Are clinical guidelines built with everyone in mind?

Sex and gender inclusion in clinical practice guidelines: an umbrella review

Clinical Practice Guidelines (CPGs) are instrumental in shaping the care patients receive. Sex and gender can substantially affect how disease presents, progresses and responds to treatment. When CPGs fail to account for these differences, they risk delivering care that fits a default patient rather than the person in front of the clinician. We conducted the first umbrella review of reviews examining how well CPGs worldwide incorporate sex and gender considerations.

What did we do?

We conducted an umbrella review, a review of reviews, to synthesise existing evidence on how sex and gender are considered in CPGs.

- We searched eight databases for systematic, scoping and other reviews published from January 2000 to July 2025.
- Seven eligible reviews were identified, collectively appraising 784 CPGs across Australia, Canada, the Netherlands, Spain, the UK, Europe, and global low back pain guidelines.
- JBI Critical appraisal was used for quality assessment, followed by narrative synthesis.

What did we find?

- Sex and/or gender terms appeared in 69% of CPGs overall, but inclusion was frequently superficial.
- Only 15% of CPGs incorporated sex or gender into diagnostic and/or management recommendations.
- Sex and gender terms were often used interchangeably
- Where sex or gender content existed, it was frequently limited to pregnancy and reproductive health, rather than applied across the life course and other health domains.

Four recurring barriers to better inclusion of sex and gender in guidelines

- Under-representation of women, and limited sex or gender expertise, on guideline development committees.
- Limited translation of sex-specific evidence into recommendations, and limited analysis of gender-specific evidence.
- Inconsistent terminology: sex and gender used interchangeably.
- Guideline development methods (e.g. AGREE II, GRADE) that do not systematically prompt consideration of sex and gender.

What do these findings mean for policy and practice?

Sex and gender inclusion in CPGs remains inconsistent and often superficial, meaning recommendations may not apply equitably to all patients. This risks perpetuating disadvantage for women, gender-diverse people, and other groups historically under-represented in research and guideline development. Our findings point to the following policy levers at each stage of guideline development:

- Strengthen governance: increase representation of women and gender-diverse people and build sex or gender expertise on guideline development committees.
- Build in considerations from the start: incorporate sex and gender into scoping questions (e.g. PICO framing), search strategies and evidence appraisal.
- Standardise and resource the process: apply consistent and inclusive terminology, use established frameworks (e.g. SAGER), and equip guideline developers with training and tools to translate evidence into actionable recommendations.
- Robust sex-disaggregated data are increasingly available, making sex-based recommendations a realistic first step while the evidence base for gender considerations continues to develop.

These strategies can be integrated into existing CPG development frameworks rather than requiring complete overhauls, balancing inclusivity with feasibility for guideline developers.

Where can I find out more?

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