

# Access to Gender-affirming Hormones during Adolescence and Mental Health Outcomes among Transgender Adults

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## Introduction

Gender-affirming hormones (GAH) are commonly prescribed to transgender adolescents to induce physical masculinization or feminization that align with their gender identity.<sup>1</sup>

There are limited data regarding the mental health benefits of this treatment, and no studies to date have included a control group of those who desired but did not receive GAH.<sup>1</sup>

## Methods

Data obtained from the 2015 US Transgender Survey conducted by the National Center for Transgender Equality.<sup>2</sup>

Participants enrolled via community recruitment, resulting in 27,715 adult transgender participants. The current study examined only those who reported that they ever desired GAH, as not all people who identify as transgender desire such interventions. (N=21,598).<sup>2</sup>

Those who received GAH during early adolescence (14-15) or late adolescence (16-17) were compared to those who desired but did not access pubertal suppression.

Mental health outcomes included last-month severe psychological distress, defined as a Kessler-6<sup>3</sup> score > 12, and past-year suicidality.

Multivariable logistic regression was employed, adjusting for a range of potential confounders including demographic variables, family support for gender identity, exposure to gender identity conversion efforts, and access to pubertal suppression.

## Results

**Table 1.** Mental health of transgender individuals who received GAH during early or late adolescence, compared with those who desired but did not access GAH, adjusted for potential confounders.

	Access to GAH during early adolescence (14-15)		Access to GAH during late adolescence (16-17)	
	aOR (95% CI)	p-value	aOR (95% CI)	p-value
Past-year suicidal ideation	0.446 (0.290-0.686)	.0002	0.619 (0.488-0.786)	<.0001
Past-month severe psychological distress	0.309 (0.191-0.501)	<.0001	0.385 (0.300-0.494)	<.0001

## Conclusions

Access to GAH during either early or late adolescence, for those who desired it, was associated with a lower odds of past-year suicidal ideation and past-month severe psychological distress, supporting recommendations from The Endocrine Society guidelines.

Data are limited by the study's cross-sectional nature; future studies should track suicidality and psychological distress longitudinally before and after GAH

## Bibliography

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