Misrepresentations of evidence in "gender-affirming care is preventative care"

Richard Armitage

Academic Unit of Population and Lifespan Sciences, School of Medicine, University of Nottingham, Clinical Sciences Building, Nottingham City Hospital Campus, Hucknall Road, Nottingham, NG5 1PB, UK

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Restar significantly mispresents the evidence used to support numerous claims on at least five occasions in "Gender-affirming care is preventative care."[1]

Firstly, when referring to reference 8,[2] the author states that "use of hormones was associated with less depression, and trans people not on hormones had 4-fold increased risk of depressive disorder." Restar fails to note, however, that the cross-sectional nature of this study was inherently unable to determine the direction of the effect—specifically, that better psychological wellbeing may be the cause of patients embarking upon cross-sex hormone treatment or, as implied by Restar, a consequence of this.

Secondly, to support the claim that "GAC [gender-affirming care] is linked to improved quality of life and mental health among trans people", and GAC is "an integral protective factor for trans people's mental health," Restar refers to a systematic review (reference 6)[3] of only three *uncontrolled* prospective cohort studies, which only followed-up participants from between 3 and 6 months and 12 months after baseline, and of which only two found statistically significant improvements in psychological functioning after initiating hormone therapy. The review's authors stated that the results "demonstrate low quality evidence" that "is unable to offer conclusive evidence regarding the effects of hormone therapy on quality of life for transgender individuals."

Thirdly, Restar also refers to a total population prospective study (reference 7)[4] to support the claim that "GAC is linked to improved quality of life and mental health among trans people", yet this study did not include a comparison group of individuals who had sought but not yet received GAC, meaning those who had not received treatment because they were waiting for it could not be distinguished from those who were not seeking it at all, which is essential for tracking mental health before and immediately after treatment.

Fourthly, to further support the claim that GAC is "an integral protective factor for trans people's mental health," Restar refers to a systematic review of 20 studies (reference 10),[5] 85% of which had a moderate, high or serious risk of bias in their study designs. Small sample sizes, and confounding with other interventions, severely limited the confidence of the review's conclusions, and no conclusions about participant death by suicide could be drawn by the authors.

Fifthly, Restar also states that a study (reference 9)[6] reported suicidal ideation in 3.5% of participants, then claims that this is "a comparable rate to the U.S. general population rate of 4.6%" (using reference 3 as support).[7] However, reference 3 states that 4.6% is the *lifetime* suicide attempt rate in the *whole* U.S. population, while the study (reference 9) reported suicidal ideation (3.5%) and completed suicide (0.63%) within only the *first two years* of receiving "gender-affirming hormones" in participants who were only *12–20 years of age* (the suicide rate for 15–24 year old in 2021 in the U.S. was only 0.02%).[8]

If totalising claims—such as "Gender-affirming care is preventative care"—are to be published in highly influential medical journals, it is of paramount ethical importance that they are accompanied by accurate, transparent, verifiable, and honest interpretations of the evidence used to support them. Without this, such claims constitute nothing more than misleading and discrediting ideological dogma which, as with Restar's Comment, have no place in *The Lancet* publications, and should thus be entirely disregarded.

Declaration of interests

The authors have no interests to declare.

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E-mail address: richard.armitage@nhs.net.

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