—including puberty blockers and gender-affirming hormones—had a 60% lower odds of moderate or severe depression and 73% lower odds of suicidality over those first 12 months, compared with youth who did not get such medications.

Among the youths who didn't start puberty blockers or gender-affirming hormones, "depressive symptoms and suicidality were two-fold to three-fold higher than baseline levels at three and six months of follow-up, respectively," wrote the authors, led by Diana M. Tordoff, MPH, a pre-doctoral research fellow in the Department of Epidemiology at University of Washington in Seattle.

Anxiety scores showed no association, however—a finding that suggests the symptoms of anxiety may take longer to improve after gender-affirming care is initiated, they added.

Policymakers take note

“Our study results suggest that risks of depression and suicidality may be mitigated with receipt of gender-affirming medications in the context of a multidisciplinary care clinic over the relatively short timeframe of one year,” the authors wrote.

The study has a number of strengths, they noted, including that it was one of the first to quantify a short-term transient increase in depression symptoms experienced by transgender and nonbinary youth after initiating gender-affirming care.

It has some limitations too, including that there was likely selection bias toward subjects with supportive caregivers who had resources to access gender-affirming care.

The study’s findings also have important policy implications, including that “the recent wave of legislation restricting access to gender-affirming care may have significant negative outcomes,” the authors wrote.

“Beyond the need to address anti-transgender legislation, there is an additional need for medical systems and insurance providers to decrease barriers and expand access to gender-affirming care,” the study authors wrote.

Legislation has been proposed or enacted in several states to prohibit medically necessary gender-affirming care for patients who are minors.

The AMA has sent a strong message to America’s governors cautioning that interfering in the medical care of transgender minors would be detrimental to the health of transgender youth. AMA Executive Vice President and CEO James L. Madara, MD, warned that these measures would “insert the government into clinical decision-making and force physicians to disregard clinical guidelines.”

The AMA also published an issue brief that offers further information on health insurance coverage for gender-affirming care of transgender patients (PDF).

Learn about the AMA Advisory Committee on LGBTQ Issues, as well as an AMA Foundation fellowship program that offers a chance to transform the nation’s LGBTQ+ care.