Plain language summary - *Advice on the use of puberty suppressants in the care of trans and gender diverse people aged under 18*

Background

The National Health and Medical Research Council (NHMRC) is developing clinical practice guidelines for the care of trans and gender diverse people aged under 18. The Advice on Puberty Suppressants focuses only on the use of puberty suppressants and forms one part of a broader and more comprehensive guideline. The full guidelines are due to be published in 2028 and will also include advice on the use of hormones and psychosocial support.

Once published, the guidelines will be an important resource for healthcare professionals, and for trans and gender diverse young people and their families.

What does the Advice on Puberty Suppressants say?

The Advice on Puberty Suppressants recognises that puberty suppressants, specifically, Gonadotropin-releasing hormone agonists (GnRH agonists), can be a treatment option in the care of people aged under 18 with gender incongruence. The use of puberty suppressants is one possible part of care, not the entirety of care. It is not necessary to wait until a young person is distressed before providing care.

The Advice on Puberty Suppressants includes a conditional recommendation that, as part of a shared decision between the young person, their parents or carers, and their clinicians, puberty suppressants can be considered for a young person (aged under 18) who wants that care, when the young person:

- has commenced puberty
- has gender incongruence with or without distress
- is assessed as suitable for treatment in collaboration with clinicians.

A conditional recommendation means the treatment is appropriate for some individuals, but it isn't a one-size-fits-all decision. Different treatment choices may be appropriate for different people, so the decision must be tailored to the young person's circumstances, values, goals, and health needs.

The Advice on Puberty Suppressants also includes several Good Practice Statements. These are grounded in ethical principles and include, for example, the following considerations:

- healthcare professionals should respect the young person's best interests, autonomy, dignity, privacy, and their capacity to be involved in decisions about their care and the use or disclosure of personal information (e.g. preferred names and pronouns)
- care should be culturally safe, non-discriminatory, inclusive, and accessible

- shared decisions about the use of puberty suppressants should be informed by the provision of appropriate information to the young person and their parents or carers, a comprehensive health assessment, multidisciplinary input, and regular monitoring.

The Advice on Puberty Suppressants was developed based on a comprehensive evidence review of outcomes that matter most to patients, their parents or carers, and clinicians.

What is public consultation?

Public consultation is a process that invites interest holders to share relevant experiences and expertise to help inform the development of guidelines.

Why is public consultation important?

Public consultation is important because it allows people who may use the guidelines, or be affected by the recommendations, to share relevant experiences and expertise. This input helps inform the development of evidence-based guidelines.

What is gender incongruence? Is it the same as gender dysphoria?

Gender incongruence is the clinical term for a difference between a person's gender and their sex recorded at birth. It is not a mental health disorder. Some young people with gender incongruence will also experience significant distress, known as gender dysphoria.

What do puberty suppressants do?

The Advice on Puberty Suppressants focuses on one type of puberty suppressant in the care of trans and gender diverse young people: Gonadotropin-releasing Hormone agonists (GnRH agonists). GnRH agonists reduce the body's production of sex hormones (estrogen and testosterone) and pause pubertal development, such as menstruation, breast growth, voice changes, and facial masculinisation.

GnRH agonists pause puberty. They do not trigger the development of physical changes that align with the young person's gender.

The effect of GnRH agonists on hormone production is reversible. If treatment is stopped, pubertal development will resume. GnRH agonists are usually given by injection or implants.

What happens next?

The public consultation period closes at 1:00pm AEDT on **Monday 18 January 2027**. After the consultation period closes, submissions will be considered. The Advice on Puberty Suppressants will remain on the NHMRC website until the full guidelines are issued. The full guidelines are expected to be available for public consultation in by early 2028.