



# Medical Approaches to Alleviate Suffering from Gender Dysphoria: Revisit

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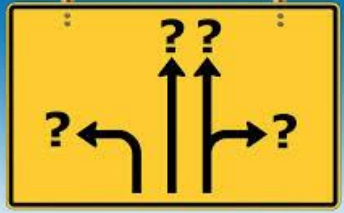
# Disclosures



- I have no financial disclosures relevant to this presentation
- I am not representing Washington University or St Louis Children's Hospital



# Summary and Conclusions from 2023



- Many people with gender dysphoria have significant suffering
- The etiology of sex-gender identity discordance remains unclear
- The affirmation approach is heavily influenced by ideological assumptions
- Scientific evidence supporting the affirmation only approach is weak
- Many patients continue to suffer after gender affirming medical interventions
- There remains an urgent need for exploration of alternate approaches to alleviating suffering in gender dysphoric youth

# Approaches to Treat Gender Dysphoria

## Scientific Premise

A bodily defect present within an individual with normal psychological function

## Hypothesis

Health will be restored if the body is changed to align with gender identity

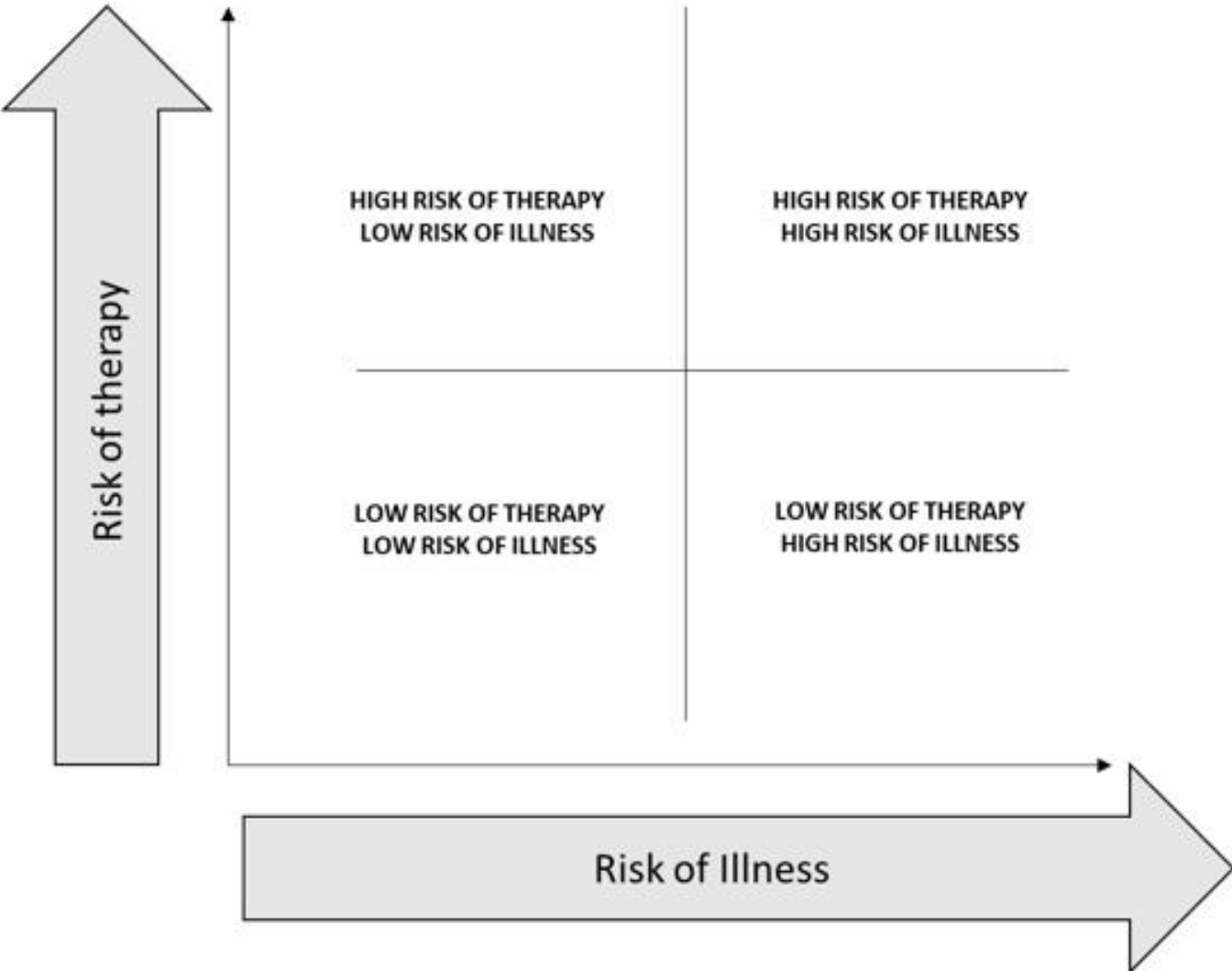
## Scientific Premise

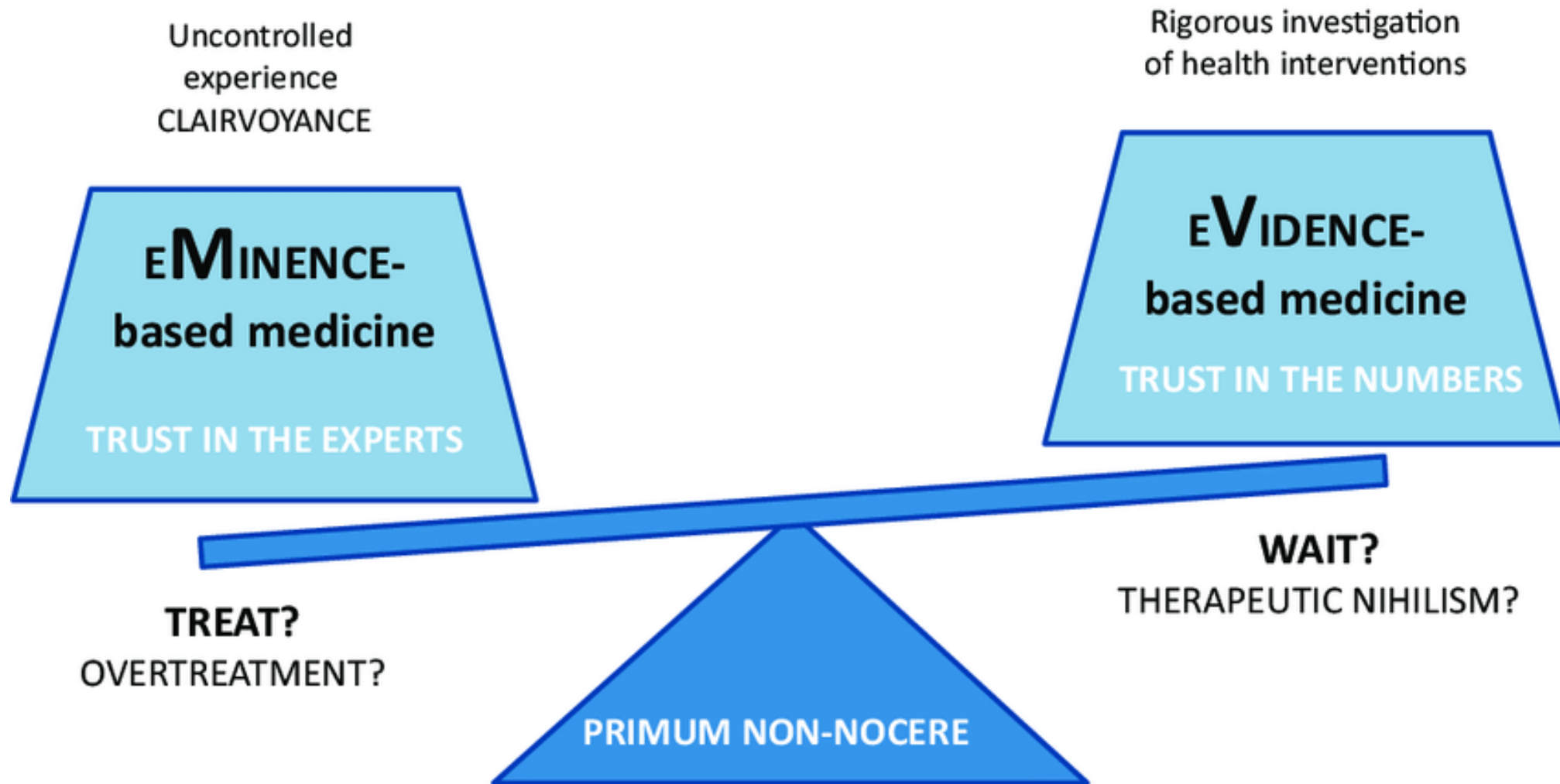
Largely influenced by or the result of psychological factors

## Hypothesis

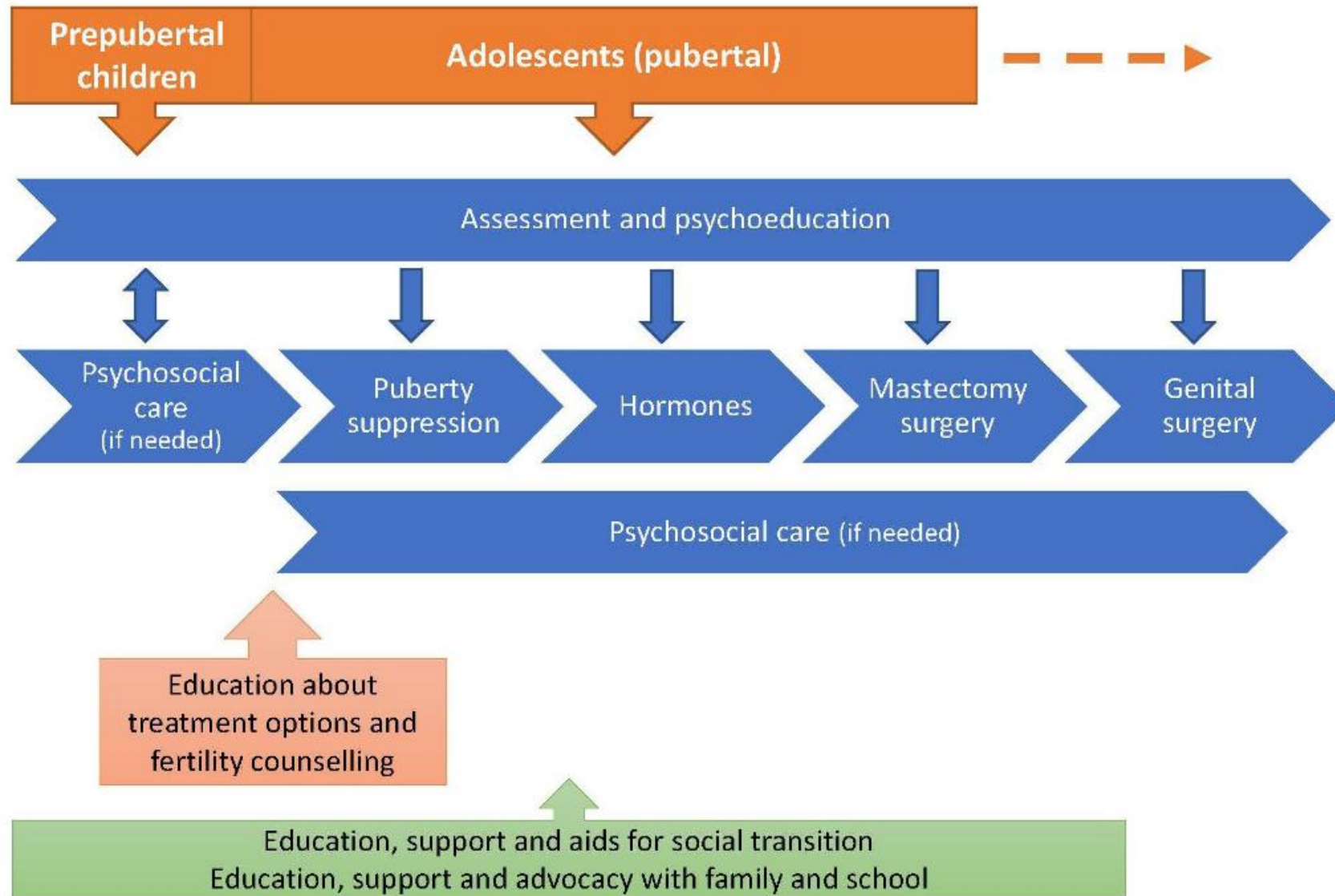
Health will be restored by addressing the contributing psychological difficulties

# Risk Benefit Analysis



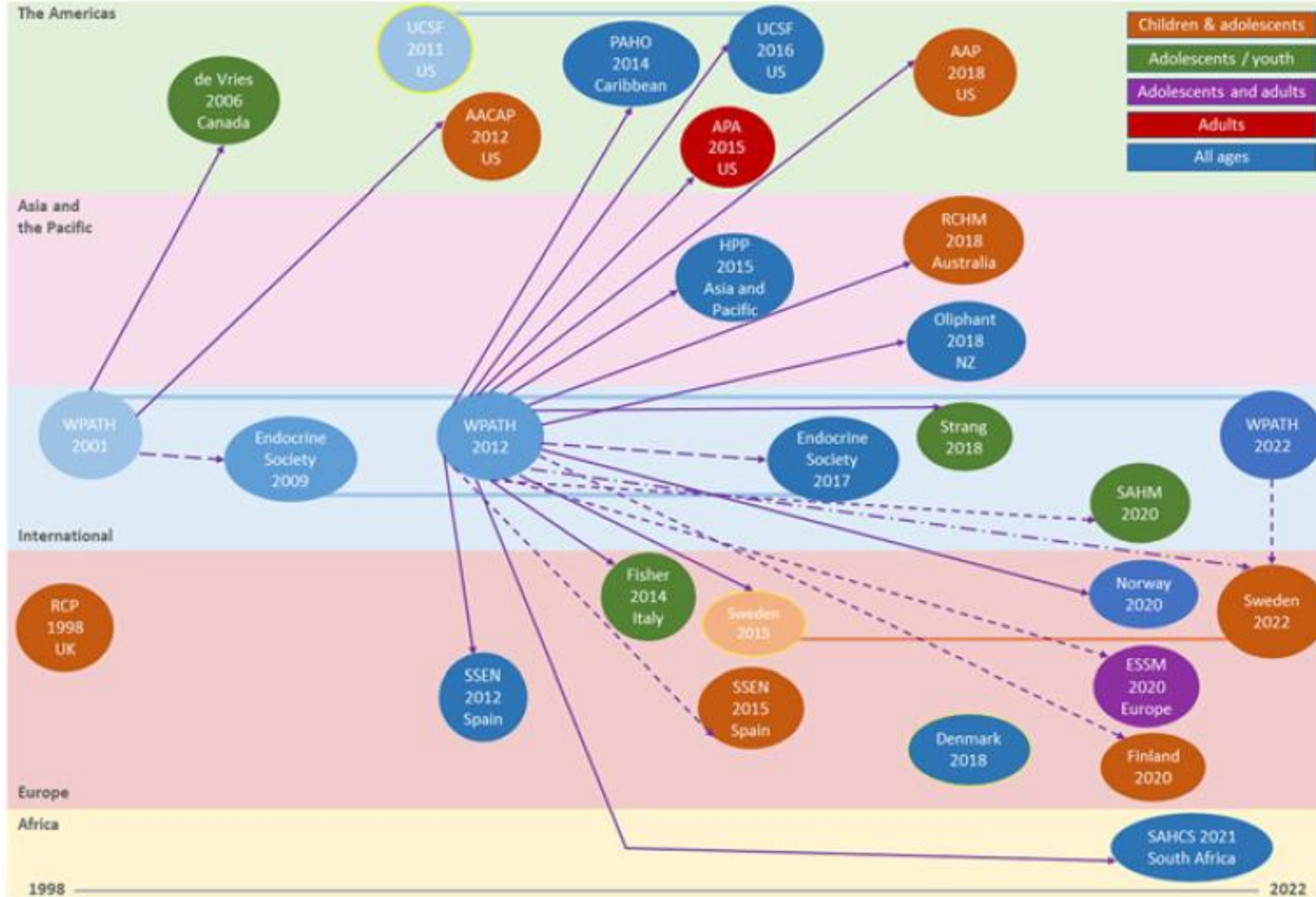


# Affirmative Care Model

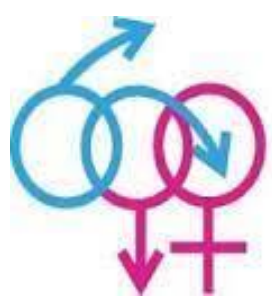




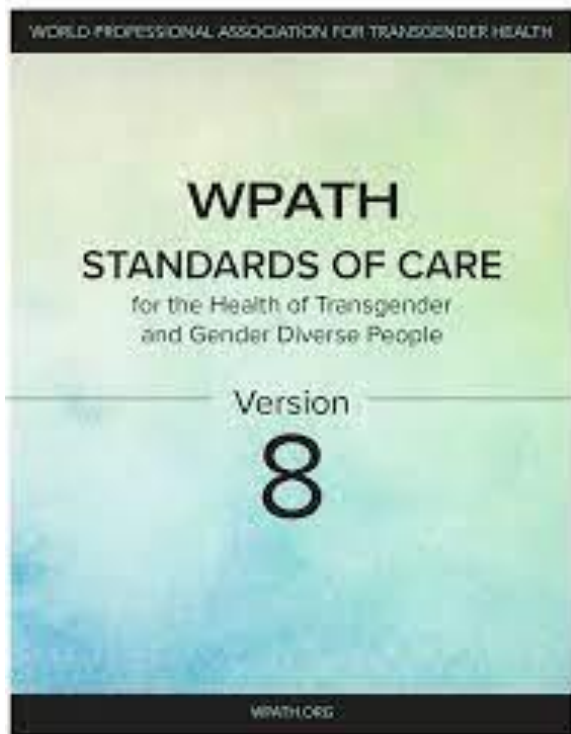
# Links Between Guidelines







**WPATH** WORLD PROFESSIONAL  
ASSOCIATION for  
TRANSGENDER HEALTH



- Endorses widespread use of affirmative approach for trans-identified youth despite rising scientific skepticism
- Endorses early medicalization as fundamental despite international move to promote psychosocial support as the first line of treatment
- Removal of nearly all lower age limits for suggested medical and surgical interventions
- Removal of discussion of ethical considerations
- Inclusion of “eunich identified” as new gender identity
- Failure to acknowledge that the evidence for gender-affirming treatments in youth to be of very low quality and subject to confounding and bias

Study	Control	Sample Size	Duration	Missing Data	Design	Confounders
DeVries 2011	None	70	< 2 yr		Longitudinal	Ψ
Devries 2014	None	55		27%	Longitudinal	Ψ
Costa 2016	Ψ +/- PB	201	1.5 yr	67%	Longitudinal	
Allen 2019	None	47	< 1 yr		Longitudinal	Ψ
Katalia 2020	None	52	1 yr	N/A	Retrospective	
Lopez de Lara 2020	“cis-gender”	23	1 yr		Longitudinal	Sample Bias
Achille 2020	None	50	1 yr	47%	Longitudinal	Ψ
Kuper 2020	None	148	1 yr	33%	Longitudinal	Ψ
Turban 2020	None	3494	N/A	N/A	Retrospective	Sample Bias
Van Der Meissen 2020	+/- GAT	278/129	N/A	N/A	Cross-sectional	Age, Ψ
Carmichael 2021	None	44	1-3 yr	46%/68%*	Longitudinal	Ψ
Grannis 2021	+/- Test	19/23	N/A	N/A	Cross-sectional	Age
Green 2021	None	12K	N/A	N/A	Cross-sectional	Sample Bias
Turban 2022	None		N/A	N/A	Cross-sectional	Sample Bias
Tordoff 2022	+/- GAT	69/35	1 yr	36%/96%	Longitudinal	Sample Bias
Chen 2023	None	315	2 yr	49%*	Longitudinal	Ψ
	GAT=gender affirming therapy			*incomplete data		Ψ=psychotherapy

REVIEW ARTICLE

# A systematic review of hormone treatment for children with gender dysphoria and recommendations for research

Jonas F. Ludvigsson<sup>1,2,3</sup>  | Jan Adolfsson<sup>4,5</sup>  | Malin Höistad<sup>5</sup>  |  
Per-Anders Rydelius<sup>6,†</sup>  | Berit Kriström<sup>7</sup>  | Mikael Landén<sup>1,8</sup> 

- Out of nearly 10,000 published papers considered
- Only 24 studies met the authors' PRISMA criteria as to relevance, risk of bias and quality of evidence
- No randomised controlled trials were identified
- The few longitudinal observational studies were hampered by small numbers and high attrition rates
- Conclusion: the long-term effects of hormone therapy on psychosocial health could not be evaluated

# Interventions to suppress puberty in adolescents experiencing gender dysphoria or incongruence: a systematic review

BMJ Journals

Archives of  
**Disease in Childhood**



Jo Taylor , Alex Mitchell, Ruth Hall, Claire Heathcote, Trilby Langton, Lorna Fraser, Catherine Elizabeth Hewitt 

- No high- quality studies identified with appropriate study design to assess the outcomes of puberty suppression in adolescents with gender dysphoria
- Insufficient and/or inconsistent evidence about the effects of puberty suppression on gender-related outcomes, mental and psychosocial health, cognitive development, cardiometabolic risk, and fertility
- Consistent moderate-quality evidence, although from mainly pre- post studies, that bone density and height may be compromised during treatment

# Masculinising and feminising hormone interventions for adolescents experiencing gender dysphoria or incongruence: a systematic review

BMJ Journals

Archives of  
Disease in Childhood

Jo Taylor , Alex Mitchell, Ruth Hall, Trilby Langton, Lorna Fraser,  
Catherine Elizabeth Hewitt 

- Lack of high-quality research assessing the outcomes of hormones for masculinization or feminization in adolescents experiencing gender dysphoria
- Limited or inconsistent evidence regarding gender dysphoria, body satisfaction, psychosocial and cognitive outcomes, fertility, height/growth, bone health and cardiometabolic effects
- Moderate-quality evidence from mainly pre–post studies that hormone treatment may in the short-term improve psychological health

# The Cass Review

Independent review  
of gender identity  
services for children  
and young people



- The care of children under 18 years in England will no longer be based on the “gender-affirming” model of care
- The NHS will treat youth with gender distress similarly to how it treats youth with other developmental struggles



# American Academy of Pediatrics

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## **AAP reaffirms gender-affirming care policy, authorizes systematic review of evidence to guide update**

August 4, 2023

Alyson Sulaski Wyckoff, Associate Editor

“The policy authors and AAP leadership are confident the principles presented in the original policy, [\*Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents\*](#), remain in the best interest of children.”

AAP CEO/Executive Vice President Mark Del Monte, J.D.

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# The Cass review: an opportunity to unite behind evidence informed care in gender medicine

Kamran Abbasi *editor in chief*

- "Offering treatments without an adequate understanding of benefits and harms is unethical. All of this matters even more when the treatments are not trivial; puberty blockers and hormone therapies are major, life altering interventions"
- "Without doubt, the advocacy and clinical practice for medical treatment of gender dysphoria had moved ahead of the evidence—a recipe for harm."
- "Families, carers, advocates, and clinicians—acting in the best interests of children and adolescents—face a clear choice whether to allow the Cass review to deepen division or use it as a driver of better care."