Supplemental Online Content

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This supplemental material has been provided by the authors to give readers additional information about their work.

I. Measures and Survey Instruments

Below we include the exact survey instruments used to ascertain gender, exposure variables, mental health outcome variables, and covariates from youth on the baseline, 3, 6, and 12 month follow-up surveys.

eTable 1. Survey Ins	struments
Demographics	
Two-step Gender Identity Question	1. What is your gender identity? O Transgender male (female to male) O Transgender female (male to female) O Male O Female O Non-binary or gender fluid O Other: [open text box] O I don't know 2. What sex were you assigned at birth? O Male O Female
Exposure Measures	
Puberty Blockers	Puberty blockers are a medication that put a young person's puberty development on pause. Have you taken puberty blockers? • Yes • No • I don't know
Gender-affirming Hormones	Have you taken cross-sex hormones (testosterone or estrogen)? • Yes • No • I don't know
Mental Health Outc	
Generalized Anxiety Disorder 7-item scale (GAD-7)	Over the last 2 weeks, how often have you been bothered by the following problems? 1. Feeling nervous, anxious, or on edge 2. Not being able to stop or control worrying 3. Worrying to much about different things 4. Trouble relaxing 5. Being so restless that it's hard to sit still 6. Becoming easily annoyed or irritable 7. Feeling afraid as if something awful might happen With response options: not at all, several days, over half of days, nearly everyone day, and I don't know. 8. If you checked off any problems, how difficult have these made it for you to do your
	work, take care of things at home, or get along with people? Not difficult at all Somewhat difficult Very difficult Extremely difficult Over the past 2 weeks, how often have you been bothered by any of the following
Patient Health Questionnaire 9-item scale (PHQ-9) for Depression	problems? 1. Little interest or pleasure in doing things 2. Feeling down, depressed or hopeless 3. Trouble falling asleep, staying asleep, or sleeping too much 4. Feeling tired or having little energy 5. Poor appetite or overeating 6. Feeling bad about yourself – or that you're a failure or have let yourself or your family down

	 Trouble concentrating on things, such as reading the newspaper or watching television Moving or speaking so slowly that other people could have noticed. Or, the opposite – being so fidgety or restless that you have been moving around a lot more than usual. Thoughts that you would be better off dead or of hurting yourself in some way With response options: not at all, several days, over half of days, nearly everyone day, and I don't know.
	 10. If you checked off any problems, how difficult have those problems made it for you to do your work, take care of things at home, or get along with other people? Not difficult at all Somewhat difficult Very difficult Extremely difficult
Self-harm or	"Over the past 2 weeks, how often have you been bothered by thoughts that you would be
	better off dead or of hurting yourself in some way?" (Item-9 from the PHQ-9)
Suicidal Thoughts	1 oction off dead of of fluitting yourself in some way? (fluin-3 floin the FriQ-3)
Covariates	A 42
Mental Health Therapy	A readiness assessment is when the patient and their family meet with a mental health professional before starting any medical treatment. Other than having an assessment, are you receiving ongoing mental health therapy? • Yes • No
	There is tension around my gender identity or gender expression (check all that apply)
	between my parents or guardians
Tension with	between me and one or more of my parents or guardians
Caregivers	between me and my extended family
	Other: [open text box]
	None of the above
	During the past 12 months, did you:
Substance Use	1. Drink any alcohol (more than a few sips)? (Do not count sips of alcohol taken during
(CRAFFT	family or religious events)
Screening Tool ¹	2. Smoke any marijuana or hashish?
Part A)	3. Use anything else to get high? ("Anything else" includes illegal drugs, over the counter
,	and prescription drugs, and things that you sniff or "huff")
	With response options: yes, no, and I don't know
	I am able to adapt when changes occur.
	2. I can deal with whatever comes my way.
	3. I can see the humorous side of things when I am faced with problems.
	4. Having to cope with stress can make me stronger.
Common Davida	5. I tend to bounce back after illness, injury, or other hardships.
Connor-Davidson	6. I believe I can achieve my goals, even if there are obstacles
10-item Resilience	7. Under pressure, I can focused and think clearly
Scale	8. I am not easily discouraged by failure
(CD-RISC 10)	9. I think of myself as a strong person when dealing with life's challenges and
	difficulties.
	10. I am able to handle unpleasant or painful feelings like sadness, fear and anger.
	With response options: not true at all, rarely true, sometimes true, often true, true nearly all
	the time, and I don't know.

II. Generalized Estimating Equation (GEE) Model Specification

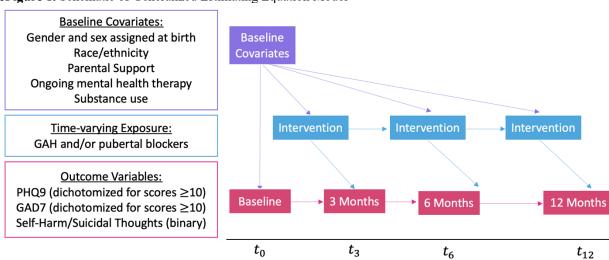
GEE is a marginal model and models population averages (compared to mixed-effect models which are conditional and can model subject-specific effects). We specified the following GEE models to estimate the average change in the outcome variable (Y_i) at each time point (T) relative to baseline (Y_0) (Model 1) and the association between the exposure (E_i) and outcome (Model 2) adjusted for k-many baseline covariates (X_{k0}) .

Model 1:
$$logit(Y_i) = \beta_0 + \beta_2 T_i + \beta_3 Y_0 + \sum \alpha_k X_{k0}$$

Model 2: $logit(Y_i) = \beta_0 + \beta_1 E_i + \beta_2 T_i + \beta_3 Y_0 + \sum \alpha_k X_{k0}$

We allow the exposure (receipt of PB/GAH) to vary over time, where i indicates the month, and thus use an independent working correlation structure. This model assumes there are no time-varying covariates associated with the exposures and that the exposure is exogenous. A visual schematic of this model is included below in eFigure 1, the counts and percentages of participants in the exposure group at each timepoint is included in eTable 2, and the prevalence of the outcome variables over time stratified by exposure group is included in eTable 3.

eFigure 1. Schematic of Generalized Estimating Equation Model



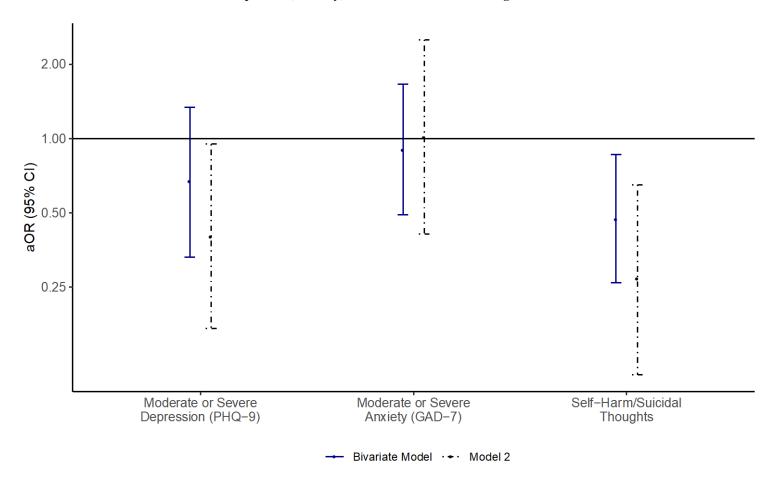
eTable 2. Prevalence of	Exposure Over Time			
	Baseline	3 months	6 months	12 months
N	104	84	84	65
Exposure (no.,%)				
PB/GAH	7 (7%)	43 (51%)	59 (70%)	57 (88%)
None	97(93%)	41 (49%)	25 (30%)	8 (12%)

eTable 3. Prevalence	eTable 3. Prevalence of Outcomes Over Time by Exposure Group									
Time Point:	Bas	eline	3 Mo	3 Months		6 Months		onth		
Exposure:	PB/GAH	None	PB/GAH	None	PB/GAH	None	PB/GAH	None		
N	7	93	43	38	59	24	57	7		
Outcomes (no.,%)	Outcomes (no.,%)									
Moderate to Severe Depression	4 (57%)	55 (59%)	24 (56%)	29 (76%)	33 (56%)	14 (58%)	32 (56%)	6 (86%)		
Moderate to Severe Anxiety	4 (57%)	48 (52%)	22 (51%)	23 (61%)	28 (47%)	11 (46%)	29 (51%)	4 (57%)		
Self-harm or Suicidal Thoughts	3 (43%)	42 (45%)	13 (28%)	22 (58%)	25 (42%)	11 (46%)	21 (37%)	6 (86%)		

	AD-7 on each survey:	

eFigure 2. Association Between Receipt of Gender-Affirming Hormones or Puberty Blockers and Mental Health Outcomes

Associations with moderate or severe depression, anxiety, and self-harm/suicidal thoughts are estimated from bivariate and multivariable GEE models



III. E-Values

A. Calculation

The E-value is a relatively new measure related to the evidence for causality that can be used to assess the robustness of observational study results to unmeasured confounding.² It is defined as the "minimum strength of association, on the risk ratio scale, that an unmeasured confounder would need to have with both the treatment and outcome to explain away a treatment—outcome association."³ Based on the work of VanderWeele et al.³ the following equations can be used the estimate the E-value for an odds ratio (OR) when the outcome is common (i.e., 15% at the end of follow-up) and when the estimated OR is less than one:

Letting RR* =
$$1/ \text{ sqrt}(OR)$$

E-value = RR* + $\text{ sqrt}\{RR* \times (RR* - 1)\}$

Applying these equations, we obtain the following E-values:

eTable 4. E-Va Health Outcome	lue Calculation for Association Between Pes	uberty Blockers or Gender-Affirming F	Iormones and Mental
Model	Outcome	Effect Estimate (OR [95%CI])	E-value
Model 2	Moderate to Severe Depression	0.40 (0.17, 0.95)	2.56 (1.19, 4.28)
Model 2	Suicidality	0.27 (0.11, 0.65)	3.25 (1.79, 5.48)

B. Interpretation

We can interpret these findings to suggest that (1) the observed OR of 0.40 could be explained away by an unmeasured confounder that was associated with both the PB/GAH and the moderate to severe depression by a risk ratio of 2.56-fold each, above and beyond the measured confounders, but weaker confounding could not do so, and (2) the observed OR of 0.27 could be explained away by an unmeasured confounder that was associated with both the PB/GAH and the moderate to severe depression by a risk ratio of 3.25-fold each, above and beyond the measured confounders, but weaker confounding could not do so. This is evidence that our findings are robust to a moderate to high degree of unmeasured confounding, since "In the context of biomedical and social sciences research, effect sizes \geq 2 or 3-fold occasionally occur but are not particularly common; a variable that affects both treatment *and* outcome each by 2- or 3-fold would likely be even less common."

In observational studies, unmeasured confounding and lack of exchangeability pose the greatest barrier to drawing causal inferences from observational cohort studies. In addition, there are notable pitfalls in overly relying on p-values for the interpreting the significance of results. For instance, studies with a large sample size often have the statistical power to precisely estimate associations and obtain very small p-values; the p-value may be made arbitrarily small by increasing the sample size, even for small effect sizes. In contrast, the E-value depends on the magnitude of the association; it cannot be made arbitrarily large simply by increasing the sample size. Thus, bias adjustments, such as calculating the E-value, assess robustness of study findings to unmeasured confounding, thereby offering an important supplement to p-values.

IV. Sensitivity Analyses

A. Disaggregated Exposure Variable

We separately examined the association of PB and GAH with the outcomes of interest, although we *a priori* did not anticipate being powered to detect statistically significant associations due to our small sample size and the relatively low proportion of youth who accessed PB (n=19).

eTable 5. Examining Association Between Puberty B	lockers or Gender-Affirn	ning Hormone	s and Mental Health Out	comes Separat	ely	
A. Bivariate Models						
	Moderate or S		Moderate or Sever		Any Self-harm/S	
		Depression (PHQ-9 \geq 10)		10)	Thoughts	
	aOR (95% CI)	P	aOR (95% CI)	P	aOR (95% CI)	P
Gender-affirming hormones	0.75 (0.36, 1.59)	0.459	0.93 (0.49, 1.78)	0.823	0.64 (0.35, 1.14)	0.131
Puberty blockers	0.52 (0.17, 1.59)	0.250	0.76 (0.29, 1.98)	0.568	0.47 (0.13, 1.69)	0.249
B. Multivariable Models (i.e. Model 2)		l l		I.		
	Moderate or S Depression (PHC		Moderate or Sever (GAD-7 ≥ 1		Any Self-harm/S Thoughts	
	aOR (95% CI)	P	aOR (95% CI)	P	aOR (95% CI)	P
GAH	0.40 (0.16, 1.01)	0.053	1.02 (0.44, 2.37)	0.963	0.43 (0.18, 1.01)	0.052
Puberty blockers	0.52 (0.17, 1.58)	0.248	0.72 (0.26, 2.05)	0.543	0.44 (0.11, 1.74)	0.242
Time (month)						
Baseline	ref		ref		ref	
3 months	3.34 (1.47, 7.62)	0.004	1.55 (0.65, 3.67)	0.324	1.52 (0.65, 3.57)	0.333
6 months	1.89 (0.77, 4.64)	0.166	0.81 (0.31, 2.12)	0.665	2.30 (1.00, 5.27)	0.049
12 months	2.93 (0.93, 9.23)	0.067	0.99 (0.35, 2.78)	0.983	2.25 (0.64, 7.99)	0.208
Mental Health & Substance Use at Baseline						
Moderate or Severe Depression (PHQ-9 ≥ 10)	18.2 (8.26, 39.9)	<0.001	NA		NA	
Moderate or Severe Anxiety (GAD-7 ≥ 10)	4.17 (1.97, 8.84)	<0.001	12.3 (6.16, 24.5)	<0.001	NA	
Self-Harm/Suicidal Thoughts	NA		NA		22.6 (11.6, 44.3)	< 0.001
Any substance use	3.21 (1.47, 7.01)	0.003	2.19 (1.08, 4.45)	0.031	1.95 (0.99, 3.83)	0.053
Resilience at Baseline (CD-RISC ≥ 22.5) ¹	NA		0.47 (0.23, 0.94)	0.033	NA	

B. Restricting Analysis to Youth Age 13-17 Years Old

We restricted our analysis to minor youth age 13-17 (n=90), since they were subject to different laws related to consent and pre-requisite mental health assessments.

	Moderate or Se	vere	Moderate or Sever	e Anxiety	Any Self-harm/Su	uicidal
	Depression (PHQ-9	$0 \ge 10)^1$	$(GAD-7 \ge 10)^2$		Thoughts ³	
	aOR (95% CI)	P	aOR (95% CI)	P	aOR (95% CI)	P
GAH/Puberty blockers	0.75 (0.35, 1.63)	0.473	0.79 (0.41, 1.53)	0.486	0.47 (0.24, 0.94)	0.033
Time						
Baseline	ref		ref		ref	
3 months	2.55 (1.26, 5.17)	0.010	1.19 (0.54, 2.62)	0.659	1.22 (0.56, 2.68)	0.615
6 months	1.15 (0.48, 2.75)	0.758	0.82 (0.39, 1.71)	0.596	1.29 (0.61, 2.73)	0.499
12 months	1.37 (0.48, 3.94)	0.557	0.84 (0.37, 1.90)	0.680	0.81 (0.33, 2.00)	0.649
Gender						
Transgender male or male	ref		ref		ref	
Transgender female or female	1.11 (0.48, 2.55)	0.803	1.30 (0.60, 2.82)	0.499	1.37 (0.54, 3.46)	0.511
Non-binary or genderfluid	3.12 (1.01, 9.58)	0.047	2.29 (0.55, 9.56)	0.256	3.86 (1.11, 13.4)	0.033
Race and ethnicity						
White	ref		ref		ref	
Black, Indigenous, and Persons of Color	1.19 (0.51, 2.75)	0.691	0.77 (0.38, 1.56)	0.468	0.82 (0.44, 1.54)	0.541
Age						
13-15	ref		ref		ref	
16-17	1.19 (0.51, 2.75)	0.691	0.63 (0.29, 1.39)	0.252	0.86 (0.44, 1.68)	0.657
Mental Health & Substance Use at Baseline						
Moderate or Severe Depression (PHQ-9 ≥ 10)	31.0 (14.1, 68.3)	<0.001	2.18 (0.96, 4.94)	0.063	1.23 (0.57, 2.67)	0.593
Moderate or Severe Anxiety (GAD-7 ≥ 10)	4.97 (2.17, 11.36)	<0.001	14.0 (6.76, 29.1)	< 0.001	1.57 (0.80, 3.1)	0.193
Self-Harm/Suicidal Thoughts	1.26 (0.57, 2.78)	0.572	1.61 (0.76, 3.40)	0.215	18.7 (9.72, 35.9)	< 0.001
Receiving mental health therapy	1.70 (0.72, 4.05)	0.228	0.72 (0.32, 1.59)	0.411	0.70 (0.30, 1.63)	0.412
Any substance use	4.51 (1.94, 10.49)	<0.001	1.83 (0.86, 3.88)	0.114	2.47 (1.21, 5.03)	0.013
Tension with Caregivers	2.59 (1.08, 6.22)	0.032	1.33 (0.62, 2.86)	0.469	1.53 (0.81, 2.89)	0.193
Resilience at Baseline (CD-RISC ≥ 22.5) ⁴	0.88 (0.40, 1.89)	0.734	0.42 (0.21, 0.87)	0.019	0.70 (0.34, 1.43)	0.329

	Moderate or Se	voro	Moderate or Sever	o Anvioty	Any Solf-harm/S	nicidal
	Depression (PHQ-		(GAD-7 \geq 10)		Any Self-harm/Suicidal Thoughts	
	aOR (95% CI)	P	aOR (95% CI)	P	aOR (95% CI)	P
Time (month)						
Baseline	ref		ref		ref	
3 months	2.83 (1.25, 6.44)	0.013	1.22 (0.54, 2.78)	0.634	1.19 (0.53, 2.66)	0.672
6 months	1.12 (0.42, 3.00)	0.822	0.83 (0.38, 1.80)	0.638	1.27 (0.59, 2.75)	0.538
12 months	1.19 (0.37, 3.87)	0.767	0.85 (0.37, 1.93)	0.692	0.76 (0.30, 1.93)	0.558
Mental Health & Substance Use at Baseline						
Moderate or Severe Depression (PHQ-9 ≥ 10)	24.1 (9.96, 58.2)	< 0.001	NA		NA	
Moderate or Severe Anxiety (GAD-7 ≥ 10)	3.80 (1.82, 7.96)	< 0.001	12.7 (6.11, 26.3)	< 0.001	NA	
Self-Harm/Suicidal Thoughts	NA		NA		20.9 (10.7, 40.9)	< 0.001
Any substance use	3.41 (1.41, 8.25)	0.006	2.01 (0.93, 4.37)	0.077	2.50 (1.23, 5.10)	0.012
Resilience at Baseline (CD-RISC ≥ 22.5) ¹	NA		0.40 (0.19, 0.83)	0.015	NA	

B. Model 2 measuring the association between GA	H/puberty blockers and	mental heal	th (outcomes			
	Moderate or Se	evere		Moderate or Sever	e Anxiety	Any Self-harm/Su	iicidal
	Depression (PHQ-	Depression (PHQ-9 \geq 10)		$(GAD-7 \ge 10)$		Thoughts	
	aOR (95% CI)	P		aOR (95% CI)	P	aOR (95% CI)	P
GAH/Puberty blockers	0.51 (0.19, 1.37)	0.182		0.84 (0.29, 2.40)	0.745	0.32 (0.12, 0.88)	0.027
Time (month)							
Baseline	ref			ref		ref	
3 months	3.79 (1.47, 9.78)	0.006		1.32 (0.49, 3.53)	0.581	1.93 (0.76, 4.88)	0.165
6 months	1.73 (0.59, 5.06)	0.315		0.93 (0.30, 2.91)	0.905	2.58 (1.02, 6.57)	0.046
12 months	2.14 (0.53, 8.73)	0.287		0.98 (0.27, 3.58)	0.979	1.99 (0.52, 7.66)	0.317
Mental Health & Substance Use at Baseline							
Moderate or Severe Depression (PHQ-9 ≥ 10)	24.3 (9.92, 59.3)	< 0.001		NA		NA	
Moderate or Severe Anxiety (GAD-7 ≥ 10)	4.01 (1.85, 8.69)	< 0.001		12.7 (6.11, 26.5)	< 0.001	NA	
Self-Harm/Suicidal Thoughts	NA			NA		24.3 (12.2, 48.2)	< 0.001
Any substance use	3.18 (1.34, 7.55)	0.009		1.98 (0.91, 4.32)	0.085	2.33 (1.15, 4.73)	0.019
Resilience at Baseline (CD-RISC ≥ 22.5) ¹	NA			0.40 (0.19, 0.83)	0.015	NA	

C. Dichotomous Outcome for Depression Based on the PHQ-8

We conducted sensitivity analyses using the PHQ-8 score, 4 which is equivalent to the PHQ-9 with item-9 regarding self-harm/suicidal thoughts removed. We conducted these analyses in order to determine whether item-9 was driving any associations between moderate to severe depression since we analyzed self-harm/suicidal thoughts as a separate outcome. For these analyses we define moderate or severe depression as a PHQ-8 score ≥ 10 .

	Model 1		Model 2	
	aOR (95% CI)	P	aOR (95% CI)	P
Puberty blockers or Gender-affirming hormones	0	0.039	0.38 (0.15, 0.98)	0.044
Time (month)				
Baseline	ref		ref	
3 months	2.56 (1.07, 6.09)	0.034	3.95 (1.52, 10.3)	0.005
6 months	0.63 (0.27, 1.44)	0.269	1.16 (0.45, 2.99)	0.753
12 months	0.99 (0.31, 3.16)	0.990	2.23 (0.65, 7.68)	0.205
Mental Health & Substance Use at Baseline				
Moderate or Severe Depression (PHQ-9 ≥ 10)	22.5 (8.93, 56.6)	<0.001	23.3 (9.07, 59.7)	<0.001
Moderate or Severe Anxiety (GAD-7 ≥ 10)	4.31 (2.15, 8.67)	<0.001	4.57 (2.22, 9.4)	<0.001
Self-Harm/Suicidal Thoughts	NA		NA	
Any substance use	4.3 (1.79, 10.29)	0.001	4.08 (1.7, 9.81)	0.002
Resilience at Baseline (CD-RISC ≥ 22.5) ¹	NA		NA	

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