

1. A note on data source, methodology, and limitations: a transgender-related diagnosis in our data is any diagnosis where F64 codes (“gender identity disorder”), Z87.890 codes (“personal history of sex reassignment”), or E34.9 codes (“endocrine disorder, unspecified”), [which are also used](#) in this context, appear. The database is all-claims, all-payers (public and commercial) insurance database, reflecting around 85 percent of overall U.S. insurance claims between 2017 and 2023. Findings for 2023 are reliable until August, after which data are incomplete.

2. Gender dysphoria is not a [discrete clinical entity](#) with a single cause. Like other diagnoses in the DSM, it refers to a cluster of symptoms that may arise for different reasons in different people. For this reason, comparing current rates of transgender-related diagnoses in adolescents to historic rates in adults can be misleading. However, transgender advocates typically treat transgender identification (and its related clinical diagnosis) as a single phenomenon, one characterized by a mismatch of “gender identity” and “sex assigned at birth.” Taking that characterization on its own terms thus results in two striking findings, which are consistently reported in the medical literature in recent years. One is a sharp and sudden dramatic increase in the number of people who are considered transgender and/or who seek related clinical services. The other is a significant flip in the age of onset of symptoms, and from a male-heavy to a female-heavy phenomenon.