

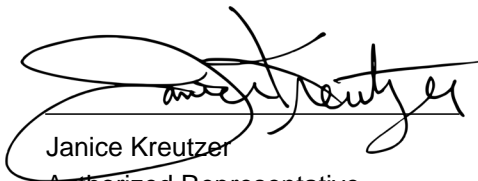
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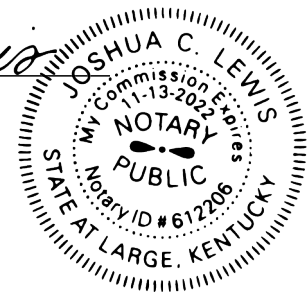
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Updated recommendations for hormone therapy for gender dysphoria in young people

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Text

The National Board of Health and Welfare is publishing new recommendations on hormone treatment for young people under the age of 18 with gender dysphoria. Uncertain science and new knowledge mean that the National Board of Health and Welfare now recommends restraint when it comes to hormone therapy. At the same time, it is important that children and young people suffering from gender dysphoria are taken seriously, treated well, and offered adequate care.

Gender dysphoria is the psychological distress or impairment of functioning in everyday life caused by a mismatch between gender identity and registered gender. The National Board of Health and Welfare is updating its knowledge support for gender dysphoria care for young people, and new recommendations are being presented today on anti-pubertal treatment and gender-confirming hormone therapy for young people.

The National Board of Health and Welfare has previously presented statistics showing that the group of young people seeking treatment for gender dysphoria has increased significantly. Between 2008 and 2018, the number of newly diagnosed cases of gender dysphoria multiplied. The increase was particularly large among those aged 13 to 17 and with registered female gender at birth.

- The change is greater among the young than the elderly, and greater among females than males registered at birth. Several factors have been put forward as explanations, but it has not been possible to identify the underlying causes. Thus, the changes represent an uncertainty that we have had to take into account when deciding what care to recommend for minors, says Thomas Lindén, Head of Department at the National Board of Health and Welfare.

Lack of reliable conclusions on the efficacy and safety of treatments

At the request of the National Board of Health and Welfare, SBU has produced a literature review of all relevant studies on the efficacy and safety of hormone treatments. The report, published today, shows that it is not yet possible to draw firm conclusions about the efficacy and safety of the treatments based on scientific evidence.

- The conclusion is that very little knowledge has been acquired about the effects and safety of the treatments since 2015, says Thomas Lindén.

- When the knowledge support for the care of children and adolescents with gender dysphoria was developed in 2015, the importance of systematically monitoring and evaluating the measures offered in the context of clinical work was emphasized. We now see that this has not yet been realized, which contributes to the need to amend the recommendations.

SBU has also compiled studies on changes in perception of gender identity or discontinuation of treatment. **It is not possible to determine how common** it is for people who undergo gender-affirming treatment to later change their perception of their gender identity, **discontinue treatment, or regret it in some aspect**. At the same time, **it has been documented that detransition does occur**, and there may also be a hidden risk.

- For the group that regrets or discontinues treatment, there may be a risk that the treatment has led to poor health or quality of life, says Thomas Lindén.

The risks outweigh the benefits at this stage

Based on the findings, the overall conclusion of the National Board of Health and Welfare is that the risks of anti-pubertal and sex reassuring hormone therapy for those under 18 years of age currently outweigh the potential benefits for the group as a whole.

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Board of Health and Welfare

Updated recommendations for hormone therapy for gender dysphoria in young people - National

- The conclusion is that hormone treatment should continue to be provided **in the context of research**. More knowledge is needed about the impact of treatments on gender dysphoria and the mental health and quality of life of minors, **both in the short and long term**, says Thomas Lindén.

- **Pending a research study**, our conclusion is that the treatments can be given in **exceptional cases**. Here, **we propose a set of criteria** that health care providers can use in their individual clinical assessments.

At the same time, it is important that young people with gender dysphoria continue to receive care and treatment within the health system. This includes **both hormonal treatments** where they are deemed justified and, for example, **psychosocial interventions, child psychiatric treatment, and suicide prevention** measures where necessary.

- Health services need to continue to ensure that children and young people suffering from gender dysphoria are taken seriously, well cared for, and offered adequate care. In the future, this care will become national highly specialized care, which will increase the opportunities for research and knowledge development in this area of care and further strengthen patient safety and quality, says Thomas Lindén.

Facts

- The National Board of Health and Welfare has ongoing work to update the knowledge support for children and adolescents with gender dysphoria/gender incongruence.
- The work is **being done in stages** and is **commissioned by the Government**. **Chapters on support and investigation have already been published**.
- The update is being made to take account of new knowledge and the changes in the area of care that have taken place since the knowledge support was published in 2015 and to provide recommendations for good care based on current conditions.

Support, assessment, and hormone therapy for gender inequality in children and young people

Support, investigation, and hormone therapy for gender inequality in children and adolescents - **Partial update of knowledge support, February 2022**

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Contact

Thomas Lindén

E-mail: thomas.linden@socialstyrelsen.se

Telephone: 075-247 30 05 (reachable via the press service)

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