

Public Health Evidence Report Following Engagement Activity

This form is to be completed by the Policy Working Group's Public Health Lead if stakeholders identify potential new evidence during policy development engagement activities. The Public Health Lead will assess the evidence raised to against the Population, Intervention, Comparator and Outcome (PICO) criteria and will record the studies in the appropriate boxes in the '*Outcome for studies suggested during engagement activities*' section of this form. In cases where newly identified evidence has a material impact, please return the completed form to the Clinical Effectiveness Team (CET).

URN	1927
Policy title:	Draft Interim Clinical Policy: Puberty Suppressing Hormones
CRG:	Gender Dysphoria Clinical Programme
NPOC:	Not applicable
Engagement activity	Public consultation
Date	5 th January 2024

Description of comments during engagement (If studies have been suggested please provide a list of references)	<p>251 URLs related to the public consultation questions:</p> <ul style="list-style-type: none"> • Has all of the relevant evidence been taken into account? • Are there any changes or additions you think need to be made to this policy? <p>Short references were allocated for the information to which each of the URLs linked. 10 URLs linked to 5 duplicate short references, leaving 246 unique short references suggested during consultation.</p>
Action taken by Public Health lead	<p>246 unique references were checked for relevance against the search strategy and PICO used for the evidence review and literature surveillance report and against the references detailed in the evidence review, the literature surveillance report the stakeholder testing Public Health Evidence Report. Where necessary, references were obtained in full text.</p> <p>3 unique references were general website pages from which specific information could not be determined.</p> <ol style="list-style-type: none"> 1. ONS data http://www.nomisweb.co.uk 2. St Louis https://www.stlouischildrens.org/conditions-treatments/transgender-center/puberty-blockers

	<p>3. UK Parliament Committees https://committees.parliament.uk/writtenevidence/7947/html/</p>
<p>Outcome for studies suggested during engagement activities</p>	
<p>1. Evidence already identified as part of the evidence review, literature surveillance report or stakeholder testing</p>	<ol style="list-style-type: none"> 1. Achille 2020 https://doi.org/10.1186/s13633-020-00078-2 2. Anacker 2020 https://pubmed.ncbi.nlm.nih.gov/32919399 3. Angus 2020 https://doi.org/10.1111/cen.14329 4. Biggs 2023 https://pubmed.ncbi.nlm.nih.gov/36120756/ 5. Boogers 2022 https://pubmed.ncbi.nlm.nih.gov/35666195/ 6. Carmichael 2021 https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0243894 7. Chen 2021 https://doi.org/10.1016/j.jadohealth.2020.07.033 8. Costa 2015 https://pubmed.ncbi.nlm.nih.gov/26556015/ 9. de Vries 2011 https://pubmed.ncbi.nlm.nih.gov/20646177/ 10. de Vries 2014 https://publications.aap.org/pediatrics/article-abstract/134/4/696/32932/Young-Adult-Psychological-Outcome-After-Puberty?autologincheck=redirected 11. Drummond 2008 https://psycnet.apa.org/doiLanding?doi=10.1037%2F0012-1649.44.1.34 12. Giovanardi 2019 https://pubmed.ncbi.nlm.nih.gov/30953318/ 13. Graham 2023 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10063975/ 14. Hembree 2017 https://pubmed.ncbi.nlm.nih.gov/28945902/ 15. Horton 2022 https://doi.org/10.1177/07435584221100591 16. Jensen 2019 https://pubmed.ncbi.nlm.nih.gov/31663037/ 17. Joseph 2019 https://pubmed.ncbi.nlm.nih.gov/31472062/ 18. Khatchadourian 2014 https://pubmed.ncbi.nlm.nih.gov/24315505/ 19. Klink 2015 https://pubmed.ncbi.nlm.nih.gov/25427144/ 20. Kremen 2021 https://pubmed.ncbi.nlm.nih.gov/33883246/ 21. Lee 2020 https://doi.org/10.1210/jendso/bvaa065 22. Nos 2022 https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2798002 23. Panagiotakopoulos 2020 https://doi.org/10.1038/s41585-020-0372-2 24. Ramos 2020 https://link.springer.com/article/10.1007/s40618-020-01449-5 25. Rew 2021 https://doi.org/10.1111/camh.12437 26. Schagen 2016 https://pubmed.ncbi.nlm.nih.gov/27318023/ 27. Schagen 2020 https://academic.oup.com/jcem/article/105/12/e4252/5903559?login=false

	<p>28. Staphorsius 2015 https://www.sciencedirect.com/science/article/abs/pii/S0306453015000943</p> <p>29. Steensma 2013 https://doi.org/10.1016/j.yhbeh.2013.02.020</p> <p>30. Tordoff 2022 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8881768/</p> <p>31. Van der Loos 2023 https://pubmed.ncbi.nlm.nih.gov/36763938/</p> <p>32. van der Miesen 2020 https://doi.org/10.1016/j.jadohealth.2019.12.018</p> <p>33. Wallien 2008 https://pubmed.ncbi.nlm.nih.gov/18981931/</p> <p>34. Zucker 2010 https://www.tandfonline.com/doi/abs/10.1080/19359705.2011.530574</p>
<p>2. New evidence identified by stakeholders that does not fall within PICO and search methodology</p>	<p>1. AACAP 2020 https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/transgender-and-gender-diverse-youth-122.aspx</p> <p>2. AACE 2022 https://pro.aace.com/recent-news-and-updates/aace-position-statement-transgender-and-gender-diverse-patients</p> <p>3. AACPP 2019 https://www.aacap.org/AACAP/Latest_News/AACAP_Statement_Responding_to_Efforts_to_ban_Evidence-Based_Care_for_Transgender_and_Gender_Diverse.aspx</p> <p>4. Abbruzzese 2023 https://www.tandfonline.com/doi/full/10.1080/0092623X.2022.2150346</p> <p>5. Abreu 2022 https://psycnet.apa.org/record/2021-67997-001?doi=1</p> <p>6. Abreu 2022a https://psycnet.apa.org/record/2022-47098-001</p> <p>7. ACC 2023 https://www.acc.org/About-ACC/Press-Releases/2023/02/22/20/29/Hormone-Therapy-for-Gender-Dysphoria-May-Raise-Cardiovascular-Risks</p> <p>8. ACHA https://www.acha.org/ACHA/About/Position_Statements/ACHA/About/Position_Statements.aspx?hkey=ff979452-3284-4993-8cbc-bf4abaa8b430</p> <p>9. ACNM https://www.midwife.org/acnm/files/acnmlibrarydata/uploadfilename/00000000326/ACNM--PS--Care%20for%20TGNB%20People-%20Final_1.pdf</p> <p>10. ACOG 2021 https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2021/03/health-care-for-transgender-and-gender-diverse-individuals</p> <p>11. ACP 2023 https://www.acponline.org/advocacy/state-health-policy/attacks-on-gender-affirming-and-transgender-health-care</p>

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<p>3. New evidence identified by stakeholders that falls within PICO and search methodology but does not materially affect the conclusions of the existing evidence review</p>	<p>1. Lavender 2023 https://doi.org/10.1089/lgbt.2022.0201</p> <p>They report a retrospective observational analysis of patients who attended an endocrine clinic. All patients in this study had been treated with puberty suppression and gender-affirming hormone treatment, although results are presented separately for each stage of treatment and thus it is possible to determine outcomes for patients following puberty suppression only.</p> <p>Number of patients in this study is small, with considerable loss to follow up (ie 109 eligible participants but full results only available for 38). Comprehensive assessment at each stage using a range of questionnaires, completed by young people and caregivers.</p> <p>The use of puberty suppressants resulted in statistically significant improvements in the Child Behavior Checklist but no statistically significant differences in the Youth Self Report questionnaire or the Body Image Scale questionnaire or the Utrecht Gender Dysphoria Scale. Improvements were also noted in self harm and suicidality statements following treatment with puberty suppressants.</p> <p>2. Ludvigsson 2023 https://doi.org/10.1111/apa.16791</p> <p>This is a systematic review with relevant outcomes. All contributing studies were checked and have been previously identified or are not relevant to the PICO.</p> <p>Note also that the authors state “Evidence to assess the effects of hormone treatment on the above fields [psychosocial and mental health, cognition, body composition, and metabolic markers of hormone treatment in children with gender dysphoria] is insufficient.”</p> <p>3. Kuper 2020 https://doi.org/10.1542/peds.2019-3006</p> <p>In this study a total of 148 participants completed surveys assessing body dissatisfaction, depression and anxiety at initial presentation to their clinic and at follow-up after one year.</p> <p>Most patients in this study were treated with feminising or masculinising hormone therapy but a small number (25/148; 17%) were treated with puberty blocking drugs and the results for this group are reported separately. Note that 90% of all the patients in this study were at a late stage of puberty (Tanner Stage IV or V).</p> <p>There were modest improvements in body dissatisfaction, depressive symptoms and anxiety symptoms in the group of patients treated with puberty suppressants only.</p>
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<p>4. New evidence identified by stakeholders that falls within PICO and search methodology, that does materially affect the conclusions of the existing evidence review. Updated evidence review to be undertaken (to be agreed with CET)</p>	<p>None</p>
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Completed by:	Consultant in Public Health Medicine, NHS England
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