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THE IMPACT OF MALE CHEST RECONSTRUCTION ON CHEST DYSPHORIA IN TRANSMASCULINE ADOLESCENTS AND YOUNG MEN; A PRELIMINARY STUDY

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Purpose: As transgender visibility has increased over the past decade, growing numbers of transgender youth are presenting at specialized clinics seeking care related to phenotypic gender transition. Despite the fact that the average age of referral is dropping, the developmental stage that most patients are in at the time of entry into medical care necessitates future surgical intervention to change undesired secondary sex characteristics. For those assigned female at birth who identify on the transmasculine spectrum, gender confirmation procedures most commonly include male chest reconstruction. Chest dysphoria, the distress that arises from having a female chest contour, is a common clinical concern for transmasculine adolescents and young adults. While a decent body of literature exists examining the outcomes of transgender related surgeries in patients over the age of majority, no data has been published concerning the outcomes of these procedures among minors. Existing professional guidelines regarding surgical interventions lack clarity, and leave medical providers uncertain about referring minors for chest surgery. This pilot study aimed to quantify the impact of male chest reconstruction on chest dysphoria in this population included the development of a "chest dysphoria" measure.

Methods: The chest dysphoria scale was developed by experienced clinicians and includes 21 Likert scale questions that span domains commonly impacted by chest dysphoria. The domains include emotional well-being, physical well-being, recreational, occupational, social life and relationships was created and administered to 55 pre-surgical and 50 post-surgical transmasculine youth and young adults between the ages of 13 and 24 years. Higher composite scores on the scale correspond with greater chest dysphoria, with a range from 21 (lowest) to 84 (highest). Forty-four of the youth were minors (32% post-surgical). Pre-surgical participants were asked about their desire for surgery, and the post-surgical survey queried satisfaction with surgery, side effects and desire for future surgeries related to gender dysphoria.

Results: Of the minors who had undergone male chest reconstruction, 93% reported being satisfied with the surgery "all of the time." No youth reported regret about the procedure. Comparisons between the pre and post surgical groups across all domains are significant, and highlight the impact of chest dysphoria on those youth who have not undergone surgery.

Conclusions: Results from the post-surgical cohort reflect the positive impact of male chest reconstruction witnessed in clinical settings, and might be useful for changing existing guidelines and recommendations for minors.

Sources of Support: Children's Hospital Los Angeles, Department of Pediatrics.

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UNDERSTANDING SOCIAL MEDIA AND ONLINE RESOURCE USE BY TRANSGENDER YOUTH AND CAREGIVERS

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Purpose: The purpose of this study was to assess what resources transgender youth and their caregivers use to acquire information about transgender health.

Methods: This study was part of a larger research project on barriers to accessing care for transgender youth. We recruited caregivers of transgender youth aged 22 or younger including parents, foster parents, and legal guardians. We also recruited self-identified transgender youth ages 14-22 years. Participants were recruited through a variety of settings including clinical encounters in an adolescent medicine subspecialty clinic, local organizations supporting transgender youth, and via online solicitation using Teenology101, a hospital sponsored blog. We used a mixed methods approach of conducting in-person focus groups, interviews in-person or via phone, and an online survey available via the Teenology101 blog. This allowed us to increase flexibility for participants and to triangulate key themes from multiple data sources. Scripts were semi-structured, and prompts were focused on barriers to care faced by transgender youth and their caregivers. The survey contained free response and multiple-choice components.

Results: We had a total of 65 participants including 50 caregivers and 15 youth. Many families reported starting their journey of accessing transgender care not knowing very much about the topic. They reported difficulty finding a health care provider who was knowledgeable on the topic. Youth described a lack of terms or language to describe their feelings. Among both parents and youth, a variety of online resources were used including blogs, websites, search engines, and list serves. Four main themes emerged from participants on why they sought out information on the internet and what they found in their online searches. These themes include: 1) Overcoming a lack of knowledge 2) Seeking Support Networks 3) Finding Trans-friendly providers 4) Encountering Misinformation.

Conclusions: Our findings demonstrate the need for reliable, trustworthy content online, the importance of the virtual community to support both youth and caregivers, and the challenge of navigating misinformation that is often faced by transgender youth as they navigate online resources. We propose creating a possible metric for determining reliability of a website, creating an online forum for dissemination of reliable information from respected institutions, and a tool for teaching health care providers how to equip families with the knowledge of how to determine if an online resource is reliable.

Sources of Support: This study was funded by The Center for Diversity and Health Equity at Seattle Children's Hospital.