Treatment of Gender Dysphoria for Children and Adolescents
- Fact Check -

This fact check covers the claims made by the Health and Human Services (HHS) Offices of Population Affairs (OASH) fact sheet.

HHS Claims that treatments including irreversible surgeries, such as mastectomies and penectomies, "improves mental health and overall well-being."

Facts:

- The research used to support cannot infer causation; the researchers state as much in the Limitations. The researchers stated, "it is possible that those who historically have higher rates of depression and suicidal thoughts and behaviors are also less able to seek or obtain GAHT [hormone treatment]."

- A systematic review on hormonal treatment of young people with gender dysphoria concludes that "low-quality evidence suggests that hormonal treatments for transgender adolescents can achieve their intended physical effects, but evidence regarding their psychosocial and cognitive impact are generally lacking." The cited evidence had small sample sizes and medium to high risk of bias.

- A small study on 44 patients in the United Kingdom failed to show any psychological benefit to puberty blockers on children aged 12 to 15.

HHS Claims that surgeries and other potentially permanent pharmaceutical interventions "have been demonstrated to yield lower rates of adverse mental health outcomes, build self-esteem, and improve overall quality of life..."

Facts:

- A paper published in International Review of Psychiatry states that **80% of those seeking clinical care will lose their desire to identify with the non-birth sex.**

- The cited psychosocial overview is a **case study of a single patient**, and it outlines the authors' views.

- The second article cited is an online survey completed by 288 U.S. transgender adults, not children and adolescents.

- In May of 2021, Sweden's Karolinska Institute suspended the use of puberty blockers for those under the age of 18 due to the potentially irreversible consequences such as cardiovascular disease, osteoporosis, infertility, increased cancer risk, and thrombosis.

- According to a study in NeuroImage, "pubertal development was significantly related to structural volume in all six regions [in brain regions of interest] in both sexes," meaning that the process of puberty is important to brain development.

- A November 2020 systematic review published in Cochrane "found insufficient evidence to determine the efficacy and safety of hormonal treatment for transgender women in transition."

HHS Claims that their approach "is critical in fostering better outcomes."

Facts:

- According to the first resource cited in the OHSA fact sheet, of "those who received [GAHT]… a greater proportion reported that they struggled to meet basic needs or were just able to meet them, compared to those who wanted GAHT but did not receive it."

- "A recent Finnish study… reported on the effect of initiating cross-sex hormone therapy on functioning, progression of developmental tasks of adolescence, and psychiatric symptoms. This study found that during cross-sex hormone therapy, problems in these areas did not decrease"

- The second study cited in this section is partly refuted by the third. The third study states that "transitioning socially is beneficial for children with GD **could not be supported from the present results**."

Conclusion:

The current evidence does not support the use of puberty blockers, hormone treatments, or surgical procedures for children and adolescents, considering:

- 80% of those seeking clinical care will lose their desire to identify with the non-birth sex,

- the importance of puberty to brain development, with the pre-frontal cortex (which is responsible for executive functions, such as decision making) continuing to develop until approximately 25 years of age,

- and the potentially irreversible consequences such as cardiovascular disease, osteoporosis, infertility, increased cancer risk, and thrombosis.