



Written by [Raven Clabough](#) on June 21, 2017

## New Study: Puberty-blocking Drugs Not Right for Gender Dysphoria

A new study shows once more that significant research is still needed in order for doctors to understand how to treat transgenderism, particularly in young patients. Unfortunately, the scientific approach to gender dysphoria has been heavily influenced by the PC movement and as such may be resorting to harmful interventions to appease social-justice warriors. According to a study published in *The New Atlantis* on Tuesday, children suffering from gender dysphoria should not be treated with puberty-blocking drugs because they create additional complications.



The [study](#) was authored by Dr. Paul Hruz, a professor at Washington University School of Medicine; Dr. Lawrence Mayer, professor at Arizona State University and scholar at Johns Hopkins University School of Medicine; and Dr. Paul McHugh, distinguished service professor of psychiatry at Johns Hopkins University School of Medicine.

The doctors found that puberty blockers create four major problems, including prolonging gender dysphoria in children who would otherwise outgrow it.

The authors questioned the rationale behind enabling children who lack mental and emotional maturity to make significant medical decisions for themselves, stating, “We frequently hear from neuroscientists that the adolescent brain is too immature to make reliably rational decisions, but we are supposed to expect emotionally troubled adolescents to make decisions about their gender identities and about serious medical treatments at the age of 12 or younger.”

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Medical interventions that take children down the path of prolonged gender confusion are particularly troublesome given the high rates of homelessness, depression, and suicide among the transgender community. Children could avoid this fate if they were permitted to outgrow their gender dysphoria; however, the use of puberty blockers, according to the study, “may have solidified the feelings of cross-gender identification in these patients, leading them to commit more strongly to sex reassignment than they might have if they had received a different diagnosis or a different course of treatment.”

The doctors added, “The interference with normal pubertal development will influence the gender identity of the child by reducing the prospects for developing a gender identity corresponding to his or her biological sex.”

Other problems outlined in the study include the potentially damaging health effects of the puberty blockers, the inability to reverse the effects of the drugs, and the lack of science to support puberty blockers, which are experimental at best.



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Hruz, Mayer, and McHugh stated:

Reading these various guidelines gives the impression that there is a well-established scientific consensus about the safety and efficacy of the use of puberty-blocking agents for children with gender dysphoria, and that parents of such children should think of it as a prudent and scientifically proven treatment option. But whether blocking puberty is the best way to treat gender dysphoria in children remains far from settled and it should be considered not a prudent option with demonstrated effectiveness but a drastic and experimental measure.

And the lack of science behind the use of puberty blockers means that there is also little evidence that they are reversible, as is often claimed. “There are virtually no published reports, even case studies, of adolescents withdrawing from puberty-suppressing drugs, and then resuming the normal pubertal development typical for their sex,” explains the article. The authors add that what is completely irreversible in fact is the disruption the puberty-blocking drugs cause in the normal developmental process.

“In developmental biology, it makes little sense to describe anything as ‘reversible,’” Hruz, Mayer, and McHugh observed.

The findings of this study are consistent with another study in *The New Atlantis* co-authored by McHugh and Mayer last year, in which they concluded that there is no evidence for the therapeutic value of either interventions that delay puberty or encouraging children in their cross-gender identification. “Children are a special case when addressing transgender issues,” the report stated, adding, “Only a minority of children who experience cross-gender identification will continue to do so into adolescence or adulthood.”

In fact, the authors argued that enabling acceptance of transgenderism through medical intervention is particularly harmful: “An area of particular concern involves medical interventions for gender-nonconforming youth. They are increasingly receiving therapies that affirm their felt genders, and even hormone treatments or surgical modifications at young ages.”

These sentiments echoed those found in a position statement released by the American College of Pediatricians last year entitled “Gender Ideology Harms Children,” in which the writers asserted that any policies that encouraged the belief that gender dysphoria is anything beyond a psychological problem are in fact harmful.

These findings have been fiercely contested by those on the Left, who are more interested in political correctness than scientific evidence. However, PJ Media did a [piece](#) last year that focused on some of the real-life victims of what it dubbed the transgender “cult.” That article claimed that the victims were encouraged to embrace their gender confusion in their youth and are now living with the repercussions of those decisions.

“I am a real, live 22-year-old woman, with a scarred chest and a broken voice, and five o’clock shadow because I couldn’t face the idea of growing up to be a woman. That’s my reality,” Cari Stella confessed in a YouTube video. “Gender was done to me, gender was traumatizing to me, I don’t want anything to do with it anymore,” she declared. She admitted, “When I was transitioning, I felt a strong desire — what I would have called a ‘need’ at the time — to transition.”

Stella now contends that her transition only made things worse. “It can be damn hard to figure out that the treatment you’re being told is to help you is actually making your mental health worse. Testosterone made me even more dissociated than I already was,” she said.



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Stella's story is exactly what both studies in *The New Atlantis* warn against. In last year's study, the authors concluded, "The potential that patients undergoing medical and surgical sex reassignment may want to return to a gender identity consistent with their biological sex suggests that reassignment carries considerable psychological and physical risk."

The latest study reaches a similar conclusion, "While there is much that is not known with certainty about gender dysphoria, there is clear evidence that patients who identify as the opposite sex often suffer a great deal. They have higher rates of anxiety, depression, and even suicide than the general population. Something must be done to help these patients, but as scientists struggle to better understand what gender dysphoria is and what causes it, it would not seem prudent to embrace hormonal treatments and sex reassignment as the foremost therapeutic tools for treating this condition."

Sadly, the trendiness of transgenderism will continue to have a negative influence on science's approach to it. According to Stephen Stathis, an Australian expert on the sexes, children are being over-diagnosed as transgender since most will outgrow this phase, and many are experimenting with transgenderism because it has become "trendy." What's more, parents are being influenced by the trendiness of it as well, succumbing to pressures by society to encourage transgender behaviors in their children, according to Alice Dreger, a bioethicist and professor at Northwestern University's Feinberg School of Medicine in Chicago. She notes that parents who allow their children to change genders "are socially rewarded as wonderful and accepting," while those who don't are perceived as "unaccepting, lacking in affection and conservative."

This is particularly troublesome, as a study by the Centre for Addiction and Mental Health in Toronto, Canada, found that transgenderism was more persistent in children when promoted by adults.

But until transgenderism ceases to be a hot-button issue among social-justice warriors, it seems little will change.

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