

Dear

### FREEDOM OF INFORMATION – DETRANSITION SERVICE

I write in response to your request for information in relation to detransition service.

Question:

1. Do you provide a detransition service?
2. If so please provide the protocols used to provide this service.
3. If there is no service please advise where patients are signposted to receive support in their detransition.

Answer:

1.	Yes, we support patients who are seeking to detransition.
2.	Please see attached document
3.	We do provide this service

I hope the information provided helps with your request.

If you are unhappy with our response to your request, you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If our decision is unchanged following a review and you remain dissatisfied with this, you then have the right to make a formal complaint to the Scottish Information Commissioner within 6 months of receipt of our review response. You can do this by using the Scottish Information Commissioner's Office online appeals service at [www.itspublicknowledge.info/Appeal](http://www.itspublicknowledge.info/Appeal). If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

If you require a review of our decision to be carried out, please write to the FOI Reviewer at the email address at the head of this letter. The review will be undertaken by a Reviewer who was not involved in the original decision-making process.

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Chair Professor John Connaghan CBE  
Chief Executive Professor Caroline Hiscox  
*Lothian NHS Board is the common name of Lothian Health Board*



FOI responses (subject to redaction of personal information) may appear on NHS Lothian's Freedom of Information website at: <https://org.nhsllothian.scot/FOI/Pages/default.aspx>

Yours sincerely

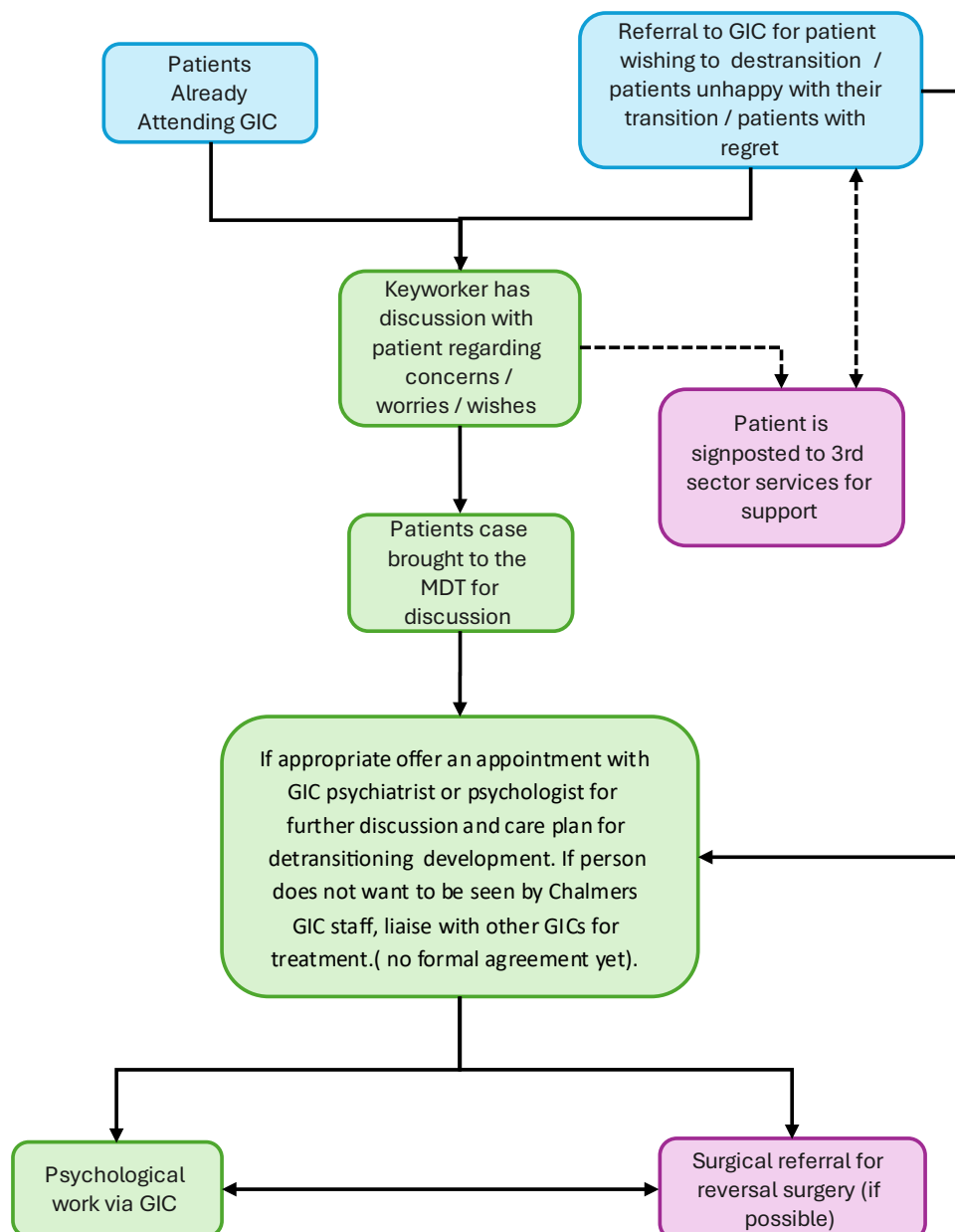
**ALISON MACDONALD**  
**Executive Director, Nursing**  
Cc: Chief Executive  
Enc.

# Chalmers Gender Identity Clinic: Detransitioning Pathway

## What is meant by detransitioning?

This has been described as the process of discontinuing or reversing a gender transition, often in connection with a change in how the individual identifies or conceptualises their sex or gender from when they started to transition (MacKinnon et al 2023 ).

**Pathway for people considering or wanting to detransition.** This is a process and will be individual for each person



## Background: Research evidence on detransitioning

There is limited research on people who have detransitioned or are thinking of detransitioning – this may be due to perceived stigma around detransitioning. The current public discourse and legal battles have weaponised detransition and decisional regret. This may discourage people considering detransition from attending for care. Feelings of shame may also be an important factor in people detransitioning and will affect their willingness to disclose their wish to detransition to the clinic.

The more recent literature suggests it may be an increasing problem and an increasingly complex phenomenon (Irwing 2022). Roberts *et al* looked at the rates of gender affirming hormone amongst transgender adults in the US Military Healthcare System (includes children and spouses) The mean age was 19.2. They classed discontinuing hormones as a failure to obtain another prescription 90 days following completion of the most recent prescription. The 4 year gender affirming hormone continuation rate was 70.2% (80% TF and 64% TM) An increase in discontinuation rate was associated with being trans masculine (2.4) and starting hormones at 18 years old and older(1.69). The study did not assess the reasons for 30% of people discontinuing hormones.

Richards *et al* looked at the detransition rates in a large national GIC in the UK (2019). A random sample of 303 patients were thoroughly investigated for evidence of detransition. They found 1 case ( 0.33%) an additional 2 cases noted a history of detransition before coming to the GIC. They suggest that with such a low prevalence there is no justification in slowing the pathway for other patients to prevent detransition. In the UK a retrospective case note review for 1 year from 1/9/17 – 31/8/2018 of 175 users consecutively discharged revealed that 6.9 % met their case definition of detransitioning. This suggests detransitioning may be more frequent than previously reported (Hall 2021) and may be more common in people dropping out of follow up.

In one US study only 24% of detransitioners told their clinician (Littman 2021) The interval between transitioning and detransitioning may be months to decades. Most follow up studies have been short (1- 2 years post treatment) and probably need to involve 5 - 10 years follow up to provide accurate estimates of detransitioning rates.

There are a variety of reasons why people may decide to detransition. They may include;

1. Stopping treatment but continuing to affirm a trans identity. This may be due to discrimination, lack of support, side effects from hormones.
2. Reidentifying with birth assigned sex . Reasons could be gender affirming treatment not resolving dysphoria, gender dysphoria resolving over time.

There is a suggestion from retrospective case note analysis , surveys and qualitative interviews (MacKinnon 2023) that people discontinuing gender affirming treatments are more likely to have neurodivergence and complex mental health challenges.

A qualitative analysis of 28 people detransitioning in Canada (64% AFAB) identified unique gender minority stresses associated with detransitioning – social rejection, lack of service provision by LGBTQ + organisations and gender providers unprepared to meet their needs (MacKinnon 2022).In an online study of 237 people detransitioning (51% from USA, 92% AFAB , mean age 25) 57% expressed a need for support in dealing with negative reactions to detransitioning (Littman )

## **Surgical regret**

In the UVMC in Amsterdam study of 6793 patients from 1972 – 2015 only 0.6 % of transwomen and 0.3% of transmen were identified as regretting gonadectomy ( Wiepjes et al 2018). A systematic review of 29 studies published between 2004 – 2019 including 15, 784 trans people who underwent gender affirming surgery found that regret after gender affirming surgery is rare, with a prevalence of 1.0%. However, the review had limitations – a focus on Western countries, reliance on self reported data, and a lack of examination of long term outcomes. The prevalence of regret was higher in individuals who underwent vaginoplasty ( 1.3% ) compared to phalloplasty ( 0.55). Younger age, poor social support and mental health problems were predictors of regret after surgery. The authors recommend that healthcare professionals work to identify and address these risk factors during preoperative counselling to minimise the risk of regret after gender affirming surgery.

## **Scottish Government Gender Identity Healthcare Protocol For Scotland (2024)**

Paragraph 34 covers halting or reversal of NHS Scotland treatment. The protocol states that GICs should ensure that they have processes and pathways in place within SOPs to support anyone who has previously accessed gender identity healthcare and may wish to discuss options, including making changes to previous treatment they have requested or received.

## **References**

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5. Hall R et al Access to care and frequency of detransition among a cohort discharged by a UK national adult gender identity clinic: retrospective case-note review BJPsych Opn , Volume 7, Issue 6 Nov 2021, e184
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7. Richards, Doyle Detransition Rates in Large National GIC in Counselling Psychology Review 34(1) 60 – 66 DOI: 10.53841/bpscpr.2019.34.1.60
8. Wiepjes et al J Sex Med 2018 Apr;15(4) 582 – 590. Doi; 10.1016/j.jsxm.2018.01.016. The Amsterdam Cohort of Gender Dysphoria Study ( 1972 – 2015); Trends in Prevalence, Treatment, and Regrets
9. van de Grift, T.C., Elfering, L., and Kreukels, B.P.C. (2021). Regret after Gender Affirmation Surgery: A Systematic Review and Meta-Analysis. Plastic and Reconstructive Surgery - Global Open. 9(3):e3426. doi: 10.1097/GOX.0000000000003426.
10. Gender Identity Healthcare Protocol For Scotland DL21 (2004) 03/09/2024 , Scottish Government