

# Epidemiology of Gender Dysphoria: Quality Assessment; Crowe Critical Appraisal Tool (CCAT)

November 2024

Study	Preliminaries	Introduction	Design	Sampling	Data Collection	Ethical Matters	Results	Discussion	Total	Percentage
Indremo <sup>1</sup> 2021	5	5	3	5	5	5	3	5	36	90%
Kaltiala <sup>2</sup> 2020	3	4	2	2	4	4	2	3	24	60%
Kidd <sup>3</sup> 2022	3	3	2	0	3	4	1	2	18	45%
Turban <sup>4</sup> 2022	5	5	4	2	3	3	2	2	26	65%
Van der Loos <sup>5</sup> 2023	5	5	4	3	5	4	4	4	34	85%

1. The study was well written and enabled a reasonable estimation of the prevalence of GD within a specific population. The validation of GD diagnoses using subsequent gender affirming medical treatment (GAMT) provided support for the study design.
2. The study provided information regarding the number of referrals Gender identity services (GIS) and undertook comparisons. In the absence of external validation of diagnoses, the prevalence or trends of GD could not be estimated from this study. However, the sex ratios of individuals (AMAB, AFAB) or the trends in that ratio could be inferred.
3. This study's design was poor with little explanation regarding what was being measured and provided little information regarding the validity of the sampling methods, despite evidence that sampling was unlikely to be random. The results and conclusions of this study should be considered unreliable.

4. The study by Turban appeared to be written as a rebuttal to the concept of Rapid Onset Gender Dysphoria and was funded by a foundation associated with or set up by the primary author. The survey sampling methods are not externally validated, the completeness of data collection unknown and the outcome of interest, Gender Diversity, is self-reported and not clearly defined. However, the study may provide some indication of the sex ratios of individuals with self-identified Gender Diversity.
5. This study was a detailed and careful analysis of a single centre GIS over 20 years. Although, population prevalence and sex ratios could not be identified from this study, the ages of presentation and the sex ratios (AMAB, AFAB) presenting to the clinic over a substantial time period were available.



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