Emerging European Recommendations for the Treatment of Youth with Gender Incongruence

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INTRODUCTION

Following recent systematic reviews in Europe, changes in recommendations ensued concerning interventions for the modification of sex trait characteristics among youth with gender incongruence (G.I.) / gender dysphoria (G.D.). To better understand the reasoning underlying treatment recommendations, findings of systematic reviews in Finland, Sweden, and the United Kingdom (U.K.) related to interventions for youth with G.I. are reviewed.

Disclosures: None

METHODS

The Finnish 2020 Recommendations of the Council for Choices in Healthcare (COHERE) Medical Treatment Methods for Dysphoria Related to Gender Variance in Minors (unofficial translation), 2022 Swedish National Guidelines of the National Board of Health and Welfare (NBHW) on the Care of Children and Adolescents with Gender Dysphoria, and the 2024 Independent Review of Gender Identity Services for Children and Young People commissioned by the National Health Service (NHS) and associated systematic reviews were studied.

RESULTS

FINLAND

- COHERE issues recommendations on which examination, treatment, and rehabilitation methods should be included in healthcare services financed from public funds in Finland.
- COHERE shall take into account research findings, other evidence from different sectors, and considerations related to the organization of health care.
- The Council works in conjunction with the Ministry of Social Affairs and Health.
- First line intervention for gender variance is psychosocial support and, as necessary, gender-explorative therapy and treatment for comorbid psychiatric disorders.
- Based on thorough, case by case consideration, the initiation of hormonal interventions that alter sex characteristics may be considered before the person is 18 years of age if it can be ascertained that their identity as the other sex is of a permanent nature and causes severe dysphoria.
- In light of available evidence, gender reassignment of minors is considered an experimental practice.
- In addition, it must be confirmed that the young person is able to understand the significance of irreversible treatments and the benefits and disadvantages associated with lifelong hormone therapy, and that no contraindications are present.
- Surgical treatments are not part of the treatment methods for dysphoria caused by gender-related conflicts in minors.
- Initiation and monitoring of hormonal treatments must be conducted by the gender identity research clinics at Helsinki University Hospital (HUS) and Tampere University Hospital (TAYS).

SWEDEN

- Following commissioning by the Swedish government and a subsequent systematic review by the SBU, the NBHW issued an update in 2022 to its health care service guidelines for minors with G.D., first published in 2015.
- Swedish Agency for Health Technology Assessment and Assessment of Social Services (SBU) concludes that existing scientific evidence is insufficient for assessing the effects for puberty-suppressing and hormone therapy on G.D., psychosocial health and quality of life of adolescents with G.D..
- NBHW recommends that at a group level for adolescents with G.I., the risks of puberty suppressing treatment with GnRH-analogues and cross-sex hormonal treatment currently outweigh the possible benefits, and the treatment should be offered only in exceptional cases.
- NBHW has taken into account that the efficacy, safety, benefits, risks of treatments are not proven. There is uncertainty regarding the increase in cases (especially among adolescent females), and the prevalence among young adults of medical detransition.
- G.D. rather than gender identity should determine access to care and treatment.
- An early (childhood) onset of G.I,, persistence of G.I. until puberty and a marked psychological strain in response to pubertal development, and absence of factors that complicate diagnostic assessment are among the recommended criteria.
- NBHW recommends that treatment need to be offered in context of research.
- Health services should offer psychosocial support for unconditional exploration of gender identity during diagnostic assessment. In case of signs of autism spectrum disorder, neuropsychiatric assessment should be initiated.
- A Swedish systematic review published in Acta Paedatrica in 2023 that originated from a 2-year commissioned work from the SBU concludes that evidence to assess the effects of hormone treatment on psychosocial and mental health, cognition, body composition, and metabolic markers of hormone treatment in children with G.D. is insufficient.

RESULTS

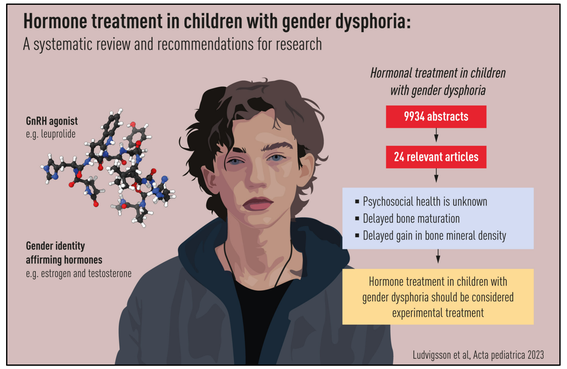

Figure 1. Swedish Systematic Review. The included studies which examined psychosocial outcomes were limited by small numbers of participants and substantial risk of selection bias.

UNITED KINGDOM

- NHS England and NHS Improvement commissioned *The Independent Review of Gender Identity Services for Children and Young People* (The Cass Review) in 2020 to make recommendations about the services provided by the NHS to youth experiencing G.I./G.D.
- These organizations also commissioned evidence reviews by NICE for the clinical effectiveness, safety, and cost-effectiveness of GnRH analogues (puberty suppressing hormones, PSH) and cross-sex hormones in youth with G.D. in order to inform a policy position for their future use. These reviews aimed to aid Dr. Hillary Cass who was asked to chair an independent review.
- NICE determined that the quality of evidence for critical outcomes (including impact on G.D., depression, anxiety, suicidality and self-injury) for cross-sex hormones was of very low certainty. Any potential benefit of cross-sex hormones must be weighed against the largely unknown long-term safety profile.
- NICE determined that the quality of evidence for critical outcomes (including impact on G.D., mental health, and quality of life) for GnRH analogues was of very low certainty.
- NHS England concludes there is not enough evidence to support PSH as routinely available treatment at this time and recommends that PSH for children and young people with gender incongruence should only be accessed through research.
- Review of international clinical guidelines concluded only two (Finland 2020 and Sweden 2022) be recommended for practice.
- U.K. government banned puberty blockers in June 2024 . Subsequent extension of ban is in place through November 2024.

Table 1 Critical appraisal domain scores

Guideline ID	Scope and purpose	Stakeholder involvement	Rigour of development	Clarity of presentation	Applicability	Editorial independence
AACAP 2012	65	39	44	63	7	31
American Academy of Paediatrics 2018	70	26	12	30	6	69
American Psychological Association 2015	74	74	24	50	18	14
Council for Choices in Healthcare Finland 2020	91	69	51	72	56	0
de Vries 2006	63	31	10	74	17	6
Endocrine Society 2009	65	33	44	70	22	31
Endocrine Society 2017	63	33	42	72	21	92
European Society for Sexual Medicine 2020	63	52	39	70	7	58
Fisher 2014	65	20	12	35	17	44
Health Policy Project 2015	63	63	16	24	33	6
Norwegian Directorate of Health 2020	76	81	30	57	47	17
Olphant 2018	44	39	12	33	21	0
Pan American Health Organization 2014	52	44	13	31	21	0
Royal Children's Hospital Melbourne 2018	80	59	19	41	19	14
Society for Adolescent Health and Medicine 2020	41	24	17	41	7	0
South African HIV Clinicians Society 2021	59	59	21	43	24	69
Strang 2018	87	31	18	37	15	19
Swedish National Board of Health & Welfare 2022	91	87	71	83	25	36
UCSF 2016	70	41	23	37	26	0
WPATH 2012	85	61	26	56	17	17
WPATH 2022	83	62	35	56	24	39

≥70%, 31%–69%, ≤30%
AACAP, American Academy of Child & Adolescent Psychiatry; UCSF, University of California, San Francisco; WPATH, World Professional Association for Transgender Health.

Figure 2. Review of International Guideline Quality. Reviewers determined Endocrine Society 2009 and WPATH 7 influenced nearly all other guidelines. Finnish and Swedish guidelines were the only to include formal ethics review.

CONCLUSION

Health authorities in Finland, Sweden, and the U.K. have conducted systematic reviews on the benefits and risks of puberty blockers and cross sex hormones for the treatment of G.I. in youth and concluded the certainty of benefits is low. Currently, with rare exceptions, minors in these jurisdictions, can only access these interventions in research settings and only if they meet strict eligibility criteria.

REFERENCES

Ludvigsson, JF, Adolfsson, J, Höistad, M, Rydelius, P-A, Kriström, B, Landén, M. A systematic review of hormone treatment for children with gender dysphoria and recommendations for research. Acta Paediatr. 2023; 00: 1–14. Available from: https://doi.org/10.1111/apa.16791

National Board of Health and Welfare (NBHW) (2022) on the Care of Children and Adolescents with Gender Dysphoria. Summary of National Guidelines. December 2022.

National Health Service (N.H.S.) England Clinical Policy: Puberty suppressing hormones (PSH) for children and adolescents who have gender incongruence or dysphoria,

National Health Service (N.H.S.) (2024) Independent Review of Gender Identity Services for Children and Young People.

National Institute for Health and Care Excellence (2020). Evidence reviews: gonadotrophin releasing hormone analogues and cross sex hormones for children and adolescents with gender dysphoria

PALKO / COHERE Finland (2020). Recommendation of the Council for Choices in Healthcare Medical Treatment Methods for Dysphoria Related to Gender Variance in Minors (unofficial translation)