

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Vision: To be the Healthiest State in the Nation

Ron DeSantis
Governor

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Treatment of Gender Dysphoria for Children and Adolescents

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The Florida Department of Health wants to clarify evidence recently cited on a [fact sheet](#) released by the US Department of Health and Human Services and provide guidance on treating gender dysphoria for children and adolescents.

Systematic reviews on hormonal treatment for young people show a trend of [low-quality evidence](#), small sample sizes, and medium to high risk of bias. A paper published in the [International Review of Psychiatry](#) states that 80% of those seeking clinical care will lose their desire to identify with the non-birth sex. [One review concludes](#) that "hormonal treatments for transgender adolescents can achieve their intended physical effects, but **evidence regarding their psychosocial and cognitive impact is generally lacking.**"

According to the [Merck Manual](#), "gender dysphoria is characterized by a strong, persistent cross-gender identification associated with anxiety, depression, irritability, and often a wish to live as a gender different from the one associated with the sex assigned at birth."

Due to the lack of conclusive evidence, and the potential for long-term, irreversible effects, the Department's guidelines are as follows:

- [Social gender transition](#) should not be a treatment option for children or adolescents.
- Anyone under 18 should not be [prescribed puberty blockers](#) or [hormone therapy](#).
- [Gender reassignment surgery](#) should [not be a treatment option](#) for children or adolescents.
 - Based on the [currently available evidence](#), "encouraging mastectomy, ovariectomy, uterine extirpation, penile disablement, tracheal shave, the prescription of hormones which are out of line with the genetic make-up of the child, or puberty blockers, are all clinical practices which run an **unacceptably high risk of doing harm.**"
- Children and adolescents should be provided social support by peers and family and seek counseling from a licensed provider.

These guidelines do not apply to procedures or treatments for children or adolescents born with a genetically or biochemically verifiable [disorder of sex development](#) (DSD). These disorders include, but are not limited to, 46, XX DSD; 46, XY DSD; sex chromosome DSDs; XX or XY sex reversal; and ovotesticular disorder.

The Department's guidelines are consistent with the federal Centers for Medicare and Medicaid Services [age requirement for surgical and non-surgical treatment](#). These guidelines are also in line with the guidance, reviews, and [recommendations](#) from [Sweden](#), [Finland](#), the [United Kingdom](#), and [France](#).

Parents are encouraged to reach out to their child's health care provider for more information.

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