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Gender incongruence: not representative of current knowledge and evidence, and nor of best practice

This article falls startlingly short of the quality and evidence base I would expect from a journal editorial.¹ Where claims are backed by citations, often these are a misreading or misrepresentation of the cited material. One claim is that ‘... there are no robust contemporary cohort studies of younger female-to-male outcomes ...’, citing a paper by Butler *et al*. However, Butler *et al* note there has been one study.² This had a natal male to natal female ratio of 1:1.7, and included 201 adolescents referred to the Gender Identity Development Service in London between 2010 and 2014.³ Another is that charities and non-NHS groups are ‘using inaccurate information, including exaggerated risks of suicide’, which cites a blog post from the organisation All About Trans.⁴ There is no inaccurate information in the blog post. It does say that hormones can be ‘life saving’ for young people, but as studies consistently report poorer mental health and increased suicidal ideation in transgender young people, and at least one has shown that transgender children who are supported in their identity revert to developmentally normative levels of mental health issues, this cannot be described as inaccurate.⁵

It states that there are no UK guidelines for generalists, but fails to note the clear guidance in Scotland that patients should be referred by their GP to the local Gender Identity Clinic (GIC).⁶ The suggestion of seeing the patient over a number of appointments without mentioning referral implies that this would be prior to referral to a GIC, which would be poor practice.

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Gender incongruence in children, adolescents, and adults: response to Dr White

We are delighted to clarify the evidence in our editorial for Dr White¹ (a full point-by-point response is available online).²

White states there is ‘no inaccurate information’ from All About Trans³ when countering our claim that charities and non-NHS groups use ‘inaccurate information, including exaggerated risks of suicide’. The blog post claims that ‘hormones can be “life saving” for young people’. It describes a volunteer saying ‘hormone blockers’ were ‘life saving and empowering for young people’. The site states ‘Attempted suicide amongst trans people in the UK is 48% ...’.⁴ This figure (not confirmed via medical records) comes from a subgroup of 27 people responding to a survey, whose average age was 38, with a third considering themselves disabled. This is unlikely to be a representative, relevant, or generalisable relevant sample.⁵

We support children being able to dress and present in the way they wish. The study White cites as supporting children in their socially preferred gender role, and showing benefit of social transition,⁶ is exactly that: it refers to social, not medical, transition. No medical treatments were used. If anything, it suggests that medical intervention in

this group was not necessary and points to socially assigned gender roles being harmful.

It is vital that doctors do not foreclose discussion by distorting the little evidence base that does exist. Admitting uncertainty is uncomfortable, but is the vital step to obtaining better research data to improve the care of current and future patients.

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