

## ORIGINAL RESEARCH

# Psychological Support, Puberty Suppression, and Psychosocial Functioning in Adolescents with Gender Dysphoria

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## ABSTRACT

**Introduction.** Puberty suppression by gonadotropin-releasing hormone analogs (GnRHa) is prescribed to relieve the distress associated with pubertal development in adolescents with gender dysphoria (GD) and thereby to provide space for further exploration. However, there are limited longitudinal studies on puberty suppression outcome in GD. Also, studies on the effects of psychological support on its own on GD adolescents' well-being have not been reported.

**Aim.** This study aimed to assess GD adolescents' global functioning after psychological support and puberty suppression.

**Methods.** Two hundred one GD adolescents were included in this study. In a longitudinal design we evaluated adolescents' global functioning every 6 months from the first visit.

**Main Outcome Measures.** All adolescents completed the Utrecht Gender Dysphoria Scale (UGDS), a self-report measure of GD-related discomfort. We used the Children's Global Assessment Scale (CGAS) to assess the psychosocial functioning of adolescents.

**Results.** At baseline, GD adolescents showed poor functioning with a CGAS mean score of  $57.7 \pm 12.3$ . GD adolescents' global functioning improved significantly after 6 months of psychological support (CGAS mean score:  $60.7 \pm 12.5$ ;  $P < 0.001$ ). Moreover, GD adolescents receiving also puberty suppression had significantly better psychosocial functioning after 12 months of GnRHa ( $67.4 \pm 13.9$ ) compared with when they had received only psychological support ( $60.9 \pm 12.2$ ,  $P = 0.001$ ).

**Conclusion.** Psychological support and puberty suppression were both associated with an improved global psychosocial functioning in GD adolescents. Both these interventions may be considered effective in the clinical management of psychosocial functioning difficulties in GD adolescents. **Costa R, Dunsford M, Skagerberg E, Holt V, Carmichael P, Colizzi M. Psychological support, puberty suppression, and psychosocial functioning in adolescents with gender dysphoria. J Sex Med 2015;12:2206–2214.**

**Key Words.** Gender Dysphoria; Adolescents; Psychosocial Functioning; Puberty Suppression

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The study was conducted in the Gender Identity Development Service, Tavistock and Portman NHS Foundation Trust, Tavistock Centre, 120 Belsize Lane, London NW3 5BA.

## Introduction

Gender dysphoria (GD) individuals experience a marked incongruence between their assigned gender and their experienced gender [1]. GD refers to this stressful condition resulting in clinically significant distress or impairment in

important areas of functioning [2,3]. When supporting and treating children and adolescents with GD, health professionals should broadly conform to the Standards of Care of the World Professional Association for Transgender Health (WPATH) [4]. These guidelines indicate that psychological support should focus on exploring gender identity, role, and expression; addressing the negative impact of GD and stigma on mental health; alleviating internalized transphobia; enhancing social and peer support; improving body image; promoting resilience. Psychological interventions such as individual, couple, family, or group therapy should be provided within a multidisciplinary gender identity specialty service [4].

Studies indicate that cross-sex hormonal treatment (CSHT) improves well-being in GD adults [5,6]. However, it has been observed that despite many years of psychotherapy the GD of most adolescents does not often abate. Rather, once these young persons, who are already experiencing considerable distress over their gender identity, undergo the pubertal development of their biological sex, their psychological well-being deteriorates significantly [7]. Because this risk can be so great, the need for an early intervention has become paramount.

Delemarre-van de Waal and Cohen-Kettenis have proposed an early intervention approach, the Dutch model [8], which aims to eliminate the exposure to unwanted pubertal hormones, limit GD, and improve the ability to “pass” as the desired gender in adulthood. It considers adolescents, after a comprehensive psychological evaluation with many sessions over a longer period of time, eligible for puberty suppression, cross-sex hormonal treatment (CSHT), and gender reassignment surgery (GRS) at the respective ages of 12, 16, and 18 years when there is a history of GD; no psychosocial problems interfering with assessment or treatment; adequate family or other support; and good comprehension of the impact of medical interventions. According to this protocol, suppressing puberty and allowing young individuals the opportunity to explore their gender identity would provide some relief from the distress associated with the development of secondary characteristics [8]. Consistently, some studies indicate that puberty suppression leads to a better psychosocial outcome [2,9].

Since the release of the Dutch model, there has been disagreement about the appropriateness of treatment in minors. Some practitioners have questioned the ethics and safety of this intervention.

Conversely, other health care professionals have argued they have an obligation to alleviate suffering and it would be unethical to allow a patient to suffer through the distress of pubertal development when there is a way of preventing it [10]. Anyway, puberty suppression by gonadotropin-releasing hormone analogs (GnRHa) has increasingly become accepted in clinical management of adolescents with GD. Even if further studies are needed, GnRHa are considered a safe and putatively reversible intervention which should be provided to people in need of it, especially if allowing puberty to progress appears likely to harm the young person [7].

There are limited longitudinal studies on the psychosocial functioning of GD adolescents after puberty suppression [2,9]. Also, studies on the effects of psychological support on its own on GD adolescents’ psychosocial functioning have not been reported.

## Aims

The aim of this study was to assess GD adolescents’ psychosocial functioning in follow-up evaluations. Based on previous literature [2,9] and our clinical experience, we hypothesized a poor general functioning at baseline, an improvement after psychological support, and a further improvement after the beginning of the GnRHa.

## Methods

### Study Design and Participants

This longitudinal study was conducted at the Gender Identity Development Service (GIDS) in London. The health care pathway provided at the GIDS is described in Figure 1. A consecutive series of 436 adolescents (mean age =  $15.74 \pm 1.38$  years; natal male/natal female ratio = 1:1.7) were referred between 2010 and 2014 to the GIDS. 201 adolescents (mean age =  $15.52 \pm 1.41$  years; natal male/natal female ratio = 1:1.6) completed the diagnostic procedure (about 6 months) and were invited to take part in the follow-up evaluations. No GD adolescent refused to participate and all participants and their parents gave informed consent. By clinical interview, all adolescents fulfilled DSM-IV-TR criteria in use at the time for Gender Identity Disorder. The GIDS has adopted the WPATH Standards of Care [4]. There were no significant differences in socio-demographic characteristics as well as baseline CGAS scores

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