Health Council of the Netherlands

Transgender Care for Adolescents

Executive summary

Gender identity is understood as a person's deeply felt internal and individual experience of gender (male, female, both, or neither).
For most people, gender identity corresponds with their sex assigned at birth. If this is not the case, this is referred to as gender incongruence. This report uses the term gender dysphoria to refer to a deep sense of distress resulting from gender incongruence. A small percentage of adolescents in the Netherlands experiences gender dysphoria.
Gender dysphoria can be accompanied by mental health issues and social problems that negatively impact adolescents' daily functioning and development. For example, adolescents with gender dysphoria are more likely to experience stress and to have depressive or suicidal thoughts, negative self-image, and poor (social) relationships with their peers.
For some adolescents with gender dysphoria, gender-affirming medical treatment is indicated – such as GnRH agonists (also known as puberty blockers) and gender-affirming hormone treatment.

The treatment of adolescents with GnRH agonists and gender-affirming hormones is subject of debate, particularly the safety and effectiveness of these treatments and their long-term outcomes. Some European countries have shifted to a more cautious approach to hormone treatments.

Following 2 parliamentary motions regarding GnRH agonists and gender-affirming hormone treatment for adolescents, the Minister of Health, Welfare and Sport has asked the Health Council for advice. The minister has asked whether the guideline for gender-affirming medical treatment for adolescents is in line with healthcare legislation, and what is known about physical and mental (long-term) health effects of hormone treatments and regret following treatment. The temporary committee on Transgender Care for Adolescents has examined these questions. The committee's advice applies to adolescents up to 18 years old and focuses primarily on treatment with GnRH agonists (possible from the onset of puberty) and gender-affirming hormone treatment (possible from age 15-16), not on gender-affirming surgery.

Carefully structured pathway

The committee concludes that gender-affirming medical treatment for adolescents with gender dysphoria in the Netherlands is in line with healthcare legislation. Moreover, the committee notes that scientific research shows that the intended physical effects are achieved, that there are indications of some mental health improvement and that the regret rate following treatment is low. According to the committee, the current

scientific data on unintended physical and mental health effects are no cause for immediate concern. However, uncertainties remain. For example, the potential effects of treatment on cognition and fertility have not yet been sufficiently studied, and data on long-term treatment outcomes are lacking. Furthermore, the number of people who regret treatment cannot be accurately determined based on the available literature, due to generally short follow-up periods and substantial loss to follow-up in studies.

The minister has also asked the Health Council to compare its findings with other European countries. The committee notes that in the Netherlands transgender care is organised with a focus on step-by-step exploration of gender identity. Although other countries frequently refer to the *Dutch protocol*, the approach in international practice does not always align with the current Dutch care model. For example, it is unclear whether other countries have given sufficient attention to gender exploration and psychological counselling. Although in England and in Sweden treatment with GnRH agonists and gender-affirming hormones is now only available as part of clinical research, the new model of transgender care in these countries appears to be more in line with the current Dutch care model. Furthermore, treatment with GnRH agonists and gender-affirming hormones has recently been more firmly embedded in guidelines and expert statements in countries such as Germany, Austria, Switzerland, Poland and France.

In light of these findings, the committee makes several recommendations.

Greater involvement of general practitioners and general mental health services in exploring gender-related questions

Questions about gender identity can be part of the natural process of identity development. For a small group of adolescents in the Netherlands, these questions relate to gender dysphoria. In the Netherlands, children and adolescents with questions about gender can initially consult their general practitioner and, after referral, access general mental health services. Since these professionals are often hesitant to address gender-related questions or have a lack of knowledge regarding these questions and the context in which they arise, the committee advocates for continuing education and training to support these healthcare professionals. This would enable general practitioners and mental health services to address exploratory gender-related questions more frequently, which may help prevent the pathologisation and medicalisation of gender-related questions resulting from rapid referral to specialised gender clinics. Additionally, it may help to reduce long waiting lists for treatment in specialised clinics.

Further clarify the extensive diagnostic assessment and subsequent treatment indication in the revision of standards of care

For adolescents with gender dysphoria, the first line of treatment is psychological care. Hormonal treatment is also an option. In the Netherlands, this

is only considered after extensive diagnostic assessment, psychological support, and subsequent treatment indication, under supervision of a multidisciplinary team. According to the committee, gender-affirming medical treatment for adolescents with gender dysphoria is in line with healthcare legislation. Current transgender care for adolescents in the Netherlands is characterised by a carefully structured pathway, featuring extensive exploratory and diagnostic phases, careful assessment of treatment indication and guidance from a multidisciplinary team. According to the committee, this provides the conditions necessary for provision of information to adolescents and their parents, as well as room for reflection required to achieve voluntary informed consent, shared decision-making and exploration. However, the committee does see an opportunity to better document the comprehensive nature of the Dutch care pathway.
The committee recommends more firmly embedding the due diligence requirements in the revision of the Dutch standards of care (*Kwaliteits-standaard Transgenderzorg – Somatisch*). First and foremost, by documenting the extensive diagnostic phase and assessment of treatment indication in greater detail and by explicitly stating that attention must continue to be paid to co-occurring health issues, since adolescents who have sought transgender care in recent years are more likely to have co-occurring psychosocial issues. In addition, the committee recommends that the revised standards of care should further elaborate on how to assess an adolescent's decision-making competence. The current standards of care state that voluntary informed consent is required for any treatment, but do not provide sufficient guidance on assessing decision-making competence.

Importance of research on long-term treatment outcomes

Research on physical and mental health outcomes of hormone treatments for adolescents with gender dysphoria generally shows consistent results. Research shows that hormone treatments are physically effective and that mental health seems to improve as a result. The available data on unintended physical and mental health effects are no cause for immediate concern. Potential effects of treatment on cognition and fertility, as well as long-term treatment outcomes, have not yet been sufficiently studied. However, these uncertainties do not provide sufficient grounds for the committee to recommend restructuring the current care pathway.
In reaching this conclusion, the committee takes into account that denying treatment could also be harmful to mental health. According to the committee, these uncertainties are important factors that must be carefully discussed with adolescents and their parents as part of the informed consent process.

The committee states that more high-quality research is needed to provide greater certainty about treatment outcomes. The strength of evidence could be enhanced, among other things, by multicentre studies with longer follow-up periods (extending well into adulthood) and larger study populations that accurately reflect the population of adolescents who currently

seek care. To ensure that long-term data will be available in a few years, the committee believes that it is crucial to monitor and evaluate transgender care in a standardised manner nationwide. Collaboration among the various gender clinics is essential for this purpose.

As long as research into (long-term) treatment outcomes remains limited, it is important that adolescents and their parents are well informed about uncertainties, in addition to potential health risks.

Addressing discontinuation of treatment and regret

Some individuals with gender dysphoria discontinue hormone treatment or come to regret their treatment. Discontinuing treatment (and possibly detransitioning) and regret can go hand in hand, but are essentially 2 distinct concepts. There are people who discontinue treatment without feelings of regret, but conversely, there are people who experience regret but do not discontinue treatment. Dutch research shows that 0-3.5% of people with gender dysphoria discontinue hormone treatment that they began as adolescents. In these studies, no cases of regret were found. However, based on the available research, the committee can draw no definitive conclusions on the number of cases of regret, due to the generally short follow-up periods and substantial dropout rates in the studies. The committee emphasises that it is important that adolescents feel comfortable to discuss discontinuation or regret with their healthcare providers, regardless of the reason for regret. According to the committee, regularly discussing discontinuation or regret should be part of the informed consent process and should be explicitly outlined in the revised standards of care. The committee also recommends conducting research into the experiences and care preferences of this group, including those outside of specialised gender clinics. The recommendation for nationwide, standardised monitoring of care also serves the purpose of gaining better research data on regret and detransition.

According to the committee, discontinuation and regret should not necessarily be considered measures of the quality of care. Discontinuation can, in fact, be the result of a careful exploratory process. Furthermore, research shows that reasons for discontinuing hormone treatment may also be related to societal or social factors.

Importance of accepting gender diversity in society

The emphasis in healthcare on time, reflection and shared decision-making reflects the view that autonomy in healthcare is not only a prerequisite – for example through the requirement of informed consent – but also a goal, enabling individuals to set and achieve their own life goals. At the same time, the committee recognises that this autonomy can be constrained by social and societal factors, such as discrimination and social exclusion. The healthcare needs of adolescents with gender dysphoria stem from the internal experience of a body that does not align with their gender identity, but may also be influenced by a lack of acceptance of

gender diversity in their social and societal environment. Therefore, there are limits to what transgender care can offer adolescents.

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