

# Clinical experiences with puberty blockers in Aotearoa

This information sheet is based on an interview with a clinician in 2023 about their experience of using puberty blockers in caring for transgender<sup>1</sup> young people in Aotearoa.

It discusses how puberty blockers are used for transgender young people in Aotearoa and how this varies according to a young person's age and gender embodiment goals. It outlines the benefits of puberty blockers and addresses common questions about their use.

This is intended for family and whānau of transgender young people who are looking for extra detail on the use of puberty blockers in Aotearoa. Some of the information may also be useful for clinicians working with transgender young people and their families and whānau.

- **How did you get into gender-affirming healthcare?**



I have been working with transgender youth for **around 15 years**. A group of Māori and Pasifika trans young women approached our youth service because they wanted support around access to gender-affirming medical care. The medical language in those days was 'gender identity disorder' and they quickly helped me see that being transgender is not a medical or mental health problem or something to be pathologised.

I learnt about different cultural perspectives on gender and how important healthcare and medications were to these young people, and we started to find all the necessary information to make sure they got the **best possible care**.

Puberty blockers weren't funded for trans young people when we started out. When they were available, we were keen to start using them because we knew how **useful and effective** they are. We've been using them for over ten years now. Over that time, we've supported hundreds of young people in their gender journeys.

- **What is the process for a young person being considered for puberty blockers?**

Within a youth service it's always about focusing on the **young person and their family**. We aim to get to know the young person as a whole and to understand their gender journey and gender embodiment goals. Puberty blockers are not a one-stop treatment for all, so we have to work out if they are going to be useful for them. That involves a series of connections and appointments with the young person and their family.

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<sup>1</sup> We use the term transgender to refer to anyone whose gender is different than the gender they were assigned at birth. This is intended to include takatāpui, non-binary, and gender fluid people, alongside anyone who seeks gender-affirming care to express their gender, however they might choose to identify.

Within our **multidisciplinary team**, each young person and family are seen by two clinicians - an adolescent health physician alongside a nurse, social worker, or occupational therapist. The physicians are trained in child and adolescent development, physical and mental health, as well as having knowledge about medications. A psychologist is involved as part of the team review and can meet with families when needed.

In other parts of the country, it's often **paediatricians, paediatric endocrinologists or GPs** with a special interest in gender care who are prescribing blockers. They usually do that collaboratively with a child and youth trained mental health professional who does the assessment process and looks at supports that might be needed.

We usually encourage young people to **go to their GP first**. All GPs have access to good health pathways now that give lots of general information. GPs can also provide medication options like period cessation before a young person comes to a specialist service, as well as family support information while they are waiting to be seen.



- **What scenarios do you encounter of young people considering blockers?**

The smallest group we see are **children who have known they are transgender from a very young age**. We encourage their families to connect with us prior to puberty. This means that, when it is time to consider puberty blockers at around Tanner 2 stage of puberty, we have already had conversations and everyone has a good understanding of the information.

More commonly, **young adolescents** and their families come to see us in **mid-puberty**, when they have had some body changes and are feeling distressed because they realise these changes do not align with their gender. They want to know if blockers are the right option for them, and we provide information about whether blockers will be helpful.

We also see **older adolescents**, who may be two or three years past puberty when they realise what their sense of distress about their body means for them. Our discussions with older young people are usually around supporting them with access to gender-affirming hormone therapy. Blockers are often used in combination with estrogen on an ongoing basis for young people assigned male at birth.

- **Are there differences in the use of blockers for young people of different genders?**

Use of blockers is about supporting young people in their gender embodiment goals. For those who are assigned male at birth and have **feminine gender embodiment goals**, use of blockers is relatively straightforward, because testosterone is such a powerful hormone. Body changes don't stop when

they reach Tanner 5 stage of puberty, but continue in mid- and late teens, so a blocker is a good option at all those points to stop these changes marching on.

For those who are assigned female at birth, the most significant changes occur earlier in puberty. Stopping puberty is beneficial for those who are in early-stage puberty and have **masculine gender embodiment goals** and/or do not want further breast development, as this potentially prevents the need for binding the chest and surgery later on. But for those who have already had significant breast development and have started periods, blockers do not usually prevent the need for binding or surgery. For this group, we usually discuss alternative medications to blockers that can be used for stopping periods. We discuss the pros and cons of each medication so people can make the best choice for them.

Some non-binary people have **gender embodiment goals that are neither masculine nor feminine**. For such young people, blockers may still be beneficial in easing distress and allowing them time and space to consider future options. People can't stay on a blocker forever without hormones, so at some point they will need to either come off the blocker or go onto hormones. This is a developing area of medicine and in the future there may be different hormone plans for people with these gender embodiment goals.

It's important to always consider when a blocker could be helpful, given that it is a **reversible treatment with time-sensitive benefits**. Missing an opportunity for blocking hormones to help future gender embodiment goals can have lifelong consequences for trans people.

- **What benefits of puberty blockers have you seen?**



We see young people for years, often till their twenties, and we see the benefits that accessing blockers have given them. Some are emphatic that being on blockers makes them happier, while others are just **carrying on with their lives** without stressing about ongoing body changes.

We know that, when a transgender person's body aligns more with their gender embodiment goals, this **improves their health and wellbeing**. Clinicians don't want transgender young people to feel they have to fit in a binary way or 'pass' as cisgender in the community, but that's often what young people are hoping for, and blockers can help them achieve this. Gender embodiment goals are individual and someone who is non-binary or gender fluid may benefit from being on blockers as much as someone who has a binary gender.

We see young people **grow, mature, and live happy lives**. They continue to learn and thrive, and their cognitive development increases. We know this because of the way they're doing in school and how they understand the information we're sharing. We also see growth emotionally and in relationships. Young people's brains aren't paused, they keep developing.

- **What side effects of puberty blockers have you seen?**

We **rarely see people having adverse effects** from blockers. The most common is hot flushes and this are not frequent or even perceived by young people as a problem. Occasionally the withdrawal

of hormones can impact on mood. In our population, this has rarely ever been a significant problem. There are often other things going on in a young person's life that can impact their mood.

Looking at the blocker safety information you'll see a lot of side effects, and it's important to remember that some of the other populations it's used for are **women with endometriosis and men with prostate cancer**. They're older, so they've had hormones in their bodies for far longer, and it makes sense that they may experience more side effects with the withdrawal of hormones. It's not that different to how things were a year or two ago for young people, so it makes sense that they would feel the impact less.

With any medication that's been injected you can have an allergic reaction or a local reaction such as pain. In such cases **changing to a different form of blocker** can be helpful, for example switching from the injectable Lucrin to Goserelin, which is inserted under the skin.

- **What pathways do young people take once on puberty blockers?**

A young person's gender journey is generally well in progress by the time they come to see us. Puberty blockers buy time for reflection and exploration. They **do not predetermine a young person's evolving decisions** about their gender.

Some young people we see are **gender fluid or are exploring their gender**. For some, this might mean they choose to stop the blocker. They may decide that for their gender embodiment goals they don't need to be on a blocker or go on hormones. In this situation, the young person and their family usually reflect that they have appreciated the time they've had to think about this.

Many of the young people we see have a very stable sense of gender and gender embodiment goals and they **make the decision to go on hormones**. People assigned male at birth add in the hormones and continue to use blockers. This is because they need to continue to block their androgens for their oestrogen to work. People assigned female at birth will eventually come off the blocker if they choose to go on hormones, because testosterone suppresses the oestrogen effects.



No health professional can guarantee how another person's gender will evolve over time. We're not the ones making decisions - the young person is at the centre of this. They are experts on themselves and their gender. What we are doing is **providing information to them** and their families to help them make decisions in a considered and safe way.

**Informed consent** is vital, including that a young person has the capacity to make decisions, particularly when it comes to hormones, which have only partially reversible effects.

- **What else would you like people to know about puberty blockers?**

When a young person is on a blocker, it is important to have **regular blood tests** to make sure it is working properly to block hormones and prevent physical changes. It's important to take the blocker treatment regularly and on time, or it won't work effectively.



People wonder if taking blockers means they are not going to **grow to the same height**. In fact, if you go on a blocker in early puberty before your growth plates have fused, the potential is that you will end up being taller than predicted to be. When you're on the blocker you don't have the same growth spurt that you would have done, but you do keep growing. Then if you go on hormones you usually get a growth spurt on top of the extra period of growth. So there is potential for increased final height. The timing of starting hormones can also influence final height.

For some people going on a blocker at an early point and then going onto hormones can impact on **future fertility options**. It's not the blocker that changes the fertility trajectory but going on the blocker and then going onto hormones. It is important for young people and their families to talk about this with their health team before starting blockers. The scenarios and fertility preservation options are different for people assigned female or male at birth and depending on at what Tanner stage they start the blocker.

A blocker changes a person's experience of **sexual function**. That said, young people tell me that gender dysphoria also impacts significantly on sexual experiences. And I hear that access to gender affirming care, including being on a blocker, enhances young people's positive sense of themselves and their body. Young people can go on to experience positive relationships on multiple levels, including romantically and physically.

## **Where can I get further information?**

This is one of a series of three information sheets about puberty blockers, compiled in Aotearoa New Zealand in August 2023 by a researcher in transgender health, with input from clinicians and community experts in transgender health and wellbeing. These information sheets can be downloaded at [www.projectvillageaotearoa.com/pubertyblockers](http://www.projectvillageaotearoa.com/pubertyblockers)

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