Twitter Thread by Fully Informed

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Thread on the #keirabell judgement and sorry state of evidence-lead health policy in New Zealand.

We have further confirmation that there is no good evidence of benefit from puberty blockers, and significant risks.

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The judges heard evidence for and against, and testimony from former patients. They ruled that puberty blocking is "experimental", with "very limited evidence as to its efficacy"

An unsurprising finding if you're familiar with the literature.

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134. The starting point is to consider the nature of the treatment proposed. The administration of PBs to people going through puberty is a very unusual treatment for the following reasons. Firstly, there is real uncertainty over the short and long-term consequences of the treatment with very limited evidence as to its efficacy, or indeed quite what it is seeking to achieve. This means it is, in our view, properly described as experimental treatment. Secondly, there is a lack of clarity over the purpose of the treatment: in particular, whether it provides a "pause to think" in a "hormone neutral" state or is a treatment to limit the effects of puberty, and thus the need for greater surgical and chemical intervention later, as referred to in the Health Research Authority report. Thirdly, the consequences of the treatment are highly complex and potentially lifelong and life changing in the most fundamental way imaginable. The treatment goes to the heart of an individual's identity, and is thus, quite possibly, unique as a medical treatment.

This is a continuation of the findings from the national health body reviews from Sweden and Finland. Both find that evidence is insufficient.

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https://t.co/SdNHXYPiCT

A review by the Center for Evidence Based Medicine at Oxford University highlighted the "profound scientific ignorance" on the the use of puberty blockers

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https://t.co/jTnu4jfuUt

A 2018 review by an Australian expert group finds that all studies on the psych effects of puberty blockers have a medium or high risk of bias.

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https://t.co/7L5dLrr5Zo

Table 1. Risk of bias and sample size

Study	Measure	n	Participation	Attrition	Outcome
Vries et al., 2011[1]	Psychosocial	70	High Bias	High Bias	Medium Bias
Vries et al., 2014[1]	Psychosocial	55	High Bias	High Bias	Medium Bias
Costa et al., 2015[2]	Psychosocial	201	Medium Bias	Medium Bias	Medium Bias
Staphorsius et al., 2014	Cognitive	116	Medium Bias	High Bias	Medium Bias
Burke et al., 2014	Cognitive	62	Medium Bias	Medium Bias	Medium Bias

Ok, what about New Zealand?
Dr Jeannie Oliphant is the lead author of NZ guidelines. She described puberty blockers as "the gold standard for young people." and claims that "we are using puberty blockers very freely up until about till about 20".

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https://t.co/DAeIpJqqCB

The NZ guidelines cite a *single* highly biased study (de Vries et al., 2014) and then claim that puberty blocking is supported by "good evidence"

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https://t.co/pch96L8gVC

> Thread on Vries et al. (2014).
> This is the main study on #pubertyblockers cited in the Waikato Guidelines as "good evidence"
>
> 1/8https://t.co/v5P9pzxBCo
>
> — Fully Informed (@fullyinformednz) October 2, 2020

The lead author of the original study (de Vries) now believes puberty suppression is not always appropriate.

She believes psychosocial support may be more appropriate for children who have recent dysphoria

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https://t.co/cgHf23gCCS

New Zealand children have the right to not be subject to medical experimentation. Health authorities must uphold the right to informed consent and provide psychosocial support.

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If you know doctors and parents who are considering blocking a child's normal puberty, please forward them the judgement

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https://t.co/nCsHJRhZSh

Thread summarised here ->

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https://t.co/N3SdEm0sCK