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Editorial

Sexual and Gender Diversity in Pediatric Neurology: Why We Care

Sexual and gender diversity (SGD)—an inclusive term describing people who identify outside of heteronormative binary concepts of gender and sexuality—directly affects us in the pediatric neurology clinic. SGD identity can impact various neurological conditions, including headache, epilepsy, and functional neurological disorders, all of which have been observed at higher rates in the SGD community.^{1–4} Gender-affirming hormone therapy can interact with medications commonly used to treat neurological conditions^{1,5,6} and may increase the risk for idiopathic intracranial hypertension⁷ and stroke.⁸ Also known as sexual and gender minority stressors, anti-SGD discrimination, bias, and stigma may even affect pediatric neurodevelopment.⁹

More children are now openly identifying as members of the SGD community. Nearly 21% of Generation Z self-identify as SGD and 2% self-identify as transgender.¹⁰ Therefore, pediatric neurologists soon will be tasked with navigating diversity of gender, sex, and sexual orientation in clinical practice. We believe pediatric neurologists can become reliable allies to SGD people and help to educate themselves and others on the unique neurological needs of young SGD people.

Our collective goal as neurologists must be the optimal health of our patients, trainees, and research participants. Studies clearly demonstrate the psychological harm nonaffirming environments have on SGD people, particularly those who are transgender and nonbinary.^{11,12} We must do better to create a welcoming and affirming environment for our SGD patients, SGD caregivers, and our SGD colleagues.

Unfortunately, there has been limited funding and opportunity dedicated to training neurologists on the health needs of SGD people.¹³ To provide quality, comprehensive care, pediatric neurologists must collectively work to educate themselves and to create environments supporting patients, families, and colleagues who are members of the SGD community. Clinicians may demonstrate allyship with their SGD patients and colleagues through respectful communication, by creating affirming health care environments, and by advocating for SGD people's health care rights.^{14,15}

Pediatric neurologists must adeptly navigate SGD identity and health disparities to develop a therapeutic allyship with their patients and combat their own implicit biases. It will be essential to maintain a therapeutic alliance with caregivers, who may or may not support the patient in their developing identity. Some patients may avoid or delay health care due to previous exposure to nonaffirming provider interactions and health care environments.^{14,15} Additional barriers to health care can result in complications of non-medically-supervised gender affirmation.¹⁶ Increasing

accessibility to affirming and affordable care will be important to ensure the neurological health of SGD youth.

Pediatric neurologists are poised to significantly improve the well-being of SGD youth with lifesaving interventions as simple as using their patients' chosen name.¹¹ In addition, we can improve the health of our neurological patients by creating a welcoming space in our clinics, using inclusive language, asking for and using a person's pronouns, providing our pronouns, referring to a patient's body parts by terms to which they consent, advocating against harmful policies that criminalize our patients' health care and safety, and including SGD participants in our research studies.¹⁷

Promoting inclusive and affirming pathway programs for talented trainees to enter the profession is also essential. Increasing paid diversity expertise and visible SGD representation within neurology is critical to our future success in recruitment efforts. Reducing disparities in pay, hiring, and promotion processes,^{18–20} and explicitly addressing intersectionality, will help attract SGD trainees of color, representing up to 42% of the SGD community.²¹ The urgency of addressing these employment concerns has been amplified by the coronavirus disease 2019 pandemic²² and recent increases in anti-SGD legislation.^{23,24}

The current legislative climate threatens to criminalize evidence-based gender-affirming health care for transgender youth and ban discussions of SGD identity in schools.^{23,24} Like other chronic stressors, sexual and gender minority stress can affect mental and physical health and impacts SGD people with multiple axes of oppression the most,⁹ such as transgender people of color.

We call on our colleagues to join us in writing our local and state government representatives to advocate against anti-SGD laws and policies. Given the current legislative climate, we ask our colleagues to screen patients for psychosocial disparities and refer them to appropriate resources if identified. Social workers can be important allies in this process. Resources for affirming psychological counseling or peer support can be found at the Trevor Project (thetrevorproject.org), GLSEN (glsen.org), the World Professional Association of Transgender Health (wpath.org/provider/search), and PFLAG (pflag.org).

We believe in a kinder and more just society for our patients and future colleagues: today's youth. We need to change our medical and research practices; the next generation has already begun to demand it.^{25,26} To serve our patients with the highest standard of care possible, we must listen to and uplift their voices. Let us begin to provide SGD youth the affirming health care they deserve.

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