

# WPATH 2011

# Gender Dysphoria

Section III, V, VI, and VII (most relevant)

# Gender Nonconformity vs Gender Dysphoria

- Stigma in many societies
  - Prejudice, discrimination → minority stress
  - More vulnerable to developing mental health concerns
  - Abuse + neglect in relationships

#### Gender nonconformity

 Extent to which one's gender identity, role or expression differs from cultural norms (prescribed for that particular sex)

### Gender dysphoria

- Discomfort or distress caused by discrepancy
  - Between gender identity vs assigned sex at birth
- Only some gender nonconforming people experience gender dysphoria
- Treatment → aim to alleviate distress
  - Psychosocial
  - Hormone therapy
  - Surgery



### Advancements in Knowledge & Treatment

- Sex reassignment (hormone/surgery)
  - Highly effective
  - High satisfaction rates
  - Extremely rare regrets
  - Medically necessary for many
    - Some may need both, or just one
    - Psychotherapy helps

# Options for Psychological & Medical Treatment

- Treatment options for Gender Dysphoria
  - Changes in gender expression & role
  - Hormone therapy
  - Surgery
  - Psychotherapy
- Options for support changes in gender expression
  - Peer supports
  - Family/friend supports
  - Voice + communication therapy
  - Hair removal
  - Breast binding/padding
  - Genital tucking/penile prostheses
  - Padding of hips/buttocks
  - Changes in name + gender marker on ID



# Phenomenology in Children

### Childhood

- Lower rates of persistence into adult → 6-23%
- Boys more likely to identify as gay in adulthood (vs transgender)
- Males 3-6x higher

### Adolescents

- More likely to persistent into adulthood (no studies...)
- Gender ratio equal
- More likely to have co-existing MH disorders:
  - Anxiety, depression
  - ODD
  - ASD

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# Physical Interventions for Adolescents (and older)

### 3 stages

### 1. Fully reversible – delay physical changes of puberty

- Eligible once puberty has begun (usually Tanner stage 2)
- **GnRH analogs** → suppress estrogen or testosterone production
  - i.e. goserelin, buserelin, triptorelin
- Anti-androgens: Medroxyprogesterone, spironolactone → inhibits T secretion and binding to androgen receptor
- Continuous **OCP** → suppress menses

### 2. Partially reversible - hormone therapy (masculinize or feminize)

 Testosterone and androgenic steroids may increase risk of hypomania, mania or psychosis in patients with underlying psychiatric disorders

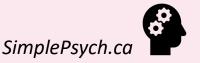
#### 3. **Irreversible** – genital surgical procedures

- When patients reach legal age of majority AND have lived continuously (at least 12 months) in the gender role
- Chest surgery can be carried out earlier (preferably after 1+ year of testosterone)
- \*When patients with GD are also dx with a severe psychiatric disorder and impaired reality testing, an effort must be made to improve these conditions (meds/therapy) before surgery is contemplated\*

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### Tasks Related to Assessment and Referral

- 1. Assess gender dysphoria
- 2. Provide information re: **options** for gender identity and expression, and possible medical interventions
- 3. Assess, dx, and discuss tx options for coexisting MH concerns
  - Should be optimally managed prior to, or concurrent with, treatment of gender dysphoria
  - Patients may benefit from psychotropic medications
- 4. Assess eligibility, prepare and refer for hormone therapy or surgery
  - Explore reproductive options **before** hormone tx
  - HCP who recommend hormone tx or surgery **share ethical and legal responsibility** for that decision with the MD who provides the service



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# Tasks Related to Psychotherapy

- 1. Psychotherapy **not** an absolute requirement for hormone tx or surgery (though highly recommended)
- 2. Goals of therapy for adults with gender concerns
  - Help to achieve comfort in gender identity expression, with realistic chances for success in relationships, education and work
- 3. Psychotherapy for trans and gender nonconforming patients, including counselling and support for changes in gender role
- 4. Family therapy or support for family members
- 5. Follow-up care throughout life
- 6. E-therapy, online counseling or distance counselling