

# The Millennium's Primer Series Endocrine Disrupting Chemicals: Impact on Hormonal Environment and Gender Identity.

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## Abstract

Endocrine disrupting chemicals (EDCs) are a diverse group of chemical compounds found in various consumer products (such as makeup, lotion, hair care products, shaving creams, toothpaste, suntan lotions, personal lubricant, and some deodorants), industrial processes, and environmental contaminants (1). These substances possess the ability to interfere with the endocrine system, leading to adverse health effects in humans and wildlife (2). Mounting evidence suggests that exposure to EDCs can disrupt the hormonal environment and influence the development of gender identity (3, 4). This brief article will provide an insight into the harmful effects of EDCs on the hormonal balance and their potential contribution to the formation of gender identity disorders.

## Introduction

The endocrine system plays a crucial role in regulating hormone levels and maintaining the delicate balance required for proper development and function of various physiological processes (5). Endocrine disrupting chemicals (EDCs) are synthetic or naturally occurring compounds that can mimic, block, or interfere with hormone action, thus disrupting the endocrine system (6). This disruption can lead to a wide range of adverse health effects, including alterations in gender identity development.

## EDCs and Gender Identity Development

The development of gender identity is a complex process influenced by genetic, social, and hormonal factors. Evidence that gender identity and sexual orientation are masculinized by prenatal exposure to testosterone and feminized in its absence is drawn from basic research in animals, correlations of biometric indices of androgen exposure and studies of clinical conditions associated with disorders in sexual development (23). EDCs have the potential to disrupt this delicate hormonal balance during critical periods of development, leading to the alteration of gender identity (7). Animal studies have demonstrated that exposure to EDCs during gestation or early life stages can result in the modification of sexual behaviors, gender-related brain structures, and reproductive organs (8). Similar effects have been observed in humans, where exposure to EDCs has been associated with an increased risk of gender identity disorders and gender dysphoria (9).

## Hormonal Mechanisms of EDCs

EDCs exert their effects through various mechanisms. They can interfere with hormone synthesis, metabolism, transport, and signaling pathways (10). EDCs can bind to hormone receptors, modify gene expression, and disrupt the feedback loops responsible for regulating hormone production and release. These disruptions can result in abnormal hormone levels and perturbations in the development and maintenance of gender identity.

## **Hormonal Assignment of Gender**

The empirical basis for hypothesizing that gonadal hormones influence gender identity and sexual orientation is based on animal experiments involving manipulations of hormones during prenatal and early neonatal development. It is accepted dogma that testes develop from the embryonic gonad under the influence of a cascade of genes that begins with the expression of the sex-determining gene SRY on the Y chromosome. Before this time, the embryonic gonad is “indifferent”, meaning that it has the potential to develop into either a testis or an ovary. Likewise, the early embryo has 2 systems of ducts associated with urogenital differentiation, Wolffian and Müllerian ducts, which are capable of developing into the male and female reproductive tracts, respectively. Once the testes develop, they begin producing 2 hormones, testosterone, and anti-Müllerian hormone (AMH) where in humans, it occurs at about 7–8 weeks of gestation (23).

Female ovaries develop under the influence of a competing set of genes that are influenced by expression of DAX1 on the X chromosome and act antagonistically to SRY. The female reproductive tract in the embryo develops in the absence of androgens and later matures under the influence hormones produced by the ovary, in particular estradiol (23).

Prenatal and neonatal exposure to testosterone causes male-typical development (masculinization), whereas female-typical development (feminization) occurs in the relative absence of testosterone. Masculinization involves permanent neural changes induced by steroid hormones and differs from the more transient activation effects observed after puberty. These effects typically occur during a brief critical period in development when the brain is most sensitive to testosterone or its metabolite estradiol (23).

In humans, the elevation in testosterone occurs between months 2 and 6 of pregnancy and then again from 1 to 3 months postnatally. During these times, testosterone levels in the circulation are much higher in males than in females. These fetal and neonatal peaks of testosterone, together with functional steroid receptor activity, are considered to program the male brain both phenotypically and neurologically. Many of these effects occur well after the initial hormone exposure and have recently been linked to epigenetic mechanisms (24).

## **EDCs Alter Gender Differentiation**

Research on the neural mechanisms underlying gender identity development and the potential influence of EDCs is still evolving. While there is evidence suggesting that EDCs can impact brain development and function, the specific brain regions involved in gender identity and how EDCs may affect them require further investigation.

However, some general information on brain regions relevant to gender identity does exist:

The hypothalamus plays a crucial role in regulating hormone production and release, which are vital for the development and maintenance of gender identity. It contains nuclei involved in sexual differentiation and the control of reproductive behaviors (11).

The amygdala is involved in emotional processing and has been implicated in the perception of social cues related to gender. It may contribute to the development of gender identity by processing and integrating social and emotional information (12).

The prefrontal cortex (PFC), particularly the anterior cingulate cortex, is involved in decision-making, self-awareness, and social cognition. It plays a role in shaping gender identity by processing information related to gender roles and societal expectations (13).

The Bed Nucleus of the Stria Terminalis (BNST) is a brain region involved in regulating stress responses and social behavior. It has been implicated in sexual differentiation and may contribute to the development of gender identity (14).

It is important to note that the interplay between these brain regions and their specific roles in gender identity is complex and multifaceted. The potential effects of EDCs on these brain regions and their impact on gender identity require further research.

### **Specific EDCs and Gender Identity**

Several EDCs have been implicated in the disturbance of gender identity development. For instance, bisphenol A (BPA), commonly found in plastics and food packaging, has been shown to interfere with hormone signaling and influence the expression of genes involved in sexual differentiation (15). Phthalates, present in personal care products and plastics, have also been linked to altered hormone levels and changes in gender-related behaviors (16). Additionally, certain pesticides, flame retardants, and industrial chemicals have been associated with disruptions in the hormonal balance, potentially influencing gender identity development (17).

### **Transgenerational Effects**

One significant concern regarding EDCs is their ability to exert transgenerational effects. Exposure to EDCs in one generation can affect the reproductive health and hormonal balance of subsequent generations. These transgenerational effects can contribute to the persistence of gender identity disorders in populations and highlight the long-lasting impact of EDC exposure (18).

### **Mitigation Strategies**

Efforts to mitigate the harmful effects of EDCs on gender identity should involve a combination of regulatory measures, public awareness, and research initiatives. Strict regulation and monitoring of EDCs in consumer products, as well as the promotion of safer alternatives, are essential steps. Additionally, educating healthcare professionals and the public about the potential risks of EDC exposure on gender identity development can help raise awareness and facilitate early interventions.

### **Conclusion**

The impact of endocrine disrupting chemicals (EDCs) on the brain's hormonal environment influencing gender identity, is an area of growing scientific interest as well as concern. Accumulating evidence points to the disruptive effects of EDC exposure on the delicate hormonal balance and brain functions that play a role in the development of gender identity disorders and gender dysphoria.

Several studies have highlighted the association between EDC exposure and alterations in gender-related outcomes. For instance, bisphenol A (BPA), a commonly studied EDC, has been linked to changes in sexual differentiation and an increased risk of gender identity disorders (19, 20). Phthalates, another group of EDCs found in personal care products and plastics, have also been associated with alterations in hormone levels and gender-related behaviors (21). These findings underscore the potential role of EDCs in disturbing the intricate processes involved in gender identity development.

To better comprehend the underlying mechanisms, future research should focus on elucidating the specific pathways through which EDCs interfere with hormone synthesis, metabolism, and signaling. Understanding the epigenetic modifications induced by EDC exposure and their impact on gene expression related to gender identity is also essential (22).

Efforts to mitigate the harmful consequences of EDC exposure on gender identity should involve public health interventions and regulatory measures. Implementing **stricter regulations** on the use of EDCs in consumer products, as well as promoting awareness among healthcare professionals and the general public, are important steps towards reducing exposure risks.

Finally, the influence of EDCs on the hormonal environment and its potential contribution to gender identity disorders and gender dysphoria necessitate continued investigation as well as consumer awareness. By extending our understanding of these complex relationships, we can endeavor to provide effective prevention and intervention strategies that safeguard the healthy development of gender identity in all individuals.

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