THE JOURNAL OF
SEXUAL MEDICINE

ORIGINAL RESEARCH

TRANSGENDER HEALTH

Association Between Gender Confirmation Treatments and Perceived Gender Congruence, Body Image Satisfaction, and Mental Health in a Cohort of Transgender Individuals

Ashli A. Owen-Smith, PhD, SM,[1,2] Joseph Gerth, MPH,[3] R. Craig Sineath, MPH,[4] Joshua Barzilay, MD,[2] Tracy A. Becerra-Culqui, PhD,[5] Darios Getahun, MD, PhD, MPH,[5] Shawn Giammattei, PhD,[6] Enid Hunkeler, MA, FAHA,[7] Timothy L. Lash, DSc, MPH,[3] Andrea Millman, MA,[8] Rebecca Nash, MPH,[3] Virginia P. Quinn, PhD,[9] Brandi Robinson, MPH,[2] Douglas Roblin, PhD,[10] Travis Sanchez, PhD,[3] Michael J. Silverberg, PhD, MPH,[8] Vin Tangpricha, MD, PhD,[4,11] Cadence Valentine, MSW,[5] Savannah Winter,[2] Cory Woodyatt,[3] Yongjia Song, MPH,[3] and Michael Goodman, MD, MPH[3]

ABSTRACT

Background: Transgender individuals sometimes seek gender confirmation treatments (GCT), including hormone therapy (HT) and/or surgical change of the chest and genitalia ("top" and "bottom" gender confirmation surgeries). These treatments may ameliorate distress resulting from the incongruence between one's physical appearance and gender identity.

Aim: The aim was to examine the degree to which individuals' body-gender congruence, body image satisfaction, depression, and anxiety differed by GCT groups in cohorts of transmasculine (TM) and transfeminine (TF) individuals.

Methods: The Study of Transition, Outcomes, and Gender is a cohort study of transgender individuals recruited from 3 XXX health plans located in Georgia, Northern California, and Southern California; cohort members were recruited to complete a survey between 2015−2017. Participants were asked about: history of GCT; body-gender congruence; body image satisfaction; depression; and anxiety. Participants were categorized as having received: (1) no GCT to date; (2) HT only; (3) top surgery; (4) partial bottom surgery; and (5) definitive bottom surgery.

Outcomes: Outcomes of interest included body-gender congruence, body image satisfaction, depression, and anxiety.

Results: Of the 2,136 individuals invited to participate, 697 subjects (33%) completed the survey, including 347 TM and 350 TF individuals. The proportion of participants with low body-gender congruence scores was significantly higher in the "no treatment" group (prevalence ratio [PR] = 3.96, 95% CI 2.72−5.75) compared to the definitive bottom surgery group. The PR for depression comparing participants who reported no treatment relative to those who had definitive surgery was 1.94 (95% CI 1.42−2.66); the corresponding PR for anxiety was 4.33 (95% CI 1.83−10.54).

Clinical Translation: Withholding or delaying GCT until depression or anxiety have been treated may not be the optimal treatment course given the benefits of reduced levels of distress after undergoing these interventions.

Conclusions: Strengths include the well-defined sampling frame, which allowed correcting for non-response, a sample with approximately equal numbers of TF and TM participants, and the ability to combine data on HT

Received December 1, 2017. Accepted January 29, 2018.

[1]Department of Health Management and Policy, School of Public Health, Georgia State University, Atlanta, GA;

[2]Center for Clinical and Outcomes Research, Kaiser Permanente Georgia, Atlanta, GA;

[3]Department of Epidemiology, Rollins School of Public Health, Emory University, Atlanta, GA;

[4]School of Medicine, Emory University, Atlanta, GA;

[5]Department of Research and Evaluation, Kaiser Permanente Southern California, Pasadena, CA;

[6]Rockway Institute, Alliant International University, San Francisco, CA;

[7]Emeritus, Division of Research, Kaiser Permanente Northern California, Oakland, CA;

[8]Division of Research, Kaiser Permanente Northern California, Oakland, CA;

[9]Emeritus, Department of Research and Evaluation, Kaiser Permanente Southern California, Pasadena, CA;

[10]Mid-Atlantic Permanente Research Institute, Kaiser Permanente Mid-Atlantic States, Rockville, MD;

[11]Atlanta US Department of Veterans Affairs Medical Center, Atlanta, GA

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https://doi.org/10.1016/j.jsxm.2018.01.017

and gender confirmation surgeries. Limitations include the cross-sectional design and the fact that participants may not be representative of the transgender population in the United States. Body-gender congruence and body image satisfaction were higher, and depression and anxiety were lower among individuals who had more extensive GCT compared to those who received less treatment or no treatment at all. **Owen-Smith AA, Gerth J, Sineath RC, et al. Association Between Gender Confirmation Treatments and Perceived Gender Congruence, Body Image Satisfaction and Mental Health in a Cohort Of Transgender Individuals. J Sex Med 2018;XX:XXX–XXX.**

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Key Words: Transgender; Gender Confirmation Treatments; Mental Health; Body Image

INTRODUCTION

"Transgender" is a term used to describe individuals whose gender identity differs from the male or female designation usually occurring at birth.[1,2] A person whose gender identity differs from a female designation is referred to as female-to-male or transmasculine (TM) and a person whose gender identity differs from a male designation is referred to as male-to-female or transfeminine (TF). The terms "transmasculine"/"transfeminine" include a broad spectrum of identities that differ from the gender assigned at birth and can apply to individuals who do not identify with binary categories.[3]

Some transgender individuals experience gender dysphoria (GD), defined as a feeling of distress resulting from the incongruence between physical appearance and gender identity.[4,5] This distress, compounded by commonplace experiences of stigma, victimization, and discrimination, may partly explain the disproportionately high rates of depression and anxiety among TM and TF individuals compared with the general population.[6–8] These mental health issues not only affect an individual's quality of life but are associated with other health problems and higher mortality rates.[9–12] Among transgender individuals, depression has been linked to substance abuse, high-risk sexual behaviors, and most notably, suicide.[13–15]

Transgender individuals may seek medical gender confirmation treatments (GCTs), including administration of hormone therapy (HT) to achieve desired masculinization or feminization, and/or surgical change of the genitalia and other sex characteristics. HT may include estrogens for TF and testosterone for TM individuals. Examples of gender confirmation surgeries (GCS) include breast augmentation and vaginoplasty for TF individuals and mastectomy and hysterectomy for TM individuals.[16] Historically, individuals seeking these interventions receive HT first and may choose to undergo surgeries later, after 12 months of continuous HT,[17] although not all individuals follow this sequence.

Given that a source of GD is the incongruence between the physical body and gender identity, it follows that medical interventions that alter the body to be more compatible with one's identity could ameliorate this distress. Lindgren and Pauly,[18,19] the first to explore the effectiveness of GD treatment, found that after HT and/or GCS, body dissatisfaction levels were reduced in both TF and TM study participants. More recent studies have provided additional support that both HT and GCS can decrease the level of overall body dissatisfaction[20,21] and/or increase body satisfaction.[22] Similarly, a recent systematic review suggests that HT may lead to improvements in psychological functioning, including reductions in depression and anxiety.[23]

Although these studies offer insights regarding the associations between GCT and body dissatisfaction/body image, depression, and anxiety, they have been limited by several factors. First, the sample sizes were relatively small (22–162 participants) and each was based at a single clinical site.[16,18,21,22,24,25] Second, data have rarely been presented for both TM *and* TF individuals, thus obscuring differences that may exist between these distinct populations.[20] Third, most studies have focused on HT *or* GCS (or assessed HT and GCS together) rather than examining the extent to which individuals *at different stages of medical GCT* may differ with respect to experiences of body-gender incongruence, body image satisfaction, depression, and anxiety.

With these considerations in mind, the aim of the present study was to examine the degree to which body-gender congruence, body image satisfaction, depression, and anxiety differed by GCT groups among TM and TF individuals.

MATERIALS AND METHODS

Study population

The present study is based upon the cohort of participants used in the Study of Transition, Outcomes, and Gender (STRONG). This cohort was recruited from 3 Health Plans located in Georgia, Northern California, and Southern California. The primary goal of STRONG is to assess morbidity among transgender and gender non-conforming individuals overall and among TM/TF subgroups. The 3 participating health plans are integrated health care systems that currently provide comprehensive health services to approximately 8 million members. Enrollees are socio-demographically diverse and broadly representative of the communities in the corresponding areas.[26]

The study was conducted in partnership with an academic institution, which served as the coordinating center. All activities were reviewed and approved by the institutional review boards of the 4 participating institutions. The 3 integrated health care

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