

Evaluation and Treatment of Gender Dysphoria to Prepare for Gender Confirmation Surgery

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ABSTRACT

Background: Gender dysphoria is the experience of marked distress due to incongruence between genetically determined gender and experienced gender. Treatment of gender dysphoria should be individualized and multidisciplinary, involving a combination of psychotherapy, social gender transition, cross-sex hormone therapy, gender-affirming surgery, and/or ancillary procedures and services. The goal of all treatment modalities is to alleviate distress and affirm the patient's experienced gender identity. This article is the first in a 3-part series focused on the diagnostic assessment and non-operative treatment of gender dysphoria. Parts 2 and 3 focus on operative aspects of gender dysphoria treatment.

Aim: To summarize the recommendations of the World Professional Association for Transgender Health (WPATH) and the Endocrine Society (ES), as well as review published literature regarding the non-operative treatment of gender dysphoria.

Methods: A review of relevant literature through January 2017 was performed via PubMed.

Outcomes: WPATH guidelines regarding diagnosis and non-surgical treatment of gender dysphoria, specifically regimens and risks of cross-sex hormone therapy were reviewed.

Results: Few physicians have experience with the diagnosis or treatment of gender dysphoria, although the number of patients seeking treatment has risen substantially in recent years. As a result, clinicians have turned to published recommendations from WPATH and ES, both of which promote high-quality, evidence-based care for patients with gender dysphoria. Successful treatment requires an individualized multidisciplinary approach. Non-operative treatment is both safe and effective for the majority of patients with gender dysphoria.

Conclusions: Guidelines from WPATH and ES, along with published literature pertaining to the diagnosis and non-operative treatment of gender dysphoria, were reviewed and summarized. **Hadj-Moussa M, Ohl DA, Kuzon WM. Evaluation and Treatment of Gender Dysphoria to Prepare for Gender Confirmation Surgery. Sex Med Rev 2018;XX:XXX-XXX.**

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Key Words: Gender Dysphoria; Transgender; Cross-Sex Hormone Therapy; Real-Life Experience

INTRODUCTION

Individuals with gender dysphoria experience marked distress due to an incongruence between their experienced gender identity and their biologically determined anatomy.¹ Epidemiological studies report 0.3–0.5% of adults experience gender dysphoria; experts,^{2,3} and a recent review by Winter et al,⁴ agree these values likely underestimate the true prevalence due to the significant social stigma associated with gender non conformity.

The number of people seeking medical attention for treatment of gender dysphoria has risen dramatically in recent years.^{5,6} Unfortunately, medical schools are varied in their dedication to teaching about the diagnosis, treatment, or general health care needs of patients with gender dysphoria. Medical professionals worldwide have therefore turned to published recommendations from the World Professional Association for Transgender Health (WPATH) and the Endocrine Society (ES), both of which promote high-quality, evidence-based care for transgender patients.^{2,7} Few differences exist between the 2 guidelines, although some requirements in the most recent WPATH 7th edition recommendations have been liberalized compared to those in the ES guidelines in an effort to reduce barriers to care for patients in communities lacking clinicians who have experience treating gender dysphoria. The goal of all treatment for gender dysphoria is to alleviate distress and affirm the patient's

Received January 31, 2017. Accepted March 14, 2018.

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<https://doi.org/10.1016/j.sxmr.2018.03.006>

Table 1. Terminology and definitions^{2,5,7,14,22}

Term	Definition
Sex	Biological characteristics that define male and female gender, based on external genitalia, without regard to one's gender identity.
Gender identity	A category of social identity that describes an individual's identification as male, female, or an alternative gender.
Gender non-conformity	The extent to which a person's gender identity differs from cultural norms ascribed to a particular biological sex.
Transgender	Adjective that describes a person whose expression, beliefs, or ideas do not conform with their biologically defined gender.
Gender dysphoria	Discomfort or distress caused by a discrepancy between a person's gender identity and their biologic sex (a formal diagnosis by the <i>Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition</i>).
Gender confirmation surgery	Surgery to change primary and/or secondary sex characteristics to affirm a person's gender identity.
Transition	Period of time when individuals change from the gender role associated with their biological sex to a different gender role.
Female-to-male	Adjective describing female individuals who are changing or who have changed their body and/or gender role to a more masculine body or role.
Male-to-female	Adjective describing male individuals who are changing or who have changed their body and/or gender role to a more feminine body or role.

experienced gender identity. Both WPATH and ES agree that treatment should be individualized based on each patient's specific needs and goals for gender expression, since the degree of distress patients experience related to their gender dysphoria is highly variable.^{2,7} Interventions that may prove beneficial for transgender patients include psychotherapy, social gender transition, hormone therapy, gender-affirming surgery, and/or other accompanying services such as vocal coaching, permanent hair removal, and comportment counseling.^{2,8} Informed consent is of paramount importance due to the considerable consequences of the hormonal therapy and surgical interventions used to treat gender dysphoria.^{2,7} Thus, prior to initiating hormone therapy, any surgical intervention, or especially when deviating from published standards of care, the patient's informed consent must be obtained and documented in their medical record.

This review is the first in a 3-part series focused on the multidisciplinary treatment of gender dysphoria. The diagnosis and treatment of children and adolescents with gender dysphoria is unique and beyond the scope of this series. Part 1 includes diagnostic assessment, preventative health and screening guidelines, and non-operative treatment of gender dysphoria including psychotherapy, social gender transition, and hormone therapy. Parts 2 and 3 will review surgical treatments, including intraoperative techniques for male-to-female (MtF) and female-to-male (FtM) gender confirmation surgery (GCS), as well as ancillary procedures and services for the comprehensive treatment of gender dysphoria.⁹

DIAGNOSTIC ASSESSMENT

Establishing an accurate diagnosis is the first step in treatment for gender dysphoria.⁵ This requires a good understanding of

relevant medical terminology by health care providers, although the vocabulary surrounding gender issues is evolving and varies by culture and context (Table 1).

Both WPATH and ES recommend that a qualified mental health professional (MHP) make the diagnosis of gender dysphoria.^{2,7} Qualified MHPs must have specific training and experience in the care of transgender and gender-non conforming patients.² To minimize barriers to care in communities where qualified MHPs are scarce, WPATH also endorses an "informed consent model" whereby other medical professionals with training in gender and mental health issues may also diagnose gender dysphoria.^{2,5} A thorough diagnostic evaluation determines whether the patient meets *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* criteria for gender dysphoria; examines their psychosocial functioning; and identifies their personal, professional, and economic support systems (Table 2).¹

The Role of MHPs

In addition to accurately diagnosing gender dysphoria, involvement of a qualified MHP is helpful for a variety of other reasons.² These practitioners:

- Diagnose and discuss treatment options for concomitant mental health disorders, which are found in higher rates in gender dysphoric patients and if not optimized, can hinder successful treatment.
- Educate patients about options for gender identity and expression and available treatment options, helping them gain comfort with their gender expression.
- Provide appropriate referrals for medical hormone therapy following an assessment that determines the patient meets WPATH readiness and eligibility criteria, and prepare the patient for what to expect from hormone therapy.

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