BRIEFINGS ON TRANS HEALTHCARE

EVIDENCE BRIEF: GENDER-AFFIRMING HORMONE THERAPY

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Transcend Australia

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Background

Gender-affirming hormone therapy refers to the provision of hormones (oestrogen or testosterone) to support the development of sex characteristics that align with a person's gender. Gender-affirming hormone therapy may be pursued for a number of reasons, such as mitigating gender dysphoria or to increase bodily comfort.[1]

Gender-affirming hormone therapy is safe and effective. Research on the effects and outcomes of gender-affirming hormone therapy shows that it consistently reduces depressive symptoms and psychological distress.[2–8] In addition, gender-affirming hormone therapy results in increased body satisfaction and gender congruence, as well as improved general wellbeing and life satisfaction.[3,6,7,9] Research that compares differences amongst trans young people receiving gender-affirming hormones with trans young people who have not accessed gender-affirming hormones shows better mental wellbeing amongst young people who have been able to access hormones.[6,8] A systematic review of qualitative research (e.g., interviews with young people) on trans young people's experiences of healthcare concludes that gender-affirming hormone therapy is a protective factor for ensuring wellbeing amongst trans young people.[10]

The World Professional Association for Transgender Health (WPATH) Standards of Care 8 (SOC8) does not recommend a minimum age requirement for starting gender-affirming hormone therapy.[11] Instead, it recommends prescribing hormones to eligible young people "who are at least Tanner stage 2 [of the pubertal process], with parental/guardian involvement unless their involvement is determined to be harmful or unnecessary to the adolescent."[11(pS111)] The SOC8 recommends a multi-disciplinary team approach to case management, and that clinicians continue to monitor hormone levels in all patients regardless of age.[11] It also recommends fertility preservation counselling for everyone who seeks to access gender-affirming hormones.[11]

The Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents (Australian SOC) also do not recommend a specific age for starting gender-affirming hormone therapy as "the ideal time for commencement of gender-affirming hormone treatment in trans adolescents will depend on the individual seeking treatment and their unique circumstances."[12(p17)]

The Australian SOC set out criteria for the commencement of gender-affirming hormone therapy that includes a formal diagnosis of Gender Dysphoria in Adolescence, comprehensive medical assessment that includes fertility preservation counselling, and agreement from the medical team that commencement of hormones is in the best interested of the young person, and obtaining informed consent from the young person.[12] In most jurisdictions, dual parental consent from both parents/guardians is required, apart from in South Australia, Queensland, and Victoria.[13]

Recommendations

- We recommend policy and practice continue to follow the Australian SOC.
- Gender-affirming hormones are safe and are most effective when started at the right time for each individual person; we do not recommend restricting access to them.
- For trans young people with mental health related co-occurring conditions, we recommend policy and practice continue to follow the Australian SOC whereby young people are connected with appropriate services and support concurrently as they access specialist gender clinics. Gender-affirming healthcare should not be withheld on the requirement of prior resolution of co-occurring conditions.

What does the Cass Review say?

The Cass Review dismisses much of the existing body of research on gender-affirming hormone therapy, particularly drawing into question research showing improved mental wellbeing and a reduction in suicidality for young people who have been able to access gender-affirming hormones.[14–17] However, the Cass Review utilises research in inconsistent ways, does not follow established standards for evaluating evidence quality, and inappropriately over-fixates on supposed "high-quality" evidence.[15–17]

The Cass Review recommends "extreme caution" when providing gender-affirming hormones to 16- and 17-year-olds.[14] The recommendation (number 8) is that "there should be a clear clinical rationale for providing hormones at this stage rather than waiting until an individual reaches 18."[14(p35)] This, the Cass Review claims, "would keep options open during this important developmental window, allowing time for management of any co-occurring conditions, building of resilience, and fertility preservation, if required."[14(p34)]

The Cass Review claims that "assessing whether a hormone pathway is indicated is challenging," as a formal diagnosis of gender dysphoria supposedly "is not reliably predictive of whether that young person will have longstanding gender incongruence in the future, or whether medical intervention will be the best option for them."[14(p34)] It says that a young person's dysphoria may be resolved by medical treatment, but may also be resolved in "other ways," such as addressing pre-existing mental health difficulties through psychosocial treatment where young people can "explore" their concerns and experiences.[14] In fact, high-quality research shows that for the vast majority of young people experiencing gender dysphoria, expressing a trans identity remains consistent over time.[18,19]

Furthermore, the Cass Review asserts that "for the majority of young people, a medical pathway may not be the best way to achieve"[14(p30)] goals around reducing a young person's distress and any barriers to participation in everyday life. The Cass Review questions the ability of gender-affirming hormone therapy to reduce instances of poor mental health and suicidal ideation.[14] The Cass Review dismisses the existing evidence on the relationships between psychological wellbeing and gender-affirming hormone therapy.[14] It then says that for those who are in late adolescence and have not started puberty blockers, psychosocial approaches that include support for managing any mental health problems, facilitating participation in work or education, social transition, and fertility preservation are questionably "more pressing" than commencing gender-affirming hormone therapy.[14] However, despite implying that addressing wider mental health and/or psychosocial problems will potentially be more beneficial than hormone therapy, the Cass Review also states that there is insufficient evidence on the long-term outcomes of "psychosocial interventions" that do not involve gender-affirming medical treatment (such as hormones and puberty blockers).[14]

In response to the Cass Review

In Australia, clinical decisions about the commencement of gender-affirming hormones are always based on individualised assessments of the young person, done in consultation with families, and on consideration of the young person's capacity to consent. Research on the clinical profiles of young people attending a Victorian specialist gender clinic shows that over a ten-year period, 20.5% of young people received gender-affirming hormones.[19] An independent review of Queensland's paediatric gender service showed that 17% of young people presenting to the service received gender-affirming hormones.[20] Therefore, decisions to

commence gender-affirming hormone therapy are never routine or rushed. Qualitative Australian research which centres the voices of young people and their families demonstrates that access to gender-affirming hormones improved young people's mental wellbeing, facilitated a better sense of self, and improved social functioning.[21] Other Australian-specific research shows improved mental health amongst trans young people who have accessed gender-affirmative healthcare compared to trans young people who have not been able to access such care.[22]

The Cass Review's recommendation that there needs to be a clear clinical rationale to provide hormones to under-18s, rather than waiting until a young person turns 18, is not in line with existing guidelines such as the WPATH Standards of Care 8 and the Australian Standards of Care.[11,12] It does not take into consideration the evidence of benefits for the timely provision of gender-affirming hormones.[17] For some young people, the commencement of gender-affirming hormones is appropriate and may be life-saving. There is no rationale for delaying treatment until 18, when there has been an appropriate assessment, and informed consent has been obtained from young people and their parents.

For context, in the UK when a young person was known to have a referral in place to Gender Identity Services (GIDS), they were then excluded from accessing care from Child and Adolescent Mental Health Services (CAMHS) while on the waiting list for GIDS.[14] This meant these young people were denied access to standard evidence-based care for co-occurring conditions such as anxiety, depression, eating disorders, etc. This is not the case in Australia. Young people are encouraged to access mental health support (either privately, via headspace, through school counsellors, or CAMHS services) so that there is concurrent care of co-occurring conditions. We support the continuation of such a model of care in Australia, and do not recommend access to gender-affirming healthcare be withheld.

The Cass Review fails to consider the risks of actively withholding hormone treatment from eligible young people who wish to begin hormone treatment.[17] As the recommendation is to actively restrict and reduce access to gender-affirming hormone treatment, the risks of this new approach should be considered. Research has observed clinically and statistically significant worsening of depression and suicidality in young people who were unable to commence gender-affirming hormone treatment despite wishing for, and being eligible for, such care.[5] There is no evidence base for the denial or extreme restriction of access to gender-affirming

hormone therapy to trans young people. The existing models of care are already cautious and include multi-disciplinary assessment, thorough education about the treatment and its effects, and assessment of the young person's capacity to consent to the treatment.[11,12]

The evidence of the benefits of accessing gender-affirming hormone therapy for older trans adolescents and young adults who wish for it and are eligible according to international guidance[11] is persuasive, including evidence consistently observing reduced depression and/or reduced suicidality.[3,7,8,23,24] Of note, the Cass Review and its commissioned systematic review of hormone treatment for trans adolescents concluded that "there were inconsistencies regarding suicidality and/or self-harm, with three of four studies reporting an improvement and one no change."[25(p6)] In fact, the fourth study, by Grannis and colleagues, showed a substantial decrease in suicidality/self-harm that was nearing statistical significance.[6] All four studies were consistent in finding reduced suicidality and/or self-harm; it appears that there was an error of interpretation.[3,6,8,23] This systematic review, and the Cass Review's use of it, have been widely criticised for not adhering to best practice in research and drawing inconsistent conclusions from the evidence base.[15–17]

While the Cass Review does not *explicitly* call for a clinical model where young people must first undergo "psychosocial interventions" in order to be able to access gender-affirming healthcare, it is heavily implied such an approach is preferential—by, for example, referring to this as a "first line approach."[14(p155)] Such an approach is referred to "exploratory therapy" whereby young people are required to undertake talk therapy to explore "why" they experience gender dysphoria and/or express a trans identity.[26] The Cass Review provides harmful suggestions that adverse childhood experiences and stressors could lead to "gender-related distress."[14(p185)] It attempts to frame this approach as being "neutral," however, exploratory therapy has been extensively criticised for being fundamentally incompatible with therapeutic neutrality.[26] Additionally, the Cass Review has been heavily critiqued for dismissing gender-affirmative approaches on the (incorrect) basis of weak evidence in favour of supposedly "neutral" alternatives, without considering the very real harms of such approaches.[16,17]

Conclusions

- The model of care for young people accessing gender-affirming hormone therapy in Australia is different to that of the UK.
- In Australia, young people who wish to access gender-affirming hormones receive care from multi-disciplinary teams and are supported to access any additional mental health related-care alongside specialist gender services.
- Gender-affirming hormone therapy is provided in Australia after comprehensive physical and mental health assessments by trained specialists at a time that is right for the young person.
- A suite of high-quality evidence shows the benefits of gender-affirming hormone therapy, particularly in regards to mental wellbeing.

Intended use of information

While we make every effort to make sure the information in this resource is accurate and informative, the information does not take the place of professional medical advice.

Do not use our information as a substitute for the advice of a health professional.

If you are an individual seeking medical or health information for yourself or for someone else, you should obtain advice relevant to your particular circumstances from a health professional.

More information and support

For clinicians, please contact AusPATH for resources and support. www.auspath.org.au

For families and young people, please contact Transcend Australia for resources and support. www.transcend.org.au

This resource and associated evidence briefs and fact sheets can be downloaded from www.transcend.org.au/resources/evidence

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