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OPINION | COMMENTARY

The Truth About 'Puberty Blockers'

The FDA hasn't approved them for gender dysphoria, and their effects are serious and permanent.

By Gerald Posner

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The fashion for transgenderism has brought with it a new euphemism: “gender-affirming care,” which means surgical and pharmacological interventions designed to make the body look and feel more like that of the opposite sex. Gender-affirming care for children involves the use of “puberty blockers”: one of five powerful synthetic drugs that block the natural production of sex hormones.

The Food and Drug Administration has approved those medications to treat prostate cancer, endometriosis, certain types of infertility and a rare childhood disease caused by a genetic mutation. But it has never approved them for gender dysphoria, the clinical term for the belief that one's body is the wrong sex.

Thus the drugs, led by AbbVie's Lupron, are prescribed to minors “off label.” (They are also used off-label for chemical castration of repeat sex offenders.) Off-label dispensing is legal; some half of all prescriptions in the U.S. are for off-label uses. But off-label use circumvents

the FDA's authority to examine drug safety and efficacy, especially when the patients are children. Some U.S. states have eliminated the need for parental consent for teens as young as 15 to start puberty blockers.

Proponents of puberty blockers contend there is little downside. The Department of Health and Human Services claims puberty blockers are "reversible." It omits the evidence that "by impeding the usual process of sexual orientation and gender identity development," these drugs "effectively 'lock in' children and young people to a treatment pathway," according to a report by Britain's National Health Service, which cites studies finding that 96% to 98% of minors prescribed puberty blockers proceed to cross-sex hormones.

Gender advocates also falsely contend that puberty blockers for children and teens have been "used safely since the late 1980s," as a recent Scientific American article put it. That ignores substantial evidence of harmful long-term side effects.

The Center for Investigative Reporting revealed in 2017 that the FDA had received more than 10,000 adverse event reports from women who were given Lupron off-label as children to help them grow taller. They reported thinning and brittle bones, teeth that shed enamel or cracked, degenerative spinal disks, painful joints, radical mood swings, seizures, migraines and suicidal thoughts. Some developed fibromyalgia. There were reports of fertility problems and cognitive issues.

The FDA in 2016 ordered AbbVie to add a warning that children on Lupron might develop new or intensified psychiatric problems. Transgender children are at least three times as likely as the general population to have anxiety, depression and neurodevelopmental disorders. Last year, the FDA added another warning for children about the risk of brain swelling and vision loss.

The lack of research demonstrating that benefits outweigh the risks has resulted in some noteworthy pushback in the U.S. and abroad. Republican legislatures in a dozen states have curtailed or banned gender-affirming care for minors. Finland, citing concerns about side effects, in 2020 cut back puberty blockers and cross-sex hormones to minors. Sweden followed suit in 2022 and Norway this year. Britain's National Health Service shuttered the country's largest youth gender clinic after 35 clinicians resigned over three years, complaining they were pressured to overdiagnose gay, mentally ill, and autistic teens and prescribe medications that made their conditions worse.

Still, the U.S. and most European countries embrace a standard of care that pushes youngsters toward “gender-affirming” treatments. It circumvents “watchful waiting” and talk therapy and diagnoses many children as gender dysphoric when they may simply be going through a phase.

Gender-affirming care for children is undoubtedly a flashpoint in America’s culture wars. It is also a human experiment on children and teens, the most vulnerable patients. Ignoring the long-term dangers posed by unrestricted off-label dispensing of powerful puberty blockers and cross-sex hormones, combined with the large overdiagnosis of minors as gender dysphoric, borders on child abuse.

Mr. Posner is author of “Pharma: Greed, Lies and the Poisoning of America.”

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