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# Eating Disorders in Gender Diverse Youth: Guidance for Primary Care Providers



Martha F. Perry, MD, she/her/hers

Associate Professor

Chief, Adolescent Medicine Section

Division of General Pediatrics and Adolescent Medicine

UNC School of Medicine

# Objectives

- Understand the prevalence and characteristics of eating disorders in gender diverse youth (GDY)
- Identify risk and protective factors for development of eating disorders in GDY
- Develop gender-affirming approach to assessment and management of eating disorders
- Recommend resources where patients, families and providers can seek additional support for care of GDY with eating disorders

# Terminology

- *“Language is imperfect and there is no term or acronym that is inherently inclusive of all genders.”*



- *Gender Diverse Youth (GDY) recognize identities beyond the binary framework*

# Terminology

## CISGENDER

Also known as “cis”, this term is used to describe people who identify comfortably with the gender they were assigned at birth.

## MISGENDER

Refers to the use of language to identify someone that does not accurately reflect their gender identity, either intentionally or unintentionally.

## TRANSGENDER

Also called “trans”, this term is used to describe people whose gender identities don't match the genders they were assigned at birth.

## GENDER BINARY

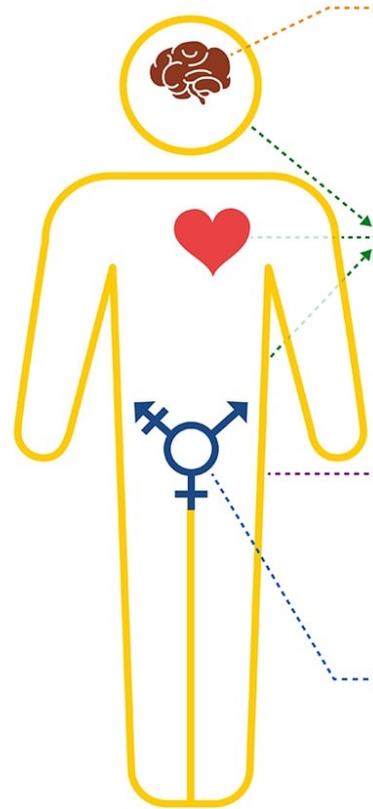
A system that allows for the existence of only two genders (i.e. man/woman).

## BINARY

Refers to a person who identifies as either a woman or a man.

## NONBINARY

Refers to a person who identifies as neither strictly a woman nor a man.



## GENDER IDENTITY

Refers to an individual's sense of their own gender.

(Female/Woman/Girl; Male/Man/Boy; Other Genders)

## SEXUAL ORIENTATION

Refers to who you are attracted to physically, emotionally or romantically.

(Heterosexual/Homosexual/Bisexual/ Pansexual/Asexual/Others)

## GENDER EXPRESSION

Refers to the way a person physically communicates their gender identity.

Feminine Masculine

## BIOLOGICAL SEX

Also called “assigned sex”, this refers to the label given at birth based on genitalia and other factors like hormones and chromosomes.

(Female/Male/Intersex/Other)

# Eating Disorders in Gender Diverse Youth

- Wide range of estimates → 2-18%
- Understudied, no-validated tools
- Multiple studies suggest higher prevalence of disordered eating behaviors in transgender compared to cisgender adolescents

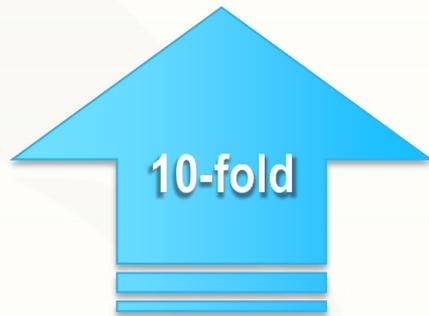
# DE Behaviors in Transgender Youth

- 2013 Massachusetts Study
  - Compared to cisgender males

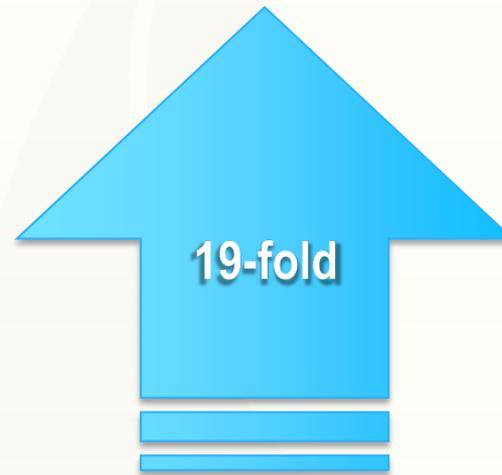
Disordered Eating Behavior	Odds Ratio
Fasting >24 hours	2.9
Take laxatives	7.2
Diet pill use	8.9
Nonprescription steroid use	26.6

# Eating Disorders in Gender Diverse Youth

- Canadian Study (2007-2015):  
Risk of restrictive eating



Transfemales



Transmales

# Eating Disorders in GDY: Suicidality

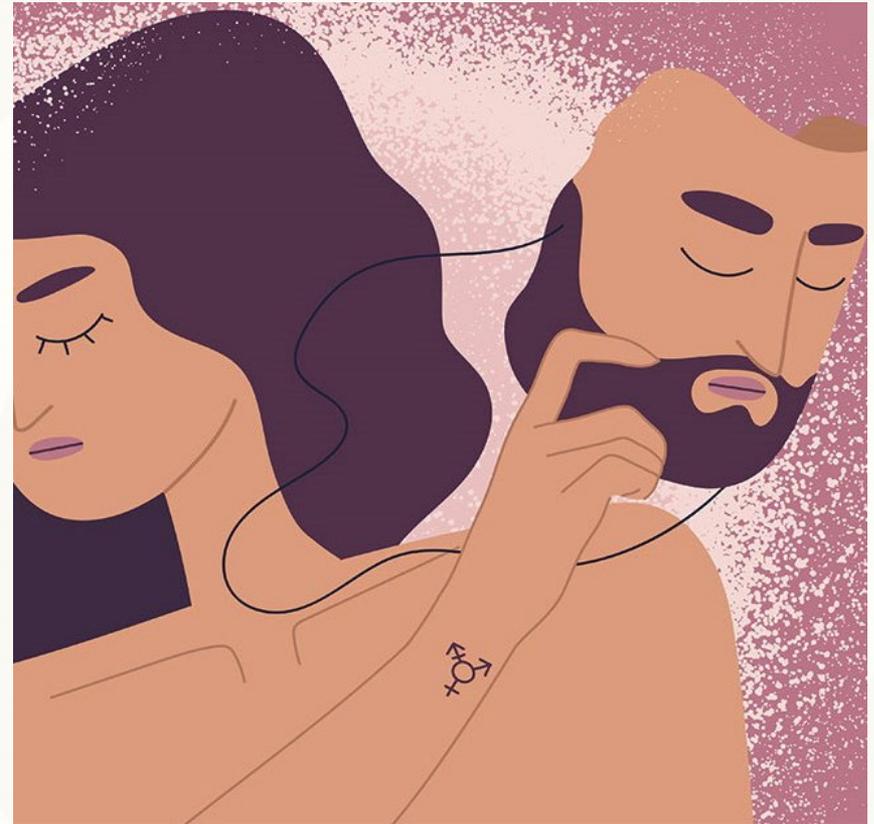
- 74.8% reported nonsuicidal self-injury
- 75.2% reported suicidal ideation
- 74.8% reported suicide attempts
- Odds of Past-Year Suicide Attempt
  - 24x that of cisgender women w/EDs
  - 21x that of transgender people w/o EDs

# Gender Dysphoria & Eating Disorders

- GD: Intense dissatisfaction due to mismatch between one's outer self and one's self-perception of gender
- ED: Intense dissatisfaction arising from distorted perception of or preoccupation with body weight or shape

# Gender Dysphoria

- A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics
- A strong desire to be rid of one's primary and/or secondary sex characteristics
- A strong desire for the primary and/or secondary sex characteristics of the other gender
- A strong desire to be of the other gender
- A strong desire to be treated as the other gender
- A strong conviction that one has the typical feelings and reactions of the other gender



# Gender Dysphoria & Eating Disorders

- Mismatch between inner and outer self associated with intense body dissatisfaction



<https://www.art-hub.co.uk/product-page/trapped-1>

# Contributing Factors

- Body dissatisfaction
  - Secondary sex characteristics
    - Disordered eating behaviors aim to decrease or prevent development incongruent with identity
    - Lack of access to gender-affirming care
  - Puberty incongruent with peers
    - Role of GnRH agonist

# Contributing Factors

## Societal Expectations





Bo

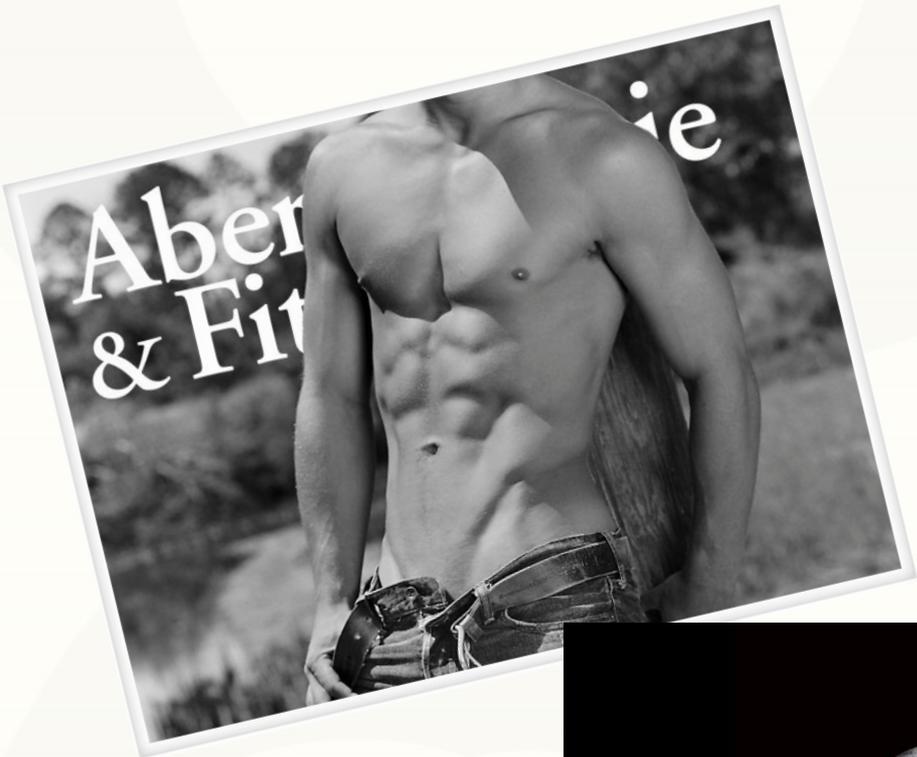


- Adolescents average 6-9 hours of social media
- Social media provides forums for beauty norms outside of the family unit
- Heavy influence of advertising, celebrities and peers – airbrushed and photo-shopped

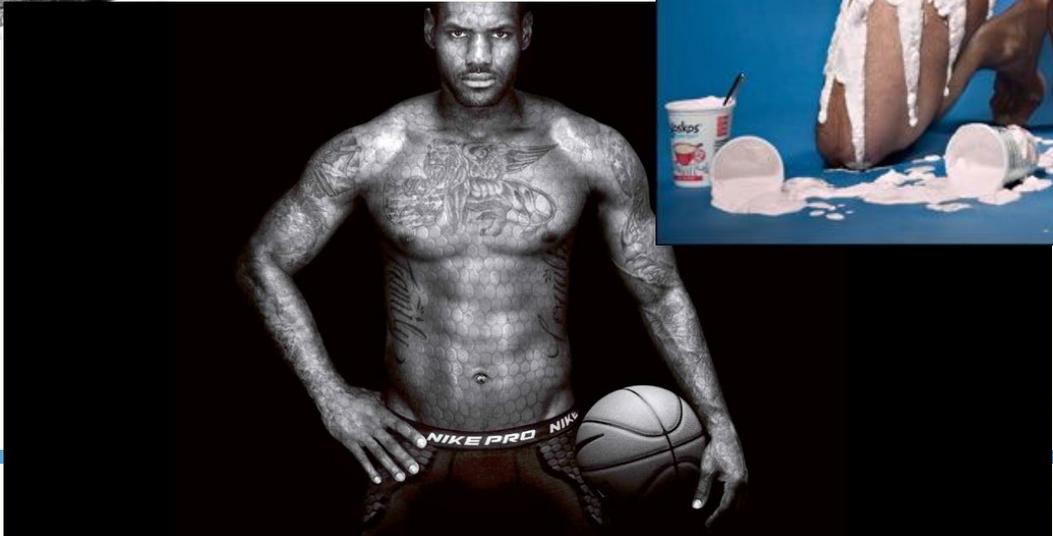


# Body Image





An advertisement for Voskos. A muscular man is kneeling on a blue surface, covered in white whipped cream. He is eating from a Voskos container. The text "I'd rather go naked than get fat." - Stefan Pinto is at the top right. A Facebook logo and text "Friend on Facebook for a chance to win a free copy of Fat-to-Fit: 50 Easy Ways to Lose Weight" is on the left. A QR code is on the man's chest. The Voskos logo and "Whipped Cream Whipped to a professional standard of Sun Valley Dairy. All Rights Reserved." is at the bottom left. Several Voskos containers are scattered on the floor around him.





Lovable Lovable



Can You Keep Up With A KARDASHIAN?

new!  
**I LOVE MY BODY**  
 BY VICTORIA™

Meet our newest bodies.  
 Body by Victoria® Racerback,  
 Multi-way and Push-up.

- ▶ shop now
- ▶ experience the bras



The Slender Blend contains whey protein and complies with meal replacement guidelines. Replacing two meals per day with a meal replacement as part of a calorie controlled diet can contribute to weight loss. \*Protein contributes to the maintenance of muscle mass and to a growth in muscle mass. Use The Slender Blend in conjunction with the Slender Plan & 30 Day Challenge guide.

# UNDERWEAR FOR PERFECT MEN



- Positive body image attempts may still emphasize femininity and masculinity



# What about transgender and gender diverse body image?

- Excess of images that portray unattainable bodies whether cisgender or transgender

# What about trans



Lost legends  
The gay and bi  
men who

UNIFIED AT  
Could you be arrested  
for crying



# 2018 Pride Portrait Series

# What about transgender and gender diverse body image?

- Excess of images that portray unattainable bodies whether cisgender or transgender

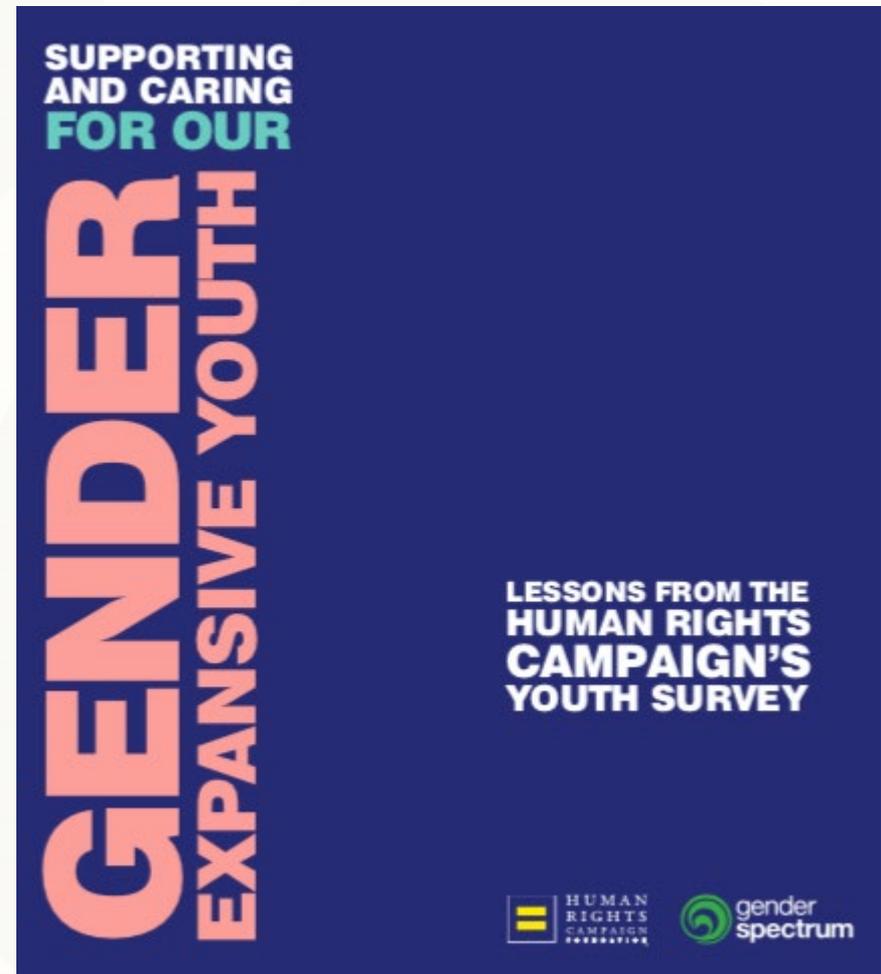


# Contributing Factors: STRESS

*“Listening to folks debate whether or not you are allowed to participate in social institutions that most take for granted can be an incredibly dehumanizing experience and there can be a lot of anger and/or pain that comes with that.”*

# Human Rights Campaign 2012 Survey

- 30% reported definitely not fitting in
- 40% had been excluded, harassed and bullied
- Only 30% reported peer acceptance at school
- Only 27% reported having very accepting families



# Contributing Factors

## Gender Minority Stress

- Stigma
- Bullying
- Safety
- Family rejection



Development of  
“coping” behaviors

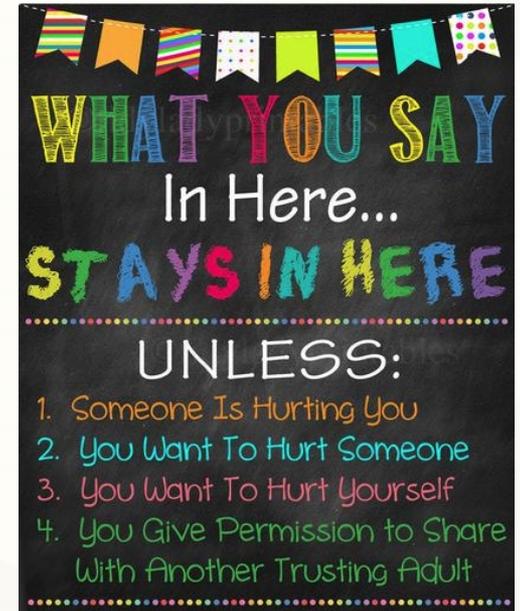
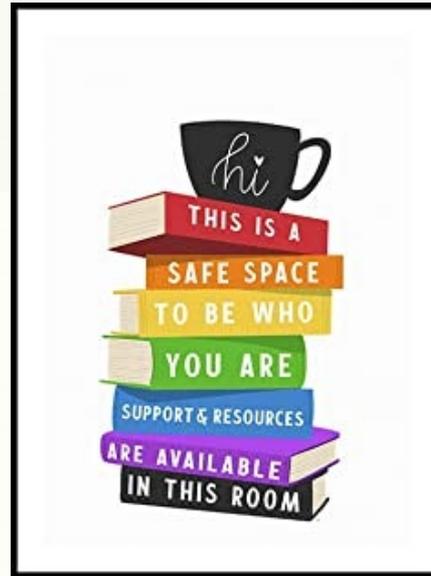
# Gender Dysphoria & Eating Disorders Approach to Treatment



ADVANCING EXCELLENCE IN TRANSGENDER HEALTH

# Gender-Affirming Care

- Signage
- Forms
- Confidential communication
- Documentation
- Patient, staff & family awareness of consent laws
- Staff training



# Gender- Affirming Care

- Routine for all patients
- Don't assume, ask every patient!



**Do Ask,  
Do Tell**



# Gender- Affirming Care

- *I ask everyone these questions and I want you to know this is a safe space to talk.*
- *What is your gender identity?*
- *What pronouns do you use?*



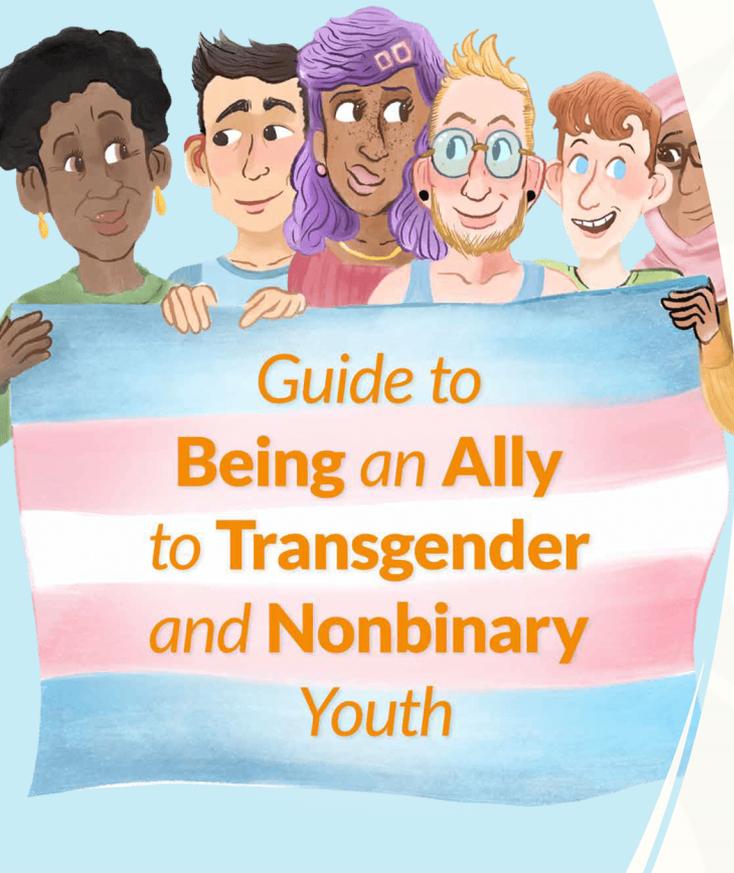
# Confidentiality



- All adolescents need time alone with the provider
- Forms completed privately by the patient
- Don't assume family is aware of identity



# Family Acceptance



- *I want to respect your privacy. Are you out to family or friends?*
- *How would you like me to refer to you when your parent is in the exam room?*
- *Other medical providers can see your medical record, let's talk about what you would like documented in the record.*
- *I'd be happy to talk about resources and support for you if you are interested.*

# Family Acceptance

- 2021 study evaluating parent and adolescent perceptions of actions that demonstrate support
- What they see as the most important way to show support of the adolescent's gender identity?
  - Parents reported connecting youth to services as most important
  - Adolescents reported parents using appropriate pronouns as most important



**HELLO**  
My name is: \_\_\_\_\_

Please use: **HE, HIM, HIS**

Please use: **SHE, HER, HERS**

Please use: \_\_\_\_\_

Please use: **ZE, ZIR, ZIRS**

Please use: **XE, XEM, XYRS**

Please use: **THEY, THEM, THEIRS**

# Role of Primary Care Provider

- Recognize what may be driving disordered eating behavior
- Prevent gate-keeping of gender needs
- Identify gender-affirming multi-disciplinary team
- Engage family in acceptance of combined approach to treatment

# Family Acceptance

Validate	Validate the adolescents' needs and also acknowledge the parents' challenges meeting those needs
Provide	Provide opportunity for adolescent and parents to ask questions separately
Share	Share the evidence with parents about outcomes when adolescent is not supported

# Assessing Gender Friendliness

- What do you do (what does your program do) to be gender inclusive?
- What is your experience working with transgender and gender-diverse patients?
- What kind of training have you and your staff received on care of GDY?
- What is your clinical approach to providing eating disorder care for GDY?
- Has the program worked with trans patients before? If no/not many, would they be open to consultation from a gender-affirming train
- Does your treatment program consider patients by sex assigned at birth or affirmed gender? What about non-binary patients?

# Assessing Gender Friendliness

- What kind of bathroom access will the patient have? Will their bathroom access be aligned with their gender identity?
- Can patients continue gender-affirming medication while in program? How will injectable hormones be handled?
- What resources do you access when your patients need changes or adjustments to their hormone regimen?
- How will program engage non-traditional primary supports for patients with limited parent support? Partners, friends, residential program staff, gender therapist, etc.
- What practices do you have in place to ensure that the staff use patients' correct pronouns and names?

# Treatment Goals

- Concept of body neutrality
  - Body acceptance is unrealistic
  - Limited utility of growth charts
- Intuitive eating
- Improved physical and emotional symptoms
- Return of menses?

**The body is a vehicle for living and doing – it needs to be nurtured with adequate food, water, rest and care.**

# Treatment Goals: Gender Care

- GnRH agonist depending on age/pubertal stage
- Potential starting point:
  - Spironolactone
  - Menstrual Suppression
- Testosterone or Estrogen
- Surgical Procedures
  - Importance of nutrition in preparation

# Gender Affirming Interventions

- Social Transition
  - Try out in certain environments
  - Chosen name, pronouns, clothing, hairstyles
  - Hair removal through electrolysis, laser treatment, or waxing
  - Breast binding or padding, genital tucking or penile prostheses, padding of hips or buttocks
  - Changes in name and gender marker on identity documents
- Communication with school, peers, extended family

# Body Image

- Positive role models increasingly share their stories of disordered eating and body acceptance



Alok Void-Menon - @alokvmenon  
Sam Dylan Finch - @samdylanfinch  
Vivek Shraya - @vivekshraya  
Sarah Thompson - @resilientfatgoddex  
Caleb Luna - @chairbreaker  
Zoey Luna - @iamzoeyluna  
Angel Haze - @angelhaze  
Ilya Parker - @decolonizingfitness  
King Yaa - @mskingyaa  
Matt Joseph Diaz - @mattjosephdiaz  
Ah-Mer-Ah-Su - @staramerasu  
Sonalee - @thefatsextherapist  
Big Freedia - @bigfreedia

# Body Positivity vs. Body Neutrality

I love my legs because they help me run.



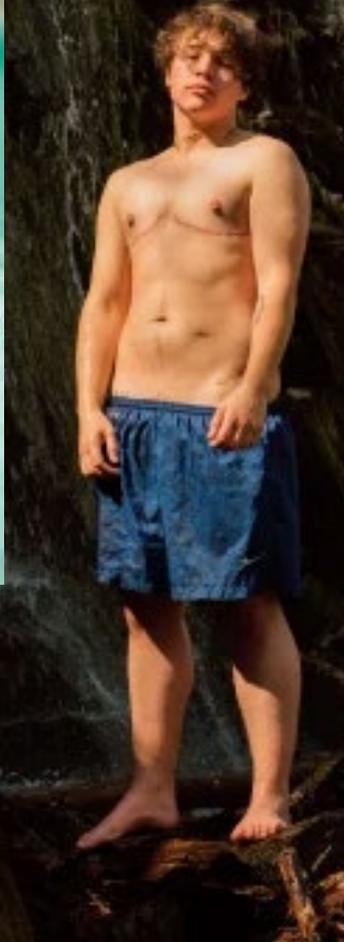
Body Neutrality

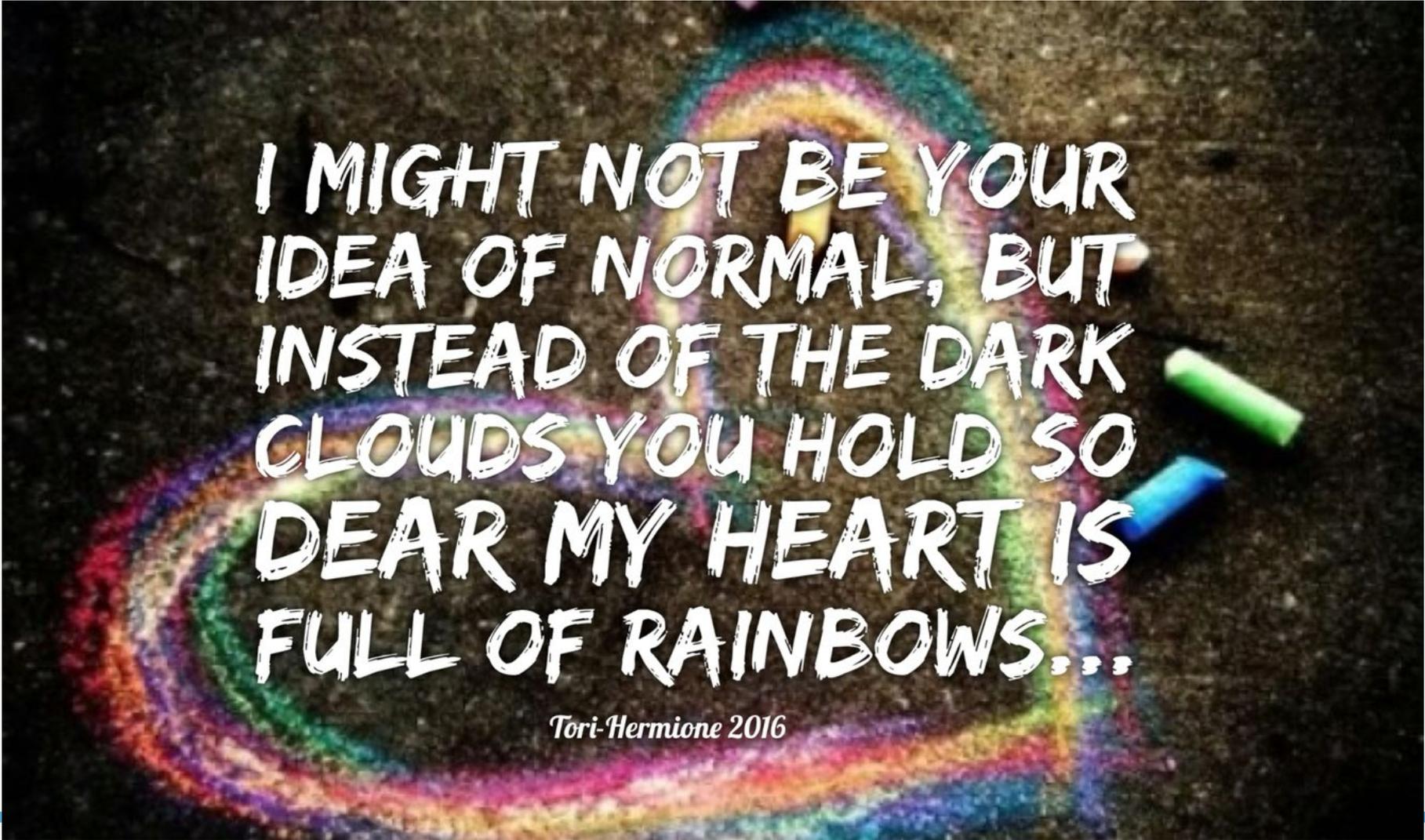
I love my legs, cellulite and all; they are beautiful.



Body Positivity

verywell





I MIGHT NOT BE YOUR  
IDEA OF NORMAL, BUT  
INSTEAD OF THE DARK  
CLOUDS YOU HOLD SO  
DEAR MY HEART IS  
FULL OF RAINBOWS...

*Tori-Hermione 2016*

# Resources for Patients and Families

- National Center for Transgender Equality:  
<https://transequality.org/>
- Gender Spectrum: <https://www.genderspectrum.org/>
- TransYouth Family Allies: <http://www.imatyfa.org/>
- PFLAG: <https://www.pflag.org/>
- Family Acceptance Project:  
<https://familyproject.sfsu.edu/>
- Trevor Project: <https://www.thetrevorproject.org/>
- Trans Youth Equality Foundation:  
<http://www.transyouthequality.org/>

# Resources for Patients and Families

- Human Rights Campaign:  
<https://www.hrc.org/explore/topic/transgender-children-youth>
- HRC School Transition: <https://www.hrc.org/resources/schools-in-transition-a-guide-for-supporting-transgender-students-in-k-12-s>
- Children's Books: [https://assets2.hrc.org/welcoming-schools/documents/WS\\_Gender\\_Expansive\\_Transgender\\_Elementary\\_Students\\_Books.pdf](https://assets2.hrc.org/welcoming-schools/documents/WS_Gender_Expansive_Transgender_Elementary_Students_Books.pdf)
- Adolescent Reading List:  
<http://www.transyouthequality.org/suggested-reading-for-youths-12-18/>
- Books:
  - The Transgender Child: A Handbook for Families and Professionals by Stephanie Brill
  - Gender Born, Gender Made by Diane Ehrensaft

# Resources for Providers

- UCSF: <http://transhealth.ucsf.edu>
- WPATH: <https://www.wpath.org>
- Fenway Institute: <https://www.lgbtqiahealtheducation.org/>
- UNC Transhealth Program: <https://www.med.unc.edu/urology/transgender-health>
- Fighting Eating Disorders in Underrepresented Populations: A Trans+ & Intersex Collective: <https://fedupcollective.org/>

# Take Aways

- Gender diverse youth are at higher risk for disordered eating behaviors, but the presentation and characteristics differ from those observed in cisgender youth.
- Gender-affirming friends, family and providers can help reduce the risk for development of or persistence of disordered eating in GDY.
- While the eating disorder requires intervention, the management in GDY with eating disorder should include management of gender-related needs in conjunction with eating disorder management.

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