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Gender Affirming Surgery and Pain in Adolescents: Teen and Parent Experiences

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Background: Adolescents seeking gender affirming medical care face unique biopsychosocial challenges, including experiences of discrimination and stigma. Transgender and gender diverse (TGD) adolescents often undergo gender affirming surgery (GAS). While there is an increase in GAS for TGD adolescents in the U.S., little is known about the pain experiences in the post-surgical period among these youth. There have been no studies to our knowledge that examine the psychological functioning of parents and their ability to handle their child's distress, which may be affected by their child's post-GAS pain experiences. Parental responses to their children's pain and distress may, in turn, influence their child's pain experience during the recovery period. This study aims to 1) describe TGD surgeries, pain experiences, and psychological functioning in the first month post-GAS, and 2) explore associations between parental functioning and responses to their child's pain.

Methods: Adolescents (ages 14-19; Mage=16.9 years) undergoing GAS (n=29) and their parents (Mage=51.1 years) were selected from an ongoing longitudinal dyadic study of adolescents receiving opioid prescriptions for acute pain management. Dyads were recruited $\leq$ 72 hours after GAS to participate in an ongoing study about pain experiences and pain management after receiving an opioid for an acute pain condition. Dyads reported on general psychological functioning (National Institutes of Health PROMIS measures), pain-specific measures (Pain Catastrophizing Scale), and ability to tolerate distress (Distress Tolerance Scale).

Results: Adolescents reported gender identity as trans woman/feminine (3.4%), trans man/masculine (86.2%), and nonbinary/gender diverse (10.3%). Most were undergoing top surgery procedures (89.7%). Adolescents reported moderate past 7-day pain intensity (0-10 NRS; M=2.55, SD=1.74), and 72.4% endorsed experiencing pain at least once a week in the past 30 days. PROMIS pain interference T scores ranged from 36-74 (M=56.7). Clinically elevated (T $\geq$60) PROMIS anxiety, depression, and fatigue were reported in 34.5%, 41.4%, and 51.7% of teens, respectively. 41.4% of parents reported elevated fatigue levels, 10.7% depression, and 13.8% anxiety.

Nonparametric correlations revealed parent pain catastrophizing was associated with catastrophizing about child pain (r_s = 0.45; p=0.01), parent fatigue (r_s=0.46; p=0.01), parent distress regulation (r_s = -0.44; p=016), parent depression (r_s = 0.57; p=0.001), and parent pain interference (r_s = 0.53; p=0.003). Depression was also associated with distress tolerance (r_s = -0.41; p=0.029). Catastrophizing about their child's pain was associated with both distress tolerance and regulation subscales about their child's distress (r_s = -0.48; p=0.009; r_s = -0.64; p<0.001), fatigue (r_s = 0.55; p=0.002) and anxiety (r_s = 0.41; p=0.031).

Conclusions: TGD adolescents report elevated levels of anxiety, depression, and fatigue during the post-surgical period. Parents of TGD adolescents report elevated fatigue symptoms that may affect responses to their own pain and their children's pain experiences. A relatively small proportion of parents reported elevated depression, anxiety, and pain catastrophizing, which can influence child pain outcomes. More dyadic research should be done to specifically target post-surgical pain experiences of TGD adolescents

to better understand their pain and functioning, as well as the impact parental functioning may have on outcomes within this population.

Questions

1) What percent of teens in this sample displayed clinically elevated PROMIS depression levels?

a. 34.5%

b. 41.4%

c. 51.7%

2) What was the window in which dyads were recruited for the ongoing study about pain experiences and pain management after receiving an opioid for an acute pain condition?

a. $\leq$ 36 hours

b. One week

c. $\leq$ 72 hours