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

October 14, 2021

la-shell_johnson@med.unc.edu: Good afternoon, I would like to welcome you today to our next webinar in our series. A few things to note, participants will be muted upon entry and videos turned off.

la-shell_johnson@med.unc.edu: Second, for technical assistance we ask that you use the chat box. Third, you will receive an email in approximately three months requesting feedback and impact on today's presentation.

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la-shell_johnson@med.unc.edu: I will now go ahead and introduce today's presenter. Dr. Martha Perry is the Chief of the Adolescent Medicine section in the Division of General Pediatrics and Adolescent Medicine at the UNC School of Medicine.

la-shell_johnson@med.unc.edu: As a board certified Adolescent Medicine specialist she provides care for adolescents and young adults with complex medical and psychosocial needs.

la-shell_johnson@med.unc.edu: She completed pediatrics residency at Boston Children's Hospital and Adolescent Medicine Fellowship at UCSF. She has experience working in multiple clinical environments, including school-based health centers, community-based health centers, private practice, and most recently in the academic setting. Her research and teaching focuses on access to reproductive and sexual health, as well as assuring consent and confidentiality, particularly in marginalized youth.

la-shell_johnson@med.unc.edu: She joined UNC in 2017 to develop a clinical Adolescent Medicine program which now provides outpatient specialty care in Greensboro, Chapel Hill, Raleigh, and Sanford and in-patient consultation care at UNC Children's Hospital and UNC Rex Hospital. I'll now turn things over to today's presenter, Dr. Martha Perry.

Martha Perry: Thank you, sorry for that delay. I was having a little struggle with my mouse. I'm really excited to be here to talk about eating disorders in gender diverse youth.

Martha Perry: Our objectives today or to understand the prevalence and characteristics of eating disorders in gender diverse youth and to identify some of the risk and protective factors for development of eating disorders in gender diversity youth.

Martha Perry: We'll finish with developing a gender affirming approach to assessment and management of eating disorders and recommend some resources that families, providers, patients, and others can use to support gender diverse youth, who are struggling with disordered eating or eating disorders.

Martha Perry: First, I think it's really important to talk about terminology. Language is imperfect and there is no term or acronym that is inherently inclusive of all genders.

Martha Perry: When I refer to gender diverse youth, I'm referring to youth that recognize identities beyond the binary network. This includes individuals who identify as transgender, non-binary agender, third gender, metagender, genderqueer, and many more.

Martha Perry: The terminology is constantly changing, and so I typically let folks know that it's good to ask your patients what terminology they are using and to continually look at some of the resources that I'll share at the end of today's talk to identify the most current terminology.

Martha Perry: Just to review some of the basics, just in case we have audience that's not as familiar. First that cisgender refers to individuals sometimes, known as Cis, who are described as people who identifiy comfortably with the gender they were assigned at birth.

Martha Perry: Misgender refers to when language is used to identify someone that does not accurately reflect their gender identity, either intentionally or unintentionally. For individuals who are transgender, which are individuals whose gender identities don't match the gender they were assigned at birth, being mis-gendered can be quite painful and distressing.

Martha Perry: Gender binary refers to the system that allows for the existence of only two genders, man and woman. Binary refers to a person who identifies as either a woman or a man, and non-binary refers to a person who identifies as neither strictly man or woman.

Martha Perry: As we think about gender identity, it's important to put it in context of gender, sexuality, expression, and biology. Gender identity refers to an individual's sense of their own gender. So how they identify as a woman, a man as a trans woman, a trans man, as non-binary, or multiple other identities are what we can review as we go through today; and then sexual orientation, refers to those who refers to who you're attracted to.

Martha Perry: As you'll see, there's some terms that are commonly used listed, there continues to be a variety of terms that adolescents and individuals use to describe who they're attracted to, or how they identify in terms of sexuality, gender expression refers to the way that a person physically communicates their gender identity.

Martha Perry: Oftentimes people think of it as its demonstrated here in terms of a binary nature, meaning someone expresses themselves as either feminine or masculine. Clearly it's a spectrum, and individuals may identify as a trans male, and opt to express themselves with what some might consider more feminine based on gender stereotypes and societal norms. And then biologic sex refers to assign sex at birth, and this can be based on genitalia observed at birth or known either hormones or chromosomes.

Martha Perry: We're talking about eating disorders in gender diversity because it's one understudied, and there's not a lot of validated tools out there for assessment. However, what we do know is that there's a higher prevalence among individuals who identify as transgender or gender diverse compared to cisgender adolescents.

Martha Perry: And so, it’s really important to think about that the range that I'm showing here the 2% to 18% is probably an underestimate in that individuals often are marginalized who are gender diverse and may not be getting the care that they need or may not be asked specifically about eating disorders. Many individuals who are gender diverse are receiving care from programs that are not focused on primary care, or programs that are not focused on eating disorders, so may not be asked about eating disorders. And many individuals who are in eating disorder programs may not always be asked about gender identity. So this is why I hope to talk

about this today, and I'll highlight a few studies that demonstrate this higher prevalence among gender diverse youth.

Martha Perry: First, is a study that was done in 2013 in Massachusetts. This was an anonymous survey of a random sample of high school students. Over 2000 completed the survey and, as you can see when compared to cisgender males, transgender youth had higher odds of fasting for more than 24 hours, taking laxatives, using diet pills, and quite strikingly, non-prescription steroid use. This probably refers to difficulty with access to care, but really important to think about those odds of disordered eating behavior being quite striking and higher than in the cisgender males and definitely also higher than cisgender females, but more strikingly in cisgender males.

Martha Perry: Then there was a Canadian study looking at youth who presented for gender affirming care and assessed their degree of restrictive eating predominantly and then extrapolated based on the data that they collected, to determine that the risk among trans females for restrictive eating was about tenfold and the risk for trans males about 19 fold compared to cisgender comparison groups.

Martha Perry: So we know that there's a higher risk of disordered eating behavior either purching behavior, as I mentioned or restrictive eating behavior. But also really striking is that suicidality which is higher in gender diverse youth, is particularly high among individuals who had eating disorders, who are also gender diverse. So 74.8% in the American College Health Association National College Health Assessment, who identified as gender diverse, reported non-suicidal self –injury; 75.2% reported suicidal ideation, 74.8% reported suicide attempts.

Martha Perry: When looking at the odds of past year suicide attempts, cisgender, sorry transgender individuals were 25 times more likely than cisgender women with EDs to have attempted suicide and 21 times more likely than transgender people without eating disorders. So individuals with eating disorders, who identify as transgender or gender diverse, are at extremely high risk for mental health issues, particularly suicide.

Martha Perry: Understanding the intersection between gender dysphoria and eating disorders, is important. So gender dysphoria refers to that intense dissatisfaction due to mismatch between one's outer self and one's self-perception of gender.

Martha Perry: And an eating disorder, also refers to intense dissatisfaction arising from traditionally distorted perception of our preoccupation with body weight or shape.

Martha Perry: When thinking about gender dysphoria, we have DSM-V criteria for diagnosis and typically it's record, it's the criteria, must be present for at least six months, and there must be two of six criteria met. You can see these listed here. But essentially, gender dysphoria is marked incongruence between one's experience and express gender, and primary or secondary sex characteristics. It's a strong desire to be rid of one's secondary sex characteristics. It's a strong desire to for the secondary sex characteristics of the other gender, a strong desire to be the other gender, to be treated as the other gender, and a strong conviction that one's typical feelings and reactions are more aligned with the other gender.

Martha Perry: So what you see, then, is that there's this connection between gender dysphoria and eating disorders. There's a mismatch between that inner and outer self, that's associated with intense body dissatisfaction.

Martha Perry: However, what's really important is to recognize the root of the body dissatisfaction that's associated with gender dysphoria.

Martha Perry: And that's what we're going to spend a little bit more time focused on. What are the contributing factors related to an individual who identifies as gender diverse.

Martha Perry: Being at higher risk for an eating disorder, some of this, as I mentioned, is related to this intense dissatisfaction. So individuals may engage in disordered eating behavior, to decrease, or prevent development of the secondary sex characteristics that are incongruent with their gender identity.

Martha Perry: So individuals may start to see curves or start to see development of breast buds or even pubic hair that reminds them that their secondary sex characteristics don't match their identity. It's extremely distressing and restricting what they're eating or engaging in, some kind of disordered eating behavior may prevent development or further development of those secondary sex characteristics.

Martha Perry: There also unfortunately continues to be lack of access to gender affirming care. Some of this is geographical, some of this is financial. Some of our other factors, particularly related to family acceptance, which we'll talk more about later on. But this is it, this is another driving factor behind disordered eating, where there's not access to gender affirming care to hormone treatments, or other medications that may help with aligning one's physical appearance with their gender identity when those, when those resources are absent, individuals will resort to other behaviors to improve, to resolve their gender dysphoria and to improve the expression of gender that aligns with their gender identity. The other thing that just is worth mentioning is that even those who have gender forming care early on may have some body dissatisfaction as well. For individuals that present early, and who are brought by family members or caregivers to seek care for gender dysphoria, individuals may start a GnRH agonist, so this is a puberty blockers many of you probably know, and that helps prevent progression of puberty.

Martha Perry: Oftentimes it's started at the very beginning of individuals who are starting puberty say Tanner stage two. And it prevents further progression, allows them several years one to two years often, to continue to grow to some degree, but not have secondary sex characteristics develop until they're ready to engage in transition. Either they just continue the general agonist and progress according to their sex assigned at birth, or they opt to initiate gender affirming hormones, that would allow their gender identity to be aligned with their secondary sex characteristics that present with the addition of hormones.

Martha Perry: But in the process of getting to that point when they are undergoing pubertal suppression they're oftentimes not experiencing puberty development while the rest of their peers are. So they may be smaller, or they or they just may have fewer signs of secondary sex characteristics than their peers. And this is another contributing factor to developing disordered eating.

Martha Perry: What's important, though, to note is that individuals generally who seek care early and who experience GnRH agonists as part of their care, have an overall reduced risk of long term mental health issues. It's just important to be mindful and screening for eating disorder behaviors and individuals who are on puberty blockers.

Martha Perry: Of course, another really huge piece of what contributes to individuals with gender dysphoria or who are gender diverse developing eating disorders are those societal expectations, these are expectations, both in terms of body size and shape, as well as degree of masculinization or feminization.

Martha Perry: And you know, we are all bombarded unfortunately with images in the media that portray an ideal or portray something that is actually unachievable.

Martha Perry: Body image, for most adolescence is shaped by really two essential inputs: family, so another really important element of preventing eating disorders or helping with eating disorder management is the involvement of family and family acceptance in multiple different ways, but particularly when it comes to gender dysphoria. But also media exposure. So we know that adolescents spend about six to nine hours per day using media, mostly social media.

Martha Perry: These were numbers pre-pandemic, so I actually suspect that it went up during the pandemic. I'm hopeful that, as things improve that has decreased.

Martha Perry: We also know that social media provides a forum to seek out social acceptance and norms outside the family unit. This is a really important part of adolescent development, part of becoming an autonomous adult is gaining connection with a community outside of your own. Social media can sometimes be an ideal forum for that, especially for individuals who are gender diverse because they may not otherwise find connections locally in their community depending on where they are and, depending on what degree to which they're able to express their gender identity openly within their community.

Martha Perry: But there is a heavy influence of advertising celebrities and of course peers that have airbrushed and photo shopped their images. And this is what creates that unrealistic ideal that creates problems for adolescents of all genders, but particularly for adolescents who are gender diverse.

Martha Perry: And this is for several reasons, one is because there is an ideal image, the one right here advertised, I believe, maybe Victoria Secret advertise the perfect body.

Martha Perry: What kind of message does that send and then additionally men's products talking about being a real man or being ripped, or you know being manly in some way so some over feminization or over masculinization that occurs as part of advertising.

Martha Perry: Now, certainly this varies by age and sociocultural, racial perspective, but these images in advertising and social media often emphasize femininity or masculinity.

Martha Perry: Things that may be unachievable for individuals and also completely leaves out individuals who are non-binary.

Martha Perry: Often, the images are of individuals who are particularly men who are chiseled, or very muscular. My favorite is this commercial here for a yogurt and where it says, I'd rather go naked and get fat.

Martha Perry: So this is really concerning that there is the promotion of these unachievable characteristics and particularly going to impact individuals who are already struggling with that body dissatisfaction related to being transgender or gender diverse.

Martha Perry: Then of course there's the images that come up that come up of being only, being lovable, if you have that certain feminized body or celebrities that advertise certain body types and certain products that may be unattainable, both from a financial perspective, as well as again depending on sex assigned at birth. And certainly there is the ongoing over feminization from a variety of very popular teen, teen products such as Victoria Secret. Now the good news is that there has been some positive body image attempts in advertising, these are ads those underwear ads.

Martha Perry: But as you'll notice again, there's still this emphasis on femininity and masculinity. So, for individuals for whom that is more challenging to achieve more. For individuals who are non- binary that's really excluding them and or creating significant body dissatisfaction.

Martha Perry: So where are these images that transgender and gender diverse youth can look to?

Martha Perry: There is this excess of images that portray unattainable bodies, unfortunately, whether cisgender or transgender.

Martha Perry: In fact transgender celebrities, while it's important that we have individuals who are out and who are promoting support of gender identity, they have access to unlimited resources for surgical or cosmetic alterations. So many of these individuals who have been, as I mentioned very public and have promoted gender identity affirmation have access to resources and to photography and probably a little bit of photo brushing that creates images that oftentimes have unachievable outcomes for the majority of our population. And there is a, this is the Pride portrait series. And the reason I wanted to share it is, that it received lots of accolades and partly because it had non-binary individuals and trans individuals, however, as you'll see these are all individuals again, who are in smaller bodies, who again are very muscular and chiseled. So it, it creates concern about what kind of body image is being portrayed as the ideal body image.

Martha Perry: Then, when you start thinking about other photos that we see of individuals who are transgender or who are gender diverse.

Martha Perry: Oftentimes will see blurred photos or photos of just a symbol with blank backgrounds so somehow we're not we're not really seeing that, that body image that some of our viewers, who are gender diverse or transgender can look to.

Martha Perry: This leads to further marginalization and that actually leads me to the next, contributing factor when it comes to eating disorders, is just that the stress created by being a gender minority youth.

Martha Perry: Listening to folks debate whether or not you're allowed to participate as 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.

Martha Perry: That oftentimes then results in individuals developing quote unquote coping strategies, many of which may not be healthy coping strategies, such as disordered eating.

Martha Perry: To highlight some of the stress experienced by individuals, based on their gender minority status 30% of youth in the 2012 Human Rights campaign survey reported definitely not fitting in, 40% had been excluded, harassed, and bullied, only 30% reported peer acceptance at

school, and only 27% reported having very accepting families. So less than a third of gender expansive youth in 2012 reported being very accepted by their families. The most important factor with long term mental health for gender diverse youth and certainly related to disordered eating.

Martha Perry: So that, that's where we then start talking about the, this gender minority stress that's experienced whether its stigma, bullying, safety, so many individuals have to resort to particular have a lot of stress related to safety. They can't use the bathrooms at their schools or in public, that may result in not eating or drinking, in order to forego having to go to the bathroom, and certainly family stress. These all fit in that framework of the minority stress theory that basically chronic experiences of stigma, discrimination, and victimization, associated with being gender minority, create the stressors that, that negatively impact behavioral and physical health ultimately leading to development of, as I mentioned quote unquote coping behaviors.

Martha Perry: Many of you may know, The Fenway Institute, which has been a leader in advancing excellence in transgender health, and I think they do a very effective job of kind of outlining the equation that adds up to development of eating disorders in individuals who are gender diverse.

Martha Perry: Gender dysphoria causes a significant amount of body dissatisfaction, whether it's related to secondary sex characteristics that are particular body parts or, more generally, related to body shape or related to societal norms, or stereotypes associated with gender identity. Then, then you add in, as mentioned, the gender minority stressors such as stigma, family rejection, peer rejection, bullying, and you are a setup unfortunately for an eating disorder.

Martha Perry: So that's where I want to switch to the approach to treatment. That's where we need to think about an equation that includes gender affirming interventions with trauma, informed eating disorder treatment. So that we achieve recovery for our individuals who are affected by eating disorders and who identify as gender diverse.

Martha Perry: This is achieved in a variety of different ways, but, including creating a gender affirming care environment for all of your patients. It starts with signage, starts with forms that are not gender specific.

Martha Perry: Forms should have parents, as opposed to mother, father or forms should allow for individuals to put in their chosen name, to indicate what their legal name is however, what their chosen name is. Ability to communicate confidentially, so the individuals can share what their gender identity is.

Martha Perry: Ensuring that documentation protects that confidentiality becomes really important. Making sure that patients, staff, and family are aware of the consent laws, and probably one of the most important things is staff training.

Martha Perry: One of the things that I think happens, is that medical providers will advertise themselves or view themselves as gender affirming providers. But a big part of the experience for patients in the medical setting and in the health professional setting in general, is with front desk clinical staff, lab technicians, interpreters, multiple others that are involved in pair that of our in our very complex healthcare system. And, unfortunately, about a third of individuals report having experienced stigma, discrimination in the healthcare setting and 50% of adolescents reported having to teach their health care providers about gender identity.

Martha Perry: So this is where it becomes really important to make it part of the routine. Don't assume, ask every patient if you're wanting to learn how to ask these questions, if you haven't been asking them.

Martha Perry: It's simple, starting with, I ask everyone these questions. I want you to know this is a safe space to talk, what is your gender identity, what pronouns do you use?

Martha Perry: Sometimes I get blank looks from adolescence it which times I say, well, my gender identity is female and my pronouns are she/hers, what are yours?

Martha Perry: Certainly, we want to make sure adolescents have that alone time. Because parents oftentimes want to know what's going on with their kids, and at the same time adolescents actually need that separation, it's part of their developmental process.

Martha Perry: So being careful and cautious about having that alone time, making sure that forms are completed privately by the patient, become really important, giving them an opportunity to indicate somewhere what their gender identity is without assuming that the family is aware.

Martha Perry: As I mentioned, family acceptance is critical in the future well-being of individuals who identify as actually LGBTQ, but particularly for individuals who are gender diverse and particularly when thinking about eating disorders, either in treating the eating disorder individuals who are gender diverse or in preventing them. So, making sure that patients have an opportunity to talk one on one about their experience with their family is really important. Clarifying whether they're out to their family or friends becomes the first step and then asking how you would like them to be referred to when the parent is in the room, if they're not out.

Martha Perry: Making sure that you know how they need to be documented in the charts, and letting them know I'd be happy to talk about resources and support for you if you're interested. Letting them know that you're there to support them in and of itself can be an intervention that can make a difference in terms of their future overall health and well-being.

Martha Perry: One of the things that becomes really important as a health care provider is ensuring that that family acceptance is addressed as early as possible. And this is where I like to talk a little bit about the family acceptance study, just recently that was published and that's where parents and adolescents were interviewed related to perceptions of actions that demonstrated support of their gender identity.

Martha Perry: And what was really interesting is that parents felt like the way that they could show support was getting resources for their adolescent.

Martha Perry: That would allow them to learn more about their gender identity get support related to their gender identity. Perhaps get hormones, getting them that appointment and getting them those services was viewed by parents as the most important thing that they needed to do when that they thought that their teenager would want them to do. Interestingly adolescents reported, the most important thing was parents using appropriate pronouns.

Martha Perry: And this is where I will say that I find it really interesting where parents will sometimes use the appropriate pronouns when the adolescent is present, but revert back to

pronouns that the adolescent no longer users, when the adolescent is not present. I actually see health care providers and other care team providers doing this and this sets us up for mis-gendering either out of disrespect to the individual. But also the possibility that they could overhear us and that's extremely invalidating to know that when you're in person, referring to them with appropriate pronouns, but when they're not around them, you refer to them differently. If an adolescent were to observe that, that would be even more invalidating than not using the pronouns at all.

Martha Perry: The role of the primary care provider when managing eating disorders in individuals who are gender diverse is really critical.

Martha Perry: First it's really important to talk about what that that you recognize what are and explore what may be driving disordered eating behavior.

Martha Perry: So, recognize that the disordered eating behavior may be rooted in wanting to prevent or decrease secondary sex characteristics, or to change body size or shape in a way that's less curvy or potentially more muscular or bigger or smaller or, in some way trying to match a gender norm, or a gender stereotype based on their gender identity. A really important thing also is to prevent gate keeping of gender needs. I hear very often as a provider parents saying, I think they need to fix their mental health, before we start working on the gender issues, or other providers saying, we want them to get treated for their eating disorder and then we can manage the gender issues. These things need to be managed together simultaneously, not mutually exclusive. And that's where it becomes really hard, we really need gender affirming, multi-disciplinary teams a therapist that's gender affirming as well as understands disordered eating.

Martha Perry: A dietitian similarly who is going to be gender affirming, and who will be able to provide nutritional guidance, and understand some of the limitations that an individual feels or experiences, when asked to gain weight, or when asked to have return of certain functions that they've been trying to avoid because of how psychologically distressing it is based on their gender identity.

Martha Perry: And the other thing that a primary care provider can be highly effective in doing is engaging family in acceptance of that combined approach to treatment.

Martha Perry: Really, informing the family that what's most important is that we're gender affirming to your child, as well as helping them recover from this eating disorder we can't do one without the other, we've got to do them together.

Martha Perry: To help families get to a point where they can provide more acceptance it's really important to practice validation of both the adolescent's needs, as well as the parent's challenges with meeting those needs.

Martha Perry: Parents are often confused, mourning what they see as a loss of a child.

Martha Perry: Either because of the symptoms and behaviors they observed from the eating disorder, or oftentimes because of an image they had of their child related to gender that's no longer present, and giving individual's space to mourn than that loss is really important.

Martha Perry: but also giving adolescent's space to talk about their needs and to validate and acknowledge that you're working towards those becomes very important.

Martha Perry: This is why, providing an opportunity to talk to the adolescent and parents separately, is extremely important. Parents need to ask questions that sometimes adolescents will hear is invalidating or will hear in a way that makes their recovery more difficult. So parents need that opportunity to ask those questions, to ask things like, "Are hormones reversible for an adolescent?" that's very invalidating. It's saying you don't believe that my gender identity is my true identity, but parents need to understand that to move forward. And so, giving them that space to ask those questions becomes very important.

Martha Perry: And then, sharing the evidence with parents about outcomes when adolescents are not supported is probably one of the most important things. We know that parents supporting their child's gender identity is essential for their long term mental health, both in terms of risk of suicide, but also in terms of eating disorder recovery.

Martha Perry: When we know that eating disorder individuals who are gender diverse have eating disorders are at higher risk of suicide it's really important to highlight for parents how concerned we are about their child's safety.

Martha Perry: The other thing that we can do is really assess programs or other providers, for their gender friendliness.

Martha Perry: Asking what you do to be gender inclusive or giving families this list of questions to ask if they're seeking out providers on their own.

Martha Perry: What is your experience working with transgender or gender diverse patients? What kind of training, have you or your staff received? What's your clinical approach to providing eating disorder care for gender diverse youth?

Martha Perry: Again, as I mentioned, we often come across individuals who treat gender diversity and provide gender affirming care that may have very little experience with eating disorder care and vice versa. Individuals who are extremely experienced with eating disorder care, and have very little knowledge or experience with gender affirming care.

Martha Perry: Has the program worked with trans patients before and, if not would they be open to a consultation from a gender affirming trainer? And that's where oftentimes, we're able to help expand access for our patients. By sharing again at the end of this slideshow, but sharing resources that they can access to learn more about being a gender affirming provider.

Martha Perry: And then, one of the things that's really important, especially for inpatient treatment programs for individuals who are gender diverse is do they consider the patients, but do they place the patients and put the patients in rooms, for example, based on sex assigned at birth or affirmed gender and what up what about non-binary patients, how do they manage patients who identify as non-binary.

Martha Perry: This is also where it's important to ask about bathrooms, important to ask about medication experience. I've had several patients who have been hospitalized for suicidality who also were on gender affirming hormones and encountered mental health facilities, where there wasn't anyone there that felt comfortable administering injectable hormones.

Martha Perry: So being sure if you're referring a patient to a program, an inpatient program, for example, for eating disorders, that if they are on injectable hormones are those are going to be started that there's someone there that can support them in doing that.

Martha Perry: What resources do you access when your patients need changes or adjustments to their hormone regimen? Again, going back to if they're in a program, inpatient or outpatient. How are they going to get support? How are they going to get gender affirming support?

Martha Perry: How will the program engage non-traditional primary supports for patients with limited parents support? This came up recently with a patient of mine that was admitted for suicidality, who had their phone taken away. Their sole support of their gender identity comes from several close friends, and they had not been able to notify their friends of where they were or that they were going to be in the hospital for a while. And finding a way to allow them with supervision and with caution and being careful, but to notify their support network, where they are, and when they might be coming home becomes really important and needs to be recognized in the setting when there's limited parent support.

Martha Perry: And then, what practices do you put in place to ensure that the staff uses the patient's correct pronouns and names.

Martha Perry: One thing again, as I mentioned, is making sure that conversations that you're having in case, review opportunities that come up that the correct pronouns are consistently being used.

Martha Perry: When it comes to treatment goals, this is where people sometimes struggle. Because, oftentimes the goal with management of eating disorders is body acceptance or body satisfaction.

Martha Perry: Learning to love your body, and that is going to be probably impossible or pretty unrealistic for individuals experiencing gender dysphoria, or individuals whose identity is not aligned with their sex assigned at birth. So, this is where the concept of body neutrality becomes really important.

Martha Perry: This is where we, we, really view the body as a vehicle for living and doing. It needs to be nurtured with adequate food, water, rest and care.

Martha Perry: The body is a vehicle to get you to the next step, it might be a vehicle to get you to starting hormone treatments, but it has to be you have to be able to get there, and that means that it has to be nurtured in order to get you there.

Martha Perry: The other thing that becomes really important is making sure that we're not using growth charts or at least sex assigned growth charts as a guide for determining what successful treatment is.

Martha Perry: We really want the guide to be focused on intuitive eating, where an individual instead of focusing on a specific weight or BMI. The goal is that they be able to eat intuitively, and free of disordered eating behaviors and exercise in enjoyable ways. And whatever they weigh when that happens, is whenever is the weight is their healthy weight.

Martha Perry: And also focusing on signs and symptoms of that the eating disorder, may be resolving. So that might be resolution of cold intolerance, or improvement in, or decrease in hair loss, or skin changes, an improvement in mood and focus, and sleep, and energy. So really looking at how they're feeling physically, how they're feeling emotionally, and using those as a guide to knowing that you've achieved recovery, or that you're getting closer to recovery when it comes to the eating disorder management. One of the big things that we use for individuals who are assigned female at birth, meaning they were identified as female when they were born, is return of menses as a sign of nutrition repletion.

Martha Perry: For individuals who identify as transgender or non-binary, who were assigned female birth, return of menses could be extremely distressing and may be part of what's driving the eating disorder, i.e., preventing that.

Martha Perry: So, looking at means to help prevent return of menses while also promoting healthy eating, and healthy behaviors, will really help that individual engage in eating disorder treatment.

Martha Perry: Simultaneously, while we're aiming for intuitive eating and a reduction in physical symptoms that are associated with disordered eating, it's important to think about what kind of things we're going to do to support them from a gender care perspective.

Martha Perry: In terms of their age, a GNHR agonist, as I mentioned before, which is blocking puberty essentially. It can be administered by injection or administered as an implant. It really depends on where they are in terms of age and pubertal stage, but this can be really important in terms of putting a pause on puberty and allowing them to make it through a few more years without the distress of developing secondary sex characteristics and then be able to either initiate gender forming hormones to go through puberty that aligns with their gender identity, or occasionally they up to do some combination, in terms of stopping GnRH and going through puberty related to their sex assigned at birth.

Martha Perry: There are a few potential starting points to think about and GnRH is one and that you can put a pause on puberty, so they know that you're consciously looking at that. Let's just stop puberty for now, let's focus on your health, and let's not have you worry about what's happening in terms of breast development, or in terms of other physical changes that are associated with either masculinization or feminization.

Martha Perry: So other potential starting points are things like Spironolactone which is an androgen blocker that helps for individuals who are wanting to remove hair and have slower regrowth, or less male pattern hair growth or something like menstrual depression. As I mentioned earlier, talking about ways to prevent periods from occurring. There's a variety of different ways we can do this through long acting reversible contraceptives like an IUD or a nexplanon or oral medications such as norethindrone acetate or Depo Provera in the form of injection.

Martha Perry: So lots of different options and important to think about where everyone's ready to start, but really when you start talking about that, there are things that can be done to affirm gender. While they're recovering from their eating disorder can be significantly beneficial in terms of helping both areas of need progress.

Martha Perry: One thing that sometimes comes up with Spironolactone as a concern around electrolyte abnormalities. And there's actually been a fair amount of studies looking at patients who benefit from taking Spironolactone without significant electrolyte abnormalities. If someone has those to start, or has significant purging, sometimes those individuals

need/require a little bit more monitoring. But, if individuals don't have a history of purging and don't have a history of electrolyte abnormalities, they don't need any monitoring.

Martha Perry: The other thing that becomes really important is talking about whether testosterone, or estrogen, or surgical procedures, are things that an individual that you're seeing who is gender diverse, is interested in.

Martha Perry: So, what I typically will say to patients is that I am grateful to be on this journey with you. Tell me what you want this journey to look like, or tell me what you need this journey to look like. What kinds of things are you thinking about are in your future?

Martha Perry: And that gives them an opening, a very kind of open ended way to talk about hormone therapy or to talk about surgery. It doesn't mean we're going to do surgery tomorrow or hormones tomorrow, but it allows us to start having the conversation. So we better understand what their endpoint might be, or what direction they're headed.

Martha Perry: There is no minimum or maximum weight to start testosterone or estrogen, so it is something that can be started when someone is significantly impacted by an eating disorder from a medical standpoint, and oftentimes is helpful in improving the disordered eating behaviors and then, hence, improving the medical stabilization. Certainly surgical procedures, in particular, there is some degree of medical stability and nutrition that's needed. And that's a great motivator, and that's a really important conversation to have that we want it, we want to accomplish these things as soon as we can and we have to make sure that we know that you're going to have adequate recovery, that your, that your skin and soft tissues are going to recover from surgery without complications and without scarring and part of ensuring that, that will happen is adequate nutrition. And so that can be a really important time to reinforce the importance of nutrition, while also validating the long term goal that may include a surgical procedure.

Martha Perry: The other thing to think about are all the other interventions that can occur, such as social transition.

Martha Perry: So encouraging families to allow them to try out their chosen name pronouns, clothing, hairstyles, other things in certain environments, if they're not ready to try them out in all environments.

Martha Perry: Thinking about other things such as hair removal, breast binding, genital tucking, or prostheses, padding for hips or buttocks so thinking about ways in which we can help with achieving gender expression that would decrease the need for disordered eating to get those results.

Martha Perry: Changing a name and gender marker on identity documents are also really important, and all of these really help with validating gender in a way that allows that person to let go of some of the disordered eating behavior which in some ways, may be related to locus of control, as well as to try to accomplish these things at the expense of their health, when there's other options that can help them accomplish it without a significant cost to their health.

Martha Perry: Also, ensuring that we're thinking about communication with schools, peers, extended family, helping guide families and parents with doing that, as well as even offering to do it, to some degree yourself. Again, there's resources at the end of this presentation that provide information for how to engage with schools or what kind of language to use with extended family.

Martha Perry: One of the good things is that there are positive role models, who are increasingly sharing their stories of disordered eating and body acceptance here's a list of social media individuals who are prominent who are positive or body neutral, who are gender diverse who can be role models for some of our patients as they work towards recovery themselves. And I want to close with re-emphasizing this concept of body positivity versus body neutrality and thinking about again, the idea that you can love your legs, because they help you run.

Martha Perry: And then it doesn't have to be about cellulite or beauty that bodies are not necessarily about display, but more about how we use them.

Martha Perry: And there are gender inclusive images of beauty, which are increasingly present and images that we want to encourage our patients to see, and that we want to continue to endorse and support.

Martha Perry: To close, I think you know really important to remember that individuals who are trans will express that they might not be your idea of normal, but instead of the dark clouds you hold so dear my heart is full of rainbows.

Martha Perry: So all that we can do to support our patients in in their journey, both in recovering from their eating disorder, while also simultaneously being gender affirming can really make the difference between their frankly survival and you as providers can do a lot to ensure that that happens.

Martha Perry: As I mentioned, I have a fair number of resources that are in the slides that can provide additional information for you, training for you and your staff, information for patients and families. Certainly books to read as well, both children's books, as well as books for parents, adolescent reading lists.

Martha Perry: Additionally, resources for providers, that USCF trans health website provides guidance for gender affirming care. It's very straightforward and, and relatively easy to follow. And, I really encourage individuals to consider providing it as part of the other care that they do so that individuals who are gender diverse can get the care they need in one place, and not experienced further marginalization.

Martha Perry: So, in summary, gender diverse youth, as we mentioned are at high risk for disordered eating behaviors and present potentially differently or with different routes of the disordered eating behavior.

Martha Perry: In gender affirming friends, family, and providers, can help reduce the risk of development of the disordered eating, as well as support recovery.

Martha Perry: And while the eating disorder certainly requires intervention and what's equally and perhaps even more important is ensuring that this occurs with gender related needs also being met.

Martha Perry: Thank you everyone for your time. I wanted to make sure we have a few minutes left for questions.

Martha Perry: So, I'll pause and see if there are questions and or comments. And one, there are, there are aspects that, that I didn't cover. There are certain eating disorders that may be more prominent in certain populations, for example in neuro-divergent youth, who are gender diverse, we see a lot more ARFID. There's a lot more we could talk about, but I welcome questions and hope we can get to answering most of those.

la-shell_johnson@med.unc.edu: Thank you so much for the presentation today Dr. Perry. We will open up for question and answer. If you'd like to post your questions in the Q and A box, I will go ahead and address those.

la-shell_johnson@med.unc.edu: As a note, we will be sending slides from today's presentation immediately after the webinar and include a link to an evaluation that we'd like for you to complete. For any questions you can go ahead and drop those in the Q & A box and we can go ahead and get those addressed.

la-shell_johnson@med.unc.edu: Okay, the first question reads, “Could you please elaborate on the relationship between GnRH and eating disorders, did I understand correctly that GnRH potentially causes eating disorders?”

Martha Perry: So yeah, thank you for that question. So there's really two important points related to GnHR agonist. First, they do not cause eating disorders, but we need to have heightened awareness that individuals who have who are on GnRH agonists may have or may not be going through puberty changes when their peers are. And, this can sometimes results in disordered eating behavior for a variety of reasons, similar to what we see in cisgender youth who have puberty too early or too late, as well.

Martha Perry: And, so we just need to be mindful of that and monitoring for that when we look overall at the long term impact of using GnRH agonists and intervening when we're able to do that, the benefit far outweighs any risk of disordered eating. So generally, we will see long term fewer mental health outcomes that would be concerning including eating disorders.

la-shell_johnson@med.unc.edu: Thank you so much, Dr. Perry The next question reads, “What is the best way to include non-binary individuals in body positivity campaign?”

Martha Perry: Well, I think that again that's where I try to really focus on body neutrality and less on body positivity and thinking about like our bodies are a vehicle for living. And, that in some people will look at that as body positivity as well, but thinking about our bodies as a means to an end as a means to doing the things that we love to do. Whether it's attending concerts, or going to school, or being an artist, or being an athlete that it all boils down to making sure that we have a body that's able to function and do that. That the, that our internal organs and our, our, bones and muscles are healthy enough to be able to support all the kinds of activities that we do.

Martha Perry: I think we are seeing an increase in non-binary individuals more publicly from an image perspective. The concern that, that, I've had and others have had is that sometimes the individuals that are our most popularly portrayed, are portrayed in smaller bodies. And considering that some individuals may need to restrict in order to achieve that body. And so, rather than focusing on images of others to achieve and that really we want to focus more on how we use our bodies to accomplish in life, what we want to accomplish, or to enjoy in life what we want to enjoy. That doesn't completely get rid of, or undo body on gender dysphoria, so I don't want to at all sound like I'm saying that that's a solution. It's actually more of a temporary bridge to getting towards gender affirming care that allows more expression and treatment that's consistent with our body image, I mean our gender identity. I don't know if I completely answered your question, but please let me know if I can further clarify.

la-shell_johnson@med.unc.edu: Thank you once again, Dr. Perry. The next question asks, “Do you recommend utilizing the NIAS screening tool for ARFID in GDY? I work with young adults on college campus as an RDN.

Martha Perry: That is a good question, I don't know that I would recommend it as a screening tool, but in individuals who present with disordered eating, it can be a helpful tool. Um the thing that's important to know, that least as far as this topic that there haven't been any screening tools that were what were validated in really diverse population, not just gender diverse. But in diverse populations so many of the tools that we use regularly, are tools that have been validated in predominantly white cisgender populations, so that needs some work. That being said, I think if you're cautious and careful about how you're using the tools and recognizing some of those limitations, they can be very helpful.

la-shell_johnson@med.unc.edu: Thank you once again, Dr. Perry. And we'll address our last question, which is, “You mentioned that physical health stability could be stated to youth wanting surgical procedures, is mental health also emphasized? How can a mental health agency become more gender affirming to support gender diverse adolescents?”

Martha Perry: Yeah that's a tough one. So, so absolutely for surgeons to get approval for surgery typically there's a requirement to have one, or often two mental health providers write a letter seeking that surgery is indicated. Most of the time, those letters are looking at the risks of not doing the surgery, meaning that this individual’s mental health will worsen if we do not do this surgery.

Martha Perry: I think that's the general focus that surgeons want to know that an individual meets criteria for gender dysphoria to qualify for surgery. Interestingly, not everybody that is transgender has gender dysphoria. They still may want surgery, so we sometimes get into tight spots with that but, but I think that the focus is often in using gender affirming care to improve mental health but also recognizing that there are a variety of additional mental health support services, DBT particularly has some methods with gender diverse use that can be beneficial.

Martha Perry: Because of that, I am a medical provider and not a mental health provider. This is probably a little bit beyond my scope, but something I'd be happy if we have your contact information, I'd be happy to share some resources with you that I am aware of that, I think, could help with that. And there's some really good things out there and more coming.

la-shell_johnson@med.unc.edu: Thank you so much, Dr. Perry. And, I would like to thank all of you once again for joining today. We truly appreciate it, we'll make sure that you do receive today's presentation after the webinar has ended, along with any additional references. Dr. Perry, if you also have additional information that you like to share, we can be sure to get that out to everyone within a week.

Martha Perry: Thank you so much, and thanks everyone for being a part of this today and for being committed to care, particularly of transgender youth, because we need more providers who are interested and can do it so. I wish everyone good luck and please reach out if we can help and support you in that work.

la-shell_johnson@med.unc.edu: Definitely. Thank you all, and the presentation will be available on our website within one week from today, for others that you'd like to share today's presentation with. Thank you, goodbye.