# Article information:

L. Thompson - A PRISMA systematic review of adolescent gender dysphoria literature: 1) Epidemiology
[https://click.endnote.com/viewer?doi=10.1371%2Fjournal.pgph.0000245=WzM5OTY5NzMsIjEwLjEzNzEvam91cm5hbC5wZ3BoLjAwMDAyNDUiXQ.v8qaXMcsyRAc2VzITm2wJVVTfVc](https://click.endnote.com/viewer?doi=10.1371%2Fjournal.pgph.0000245&token=WzM5OTY5NzMsIjEwLjEzNzEvam91cm5hbC5wZ3BoLjAwMDAyNDUiXQ.v8qaXMcsyRAc2VzITm2wJVVTfVc)

# Article summary:

1. The study aimed to review published evidence on the prevalence of gender dysphoria (GD) in adolescence, the proportions of natal males/females with GD in adolescence and whether this changed over time, and the pattern of age at onset, referral, and assessment.

2. From 6202 potentially relevant articles, 38 papers from 11 countries representing between 3000 and 4000 participants were included in the final sample. Most studies were observational cohort studies, usually using retrospective record review.

3. There is evidence of an increase in frequency of presentation to services for GD and a shift in the sex assigned at birth of referred cases: those assigned female at birth are now in the majority. No data were available on age of onset. Within the included samples, the average age was 13 years at referral and 15 years at assessment.

# Article rating:

May be slightly imbalanced: The article presents the information in a generally reliable way, but there are minor points of consideration that could be explored further or claims that are not fully backed by appropriate evidence. Some perspectives may also be omitted, and you are encouraged to use the research topics section to explore the topic further.

# Article analysis:

The article A PRISMA systematic review of adolescent gender dysphoria literature: 1) Epidemiology by Thompson et al. provides a comprehensive overview of the prevalence, demographics, and age patterns of gender dysphoria (GD) in adolescents. The authors conducted a systematic review of published studies on GD in adolescents and found that there is an increase in the frequency of presentation to services and a shift in the sex assigned at birth of referred cases, with those assigned female at birth now in the majority.

Overall, the article presents a well-structured and informative review of the literature on adolescent GD. However, there are some potential biases and limitations that should be considered when interpreting the findings.

One potential bias is sample selection bias. The authors only included studies that reported clinically verified GD and excluded studies focused on adult populations or those that did not include original data on adolescents aged at least 12 and under 18 years. This exclusion criterion may have led to an underestimation of the prevalence of GD in adolescents as some individuals may not seek clinical verification or may not meet diagnostic criteria for GD.

Another potential limitation is publication bias. The authors only included peer-reviewed journal publications, which may have resulted in a biased sample towards studies with positive findings or significant results. Additionally, most studies were observational cohort studies using retrospective record review, which may have introduced recall bias or other sources of error.

The article also lacks information on certain aspects related to adolescent GD such as comorbidities, treatment options, and long-term outcomes. While these topics are beyond the scope of this particular paper, they are important considerations when making clinical decisions regarding adolescent GD.

Furthermore, while the authors acknowledge that there was significant overlap among study samples accounted for in their quantitative synthesis, they do not provide details on how this overlap was addressed or how it may have affected their results.

Finally, it is worth noting that while the article presents evidence supporting an increase in the frequency of presentation to services and a shift in the sex assigned at birth of referred cases, it does not explore potential reasons for these trends or consider alternative explanations.

In conclusion, while the article provides valuable insights into the epidemiology of adolescent GD, there are potential biases and limitations that should be considered when interpreting the findings. Future research should aim to address these limitations and provide a more comprehensive understanding of adolescent GD.

# Topics for further research:

* Comorbidities of adolescent gender dysphoria
* Treatment options for adolescent gender dysphoria
* Long-term outcomes of adolescent gender dysphoria
* Reasons for increase in frequency of presentation to services for gender dysphoria
* Alternative explanations for shift in sex assigned at birth of referred cases for gender dysphoria
* Overlap among study samples in adolescent gender dysphoria research

# Report location:

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