

ORIGINAL RESEARCH—TRANSGENDER AND GENDER NONCONFORMANCE

Cross-Sex Hormonal Treatment and Body Uneasiness in Individuals with Gender Dysphoria

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ABSTRACT

Introduction. Cross-sex hormonal treatment (CHT) used for gender dysphoria (GD) could by itself affect well-being without the use of genital surgery; however, to date, there is a paucity of studies investigating the effects of CHT alone.

Aims. This study aimed to assess differences in body uneasiness and psychiatric symptoms between GD clients taking CHT and those not taking hormones (no CHT). A second aim was to assess whether length of CHT treatment and daily dose provided an explanation for levels of body uneasiness and psychiatric symptoms.

Methods. A consecutive series of 125 subjects meeting the criteria for GD who not had genital reassignment surgery were considered.

Main Outcome Measures. Subjects were asked to complete the Body Uneasiness Test (BUT) to explore different areas of body-related psychopathology and the Symptom Checklist-90 Revised (SCL-90-R) to measure psychological state. In addition, data on daily hormone dose and length of hormonal treatment (androgens, estrogens, and/or antiandrogens) were collected through an analysis of medical records.

Results. Among the male-to-female (MtF) individuals, those using CHT reported less body uneasiness compared with individuals in the no-CHT group. No significant differences were observed between CHT and no-CHT groups in the female-to-male (FtM) sample. Also, no significant differences in SCL score were observed with regard to gender (MtF vs. FtM), hormone treatment (CHT vs. no-CHT), or the interaction of these two variables. Moreover, a two-step hierarchical regression showed that cumulative dose of estradiol (daily dose of estradiol times days of treatment) and cumulative dose of androgen blockers (daily dose of androgen blockers times days of treatment) predicted BUT score even after controlling for age, gender role, cosmetic surgery, and BMI.

Conclusions. The differences observed between MtF and FtM individuals suggest that body-related uneasiness associated with GD may be effectively diminished with the administration of CHT even without the use of genital surgery for MtF clients. A discussion is provided on the importance of controlling both length and daily dose of treatment for the most effective impact on body uneasiness. **Fisher AD, Castellini G, Bandini E, Casale H, Fanni E, Benni L, Ferruccio N, Meriggiola MC, Manieri C, Gualerzi A, Jannini E, Oppo A, Ricca V, Maggi M, and Rellini AH. Cross-sex hormonal treatment and body uneasiness in individuals with gender dysphoria. J Sex Med 2014;11:709–719.**

Key Words. Gender Identity Disorder; Cross-Sex Hormonal Treatment; Body Uneasiness

Introduction

The emerging conceptualization of gender nonconformity, as accepted by the World Professional Association for Transgender Health, is moving toward a definition of gender variance that incorporates people who challenge social norms of gender identity/role without necessarily experiencing distress [1]. Moreover, the new view proposes that passing for the opposite gender should not be assumed as the final goal for all nonconforming individuals [2,3]. Alternative options, such as accepting the variant gender role or identity, may also be a desired outcome. This new perspective in conceptualizing gender incongruence has two major implications for the way in which treatment is applied to individuals with gender dysphoria (GD). First, individuals with GD need to be conceptualized as a subgroup within a larger population of nonconforming individuals. Based on the DSM IV-TR criteria, the experience of distress becomes a key aspect of the diagnosis of GD [4]. The distress experienced by these individuals is the product of a discrepancy between gender identity and sex assigned at birth, gender role, and/or primary and secondary sex characteristics [5,6]. Second, the treatment needs to be designed to address the individual needs of the patient who may not wish to live fully as an individual of the opposite gender.

In line with this new conceptualization, individuals with GD could benefit from flexibility in treatment, depending on their final goals with regard to aligning identity with body. While some individuals may experience an amelioration of distress by changing gender expression, others may need different levels of body modifications [1,2]. Among interventions aimed at reducing the incongruence between body and gender identity, a medical approach includes cross-sex hormonal treatment (CHT) alone or together with surgical reassignment [1,2]. To date, studies have mostly focused on the positive effects of sex reassignment surgery on mental and sexual health and satisfaction, omitting the potential benefit derived from just CHT [7–22].

A meta-analysis of GD treatment published in 2011 [23] reported only five studies that described the effects of CHT on psychological outcomes. Findings from these individual studies showed higher quality of life [24] and better psychological [25] and psychosocial [26] adjustment for individuals following CHT, perhaps because CHT increased confidence in passing as a member of the

new gender and maintaining the new role [26]. Recently, only two additional studies have been published on this topic, which essentially corroborated the concept that CHT is associated with higher quality of life [27], less social distress and anxiety, and fewer depressive symptoms [28].

The interpretation of the available literature is limited by several caveats that need to be considered. First, only a paucity of studies took into consideration the concurrent effects of both length and dosage of hormonal treatment [25,27,28]. Second, data are rarely presented for both male-to-female (MtF) and female-to-male (FtM) individuals, thus preventing any inferences on the differences between these two populations. Third, in some studies the isolated effect of CHT was confounded because individuals with and without surgical sex reassignment were included in the same group [28].

Finally, none of these studies focused on the effects of CHT on body-related distress, a dimension assumed to be at the core of GD development.

There is a paucity of studies empirically testing distress related to one's body in individuals with GD [29–31]. Initial evidence of the crucial role of this type of distress comes from the fact that medical GD treatment is not only effective in alleviating dysphoria [1] but can also improve general psychopathology and distress [32]. If treatment for GD is moving toward a more flexible approach in order to address subtle differences in the needs of these people, a better understanding of the potential benefits of CHT alone on body distress is warranted.

Aims of Our Study

One of the aims of the present study was to assess differences in body uneasiness and psychiatric symptoms between GD individuals taking CHT and those not taking hormones (no CHT). Secondary analyses were conducted to better understand if distress with specific parts of the body was less pronounced among individuals taking CHT. We also assessed whether length of CHT treatment and daily hormone doses provided an explanation for different levels of body uneasiness and psychiatric symptoms.

Methods

Participants

Subjects referred for the first time to the centers for GD assistance of the Universities of Florence,

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