# Pediatrician Challenges Hormone Treatments for Gender-Dysphoric Youth Based on Major Review



**Hormone Treatments for Gender-Dysphoric Youth Under Scrutiny After Major Review**

**London, UK** - Dr. Hillary Cass, a leading British pediatrician, has publicly challenged the current guidance on prescribing puberty blockers to children seeking gender transition. Her systematic review, known as the "Cass Report," analyzed 300 scientific papers and surveys involving over 113,000 children across 18 countries. Released earlier this year, the report found the evidence supporting the use of puberty blockers in transgender children to be "poor quality" and "not reliable."

Dr. Cass's findings have sparked debate, especially among U.S. medical organizations. While American groups like the American Academy of Pediatrics continue to endorse these treatments, Dr. Cass argues that the guidelines are outdated and misleading. According to her, these organizations should be transparent about the limited and sometimes conflicting evidence supporting hormone therapy for minors.

Commissioned by the UK's National Health Service, the Cass Report spurred a conservative shift in Britain's approach to youth gender transition, including a ban on puberty blockers for teens. This is in contrast to the U.S., where there are no age restrictions for these treatments.

In her review, Dr. Cass emphasized the need for a holistic approach to treating gender dysphoria, suggesting that focusing solely on medical interventions may neglect other critical aspects of a child's well-being. She highlighted that treating symptoms without addressing underlying issues of social and psychological development could be detrimental.

The report also touched on broader social trends, noting an increase in the number of teenagers identifying as transgender, potentially influenced by greater social acceptance and awareness.

Dr. Cass’s criticisms have faced backlash, with detractors pointing to the ethical challenges of conducting randomized controlled trials in this field. Despite this, she maintains that the lack of long-term data on the effects of puberty blockers and hormone treatments calls for caution and reevaluation of current medical practices.

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