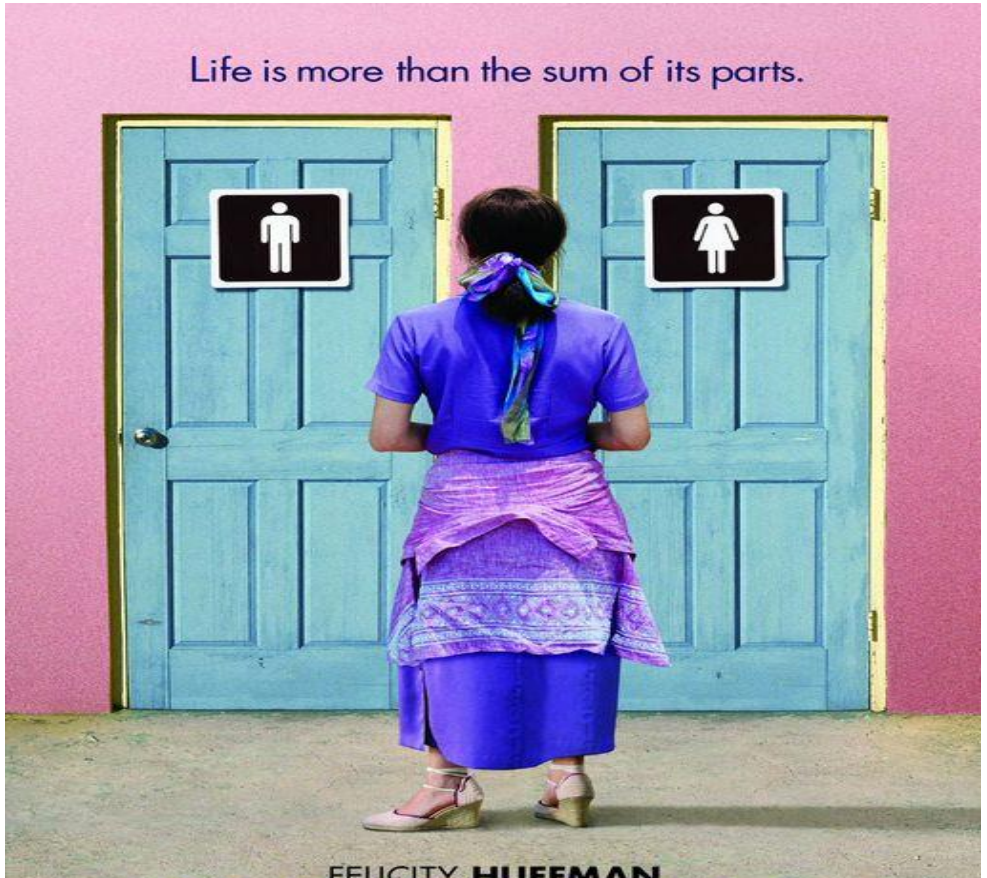
25 jaar genderkliniek terugblik van een psychiater

Woensdagseminarie UPC KU Leuven

15 mei 2024

Prof Dr Gunter Heylens



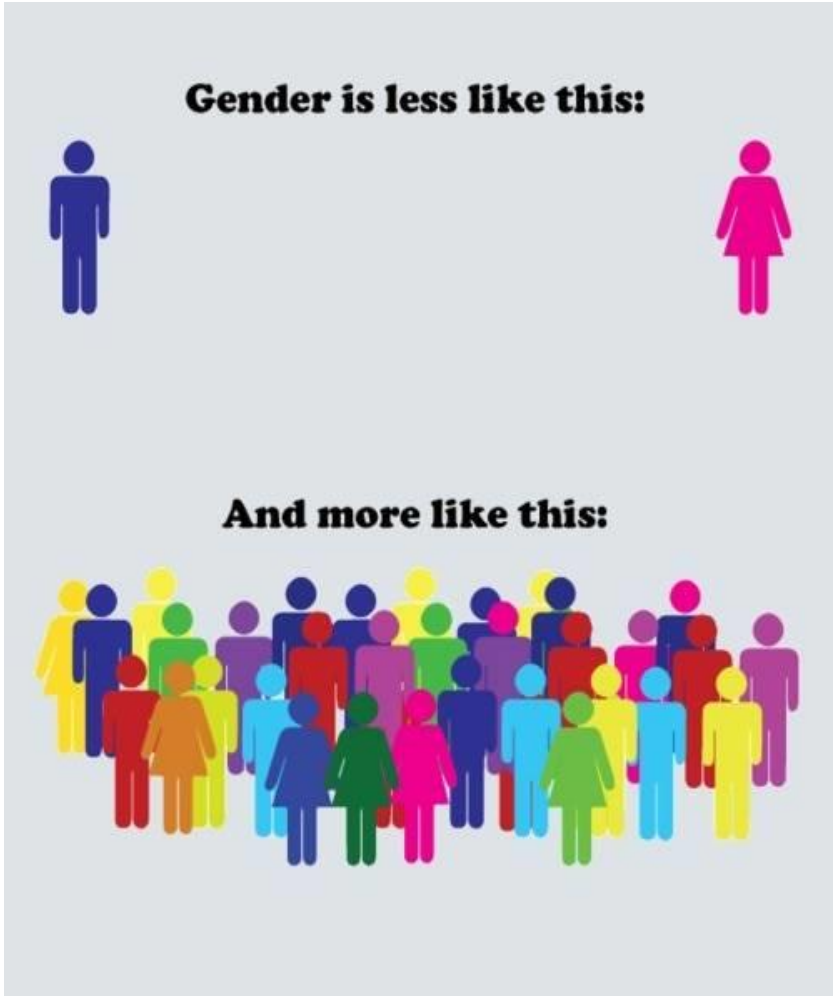
Overzicht

- Gender in de blender
- Genderdysforie
- Genderdysforie en psychiatrie
- Hot topics!

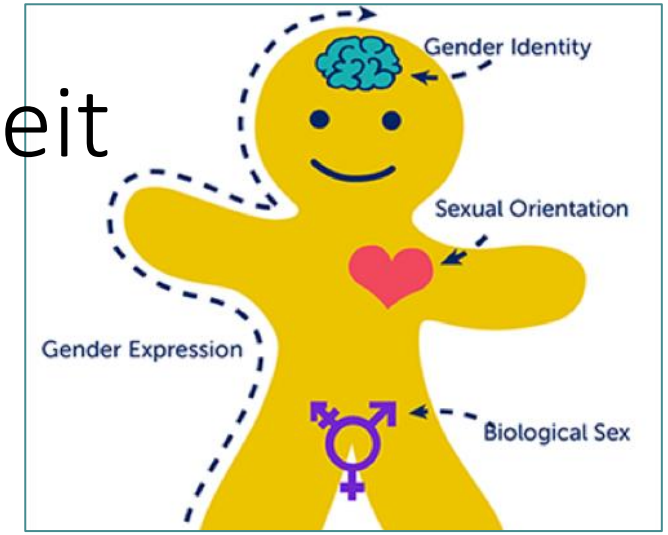
Gender in de blender

"De mensheid is te verdelen twee categorieën: zij die menen dat de mensheid in twee categorieën is in te delen en zij die menen dat dat niet zo is.
Voor zover deze verdeling betrekking heeft op het onderscheid 'mannen tegenover vrouwen' geldt dat het merendeel van de mensheid tot de eerste categorie behoort."

Citaat uit de oratie van
prof. Peggy Cohen – Kettenis,
VU Amsterdam



Gender- vs seksuele identiteit



- **(geboorte)geslacht**: door anderen bepaald op basis van uiterlijke kenmerken *(‘dokter, is het een jongen/meisje?’)*
- **genderidentiteit**: de *subjectieve* ervaring zich man of vrouw of anders te voelen *(‘ben je man, vrouw, non-binair …?’)*
- **genderrol/genderexpressie**: eigenschappen, expressie en gedrag, *toegeschreven* aan mannen en vrouwen (tijd/cultuur!) *(‘hoe horen mannen/vrouwen zich te uiten?’)*
- **seksuele identiteit/oriëntatie:** tot wie je je aangetrokken voelt, op wie je verliefd wordt

Spectrumvisie

(geboorte)geslacht jongen--------DSD----------meisje

(bij geboorte door anderen bepaald) intersex

genderidentiteit man----------genderfluïde-------vrouw

(wie ben jij?)

trans man

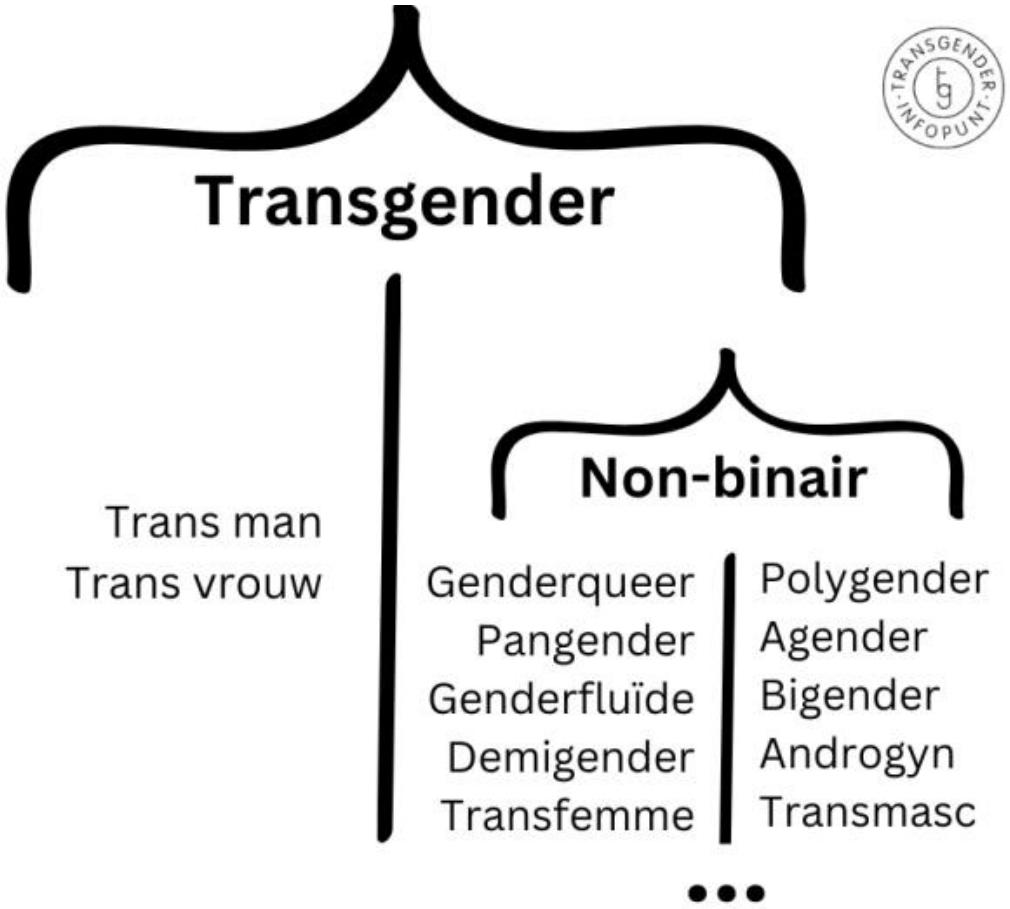
non-binair

trans vrouw

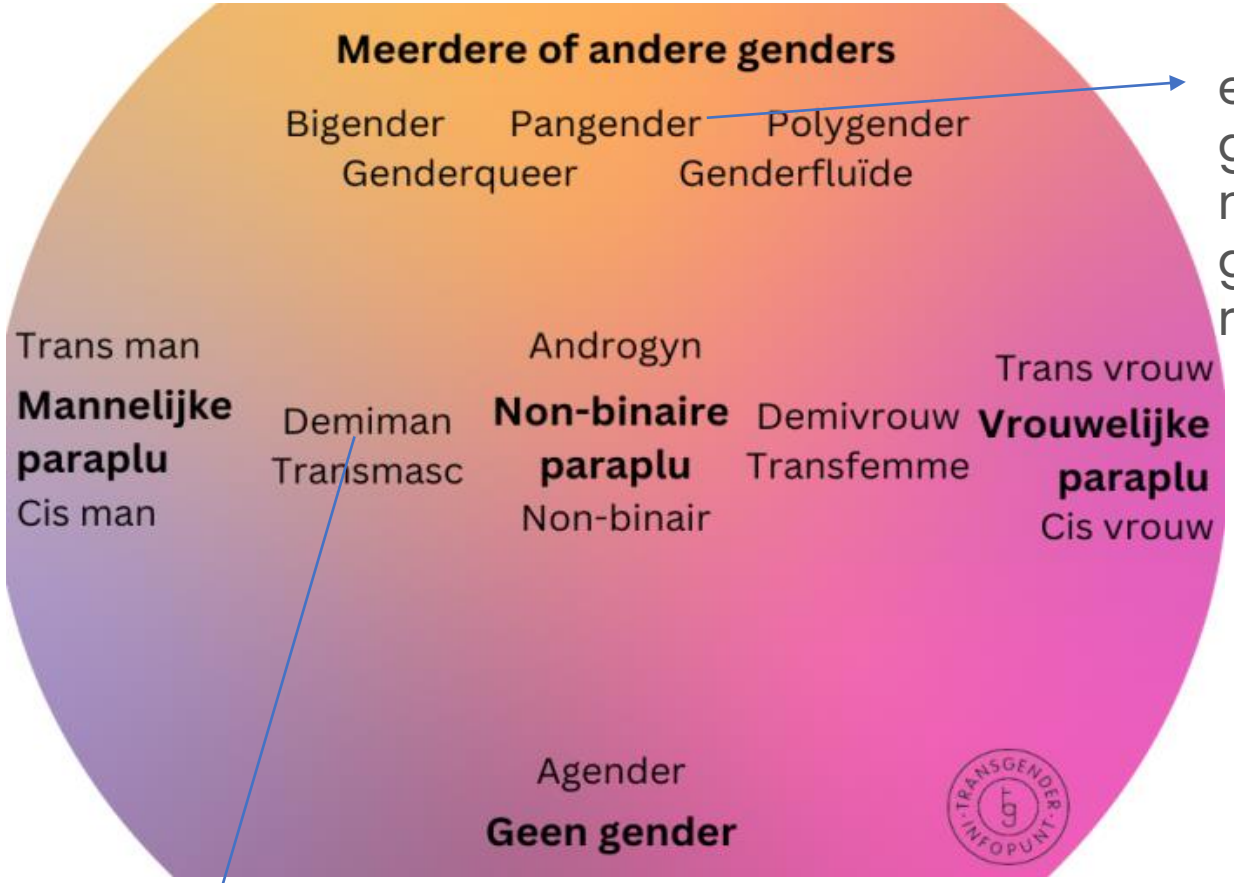
seksuele oriëntatie hetero----------bi---------homo/lesbisch

(op wie val je?)

Spectrumvisie



Genderidentiteit volgens 2 assen



een persoon wiens genderidentiteit meerdere/alle genderidentiteiten reflecteert

demi man: identificeert zichzelf deels als man/jongen/mannelijk, maar niet volledig

Genderdysforie

DSM-5 Gender Dysphoria in adolescents and adults

A. A marked incongruence between one's experienced/expressed gender and assigned gender, or at least 6 months' duration, as manifested by at least two of the following:

A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics).

A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics).

A strong desire for the primary and/or secondary sex characteristics of the other gender.

A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).

A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).

A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender).

B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Specify if:

With a disorder of sex development: (e.g., a congenital adrenogenital disorder such as 255.2 [E25.0] congenital adrenal hyperplasia or 259.50 [E34.50] androgen insensitivity syndrome).

Posttransition: The individual has transitioned to full-time living in the desired gender (with or without legalization of gender change) and has undergone (or is preparing to have) at least one cross-sex medical procedure or treatment regimen namely, regular cross-sex hormone treatment or gender reassignment surgery confirming the desired gender (e.g., penectomy, vaginoplasty in a natal male; mastectomy or phalloplasty in a natal female).

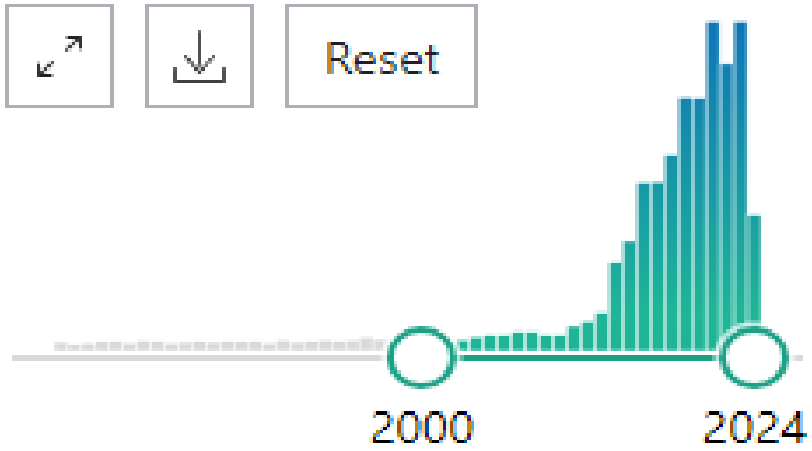
Beek et al., (2016)

Table 1. Overview of the diagnostic terms, codes, sections and main changes of gender identity diagnosis across different DSM versions.

DSM version	Diagnostic term (and code)	Section	Main changes
DSM-III (1980)	Transsexualism (302.5x) GIDC (302.60) Atypical GID (302.85)	Psychosexual disorders	First descriptive, symptom-based diagnosis for transsexualism Inclusion of a childhood diagnosis
DSM-III-R (1987)	Transsexualism (302.50) GIDC (302.60) GIDAANT (302.85) GIDNOS (302.85)	Disorders usually first evident in infancy, childhood, or adolescence	Inclusion of GIDAANT New placement in section: Disorder usually first evident in infancy, childhood, or adolescence
DSM-IV (1994)/ DSM-IV-TR (2000)	GID in adolescents or adults (302.85) GIDC (302.6) GIDNOS (302.6)	Sexual and gender identity disorders	Placement in the new section 'sexual and gender identity disorders' Adoption of the single diagnosis of GID that applied to children, adolescents, and adults Criteria became more similar for boys and girls
DSM-5 (2013)	GD in adolescents or adults (302.85) GD in children (302.6) Other specified gender dysphoria (302.6) Unspecified gender dysphoria (302.6)	Gender dysphoria	Name change and different placement into new GD section Narrower criteria for children Broader criteria for adults Focus on distress/dysphoria as the clinical problem and not on identity per se

GD, gender dysphoria; GID, gender identity disorder; GIDAANT, gender identity disorder of adolescence and adulthood, nontranssexual type; GIDC, gender identity disorder of childhood; GIDNOS, gender identity disorder not otherwise specified.

“gender dysphoria” PUBMED

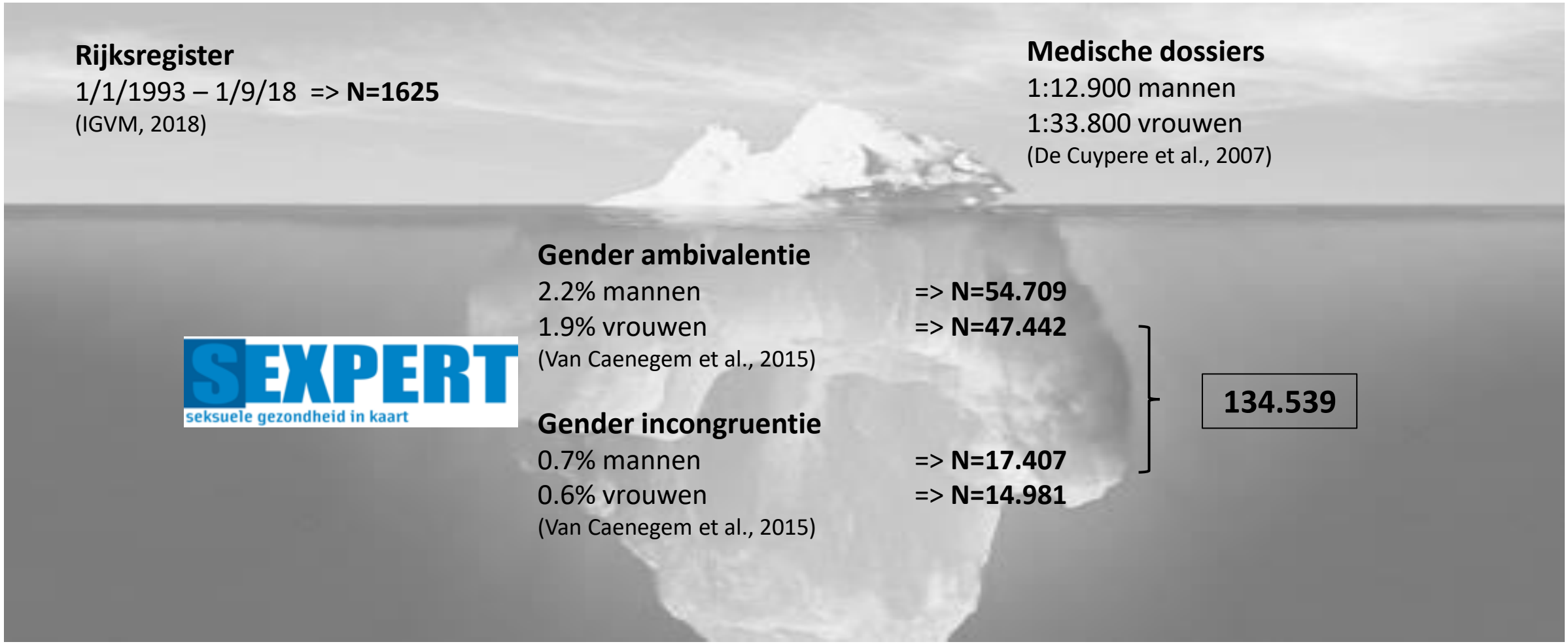


Prevalentie

- De prevalentie van (clinic-referred) genderdysforie in de volwassenheid is 6.8 per 100.000 geboren mannen en bij 2.6 per 100.000 geboren vrouwen (Arcelus, 2015)
- Self-report cijfers duidelijk hoger: 0,5 -1,3% (Zucker, 2017)

- Prevalentie bij kinderen onbekend, cross-gendergedrag 3% (jongens) en 5% (meisjes)
- Sex ratio lange tijd M>V , recent M=V tot V>M vooral bij kinderen/ado (meer bekendheid, maatschappelijke aanvaarding transjongens groter)

Prevalentie



Rijksregister
1/1/1993 – 1/9/18 => **N=1625**
(IGVM, 2018)

Medische dossiers
1:12.900 mannen
1:33.800 vrouwen
(De Cuypere et al., 2007)

SEXPERT
seksuele gezondheid in kaart

Gender ambivalentie
2.2% mannen => **N=54.709**
1.9% vrouwen => **N=47.442**
(Van Caenegem et al., 2015)

Gender incongruentie
0.7% mannen => **N=17.407**
0.6% vrouwen => **N=14.981**
(Van Caenegem et al., 2015)

134.539

UZ GENT

De Cuypere , Van Hemelrijck, Michel, Carael, Heylens, Rubens, Hoebeke & Monstrey (2007). Prevalence and demography of transsexualism in Belgiium. *European Psychiatry*, 22(3), 137-141.
Van Caenegem, Wierckx, Elaut, Buysse, Dewaele, Van Nieuwerburgh, De Cuypere & T'Sjoen. (2015). Prevalence of gender nonconformity in Flanders, Belgium. Archives of Sexual Behavior, 44(5), 1281-1287.

Etiologie

- Polygenisch!
- Beperkt nurture
- “DSD ter hoogte van de hersenen”

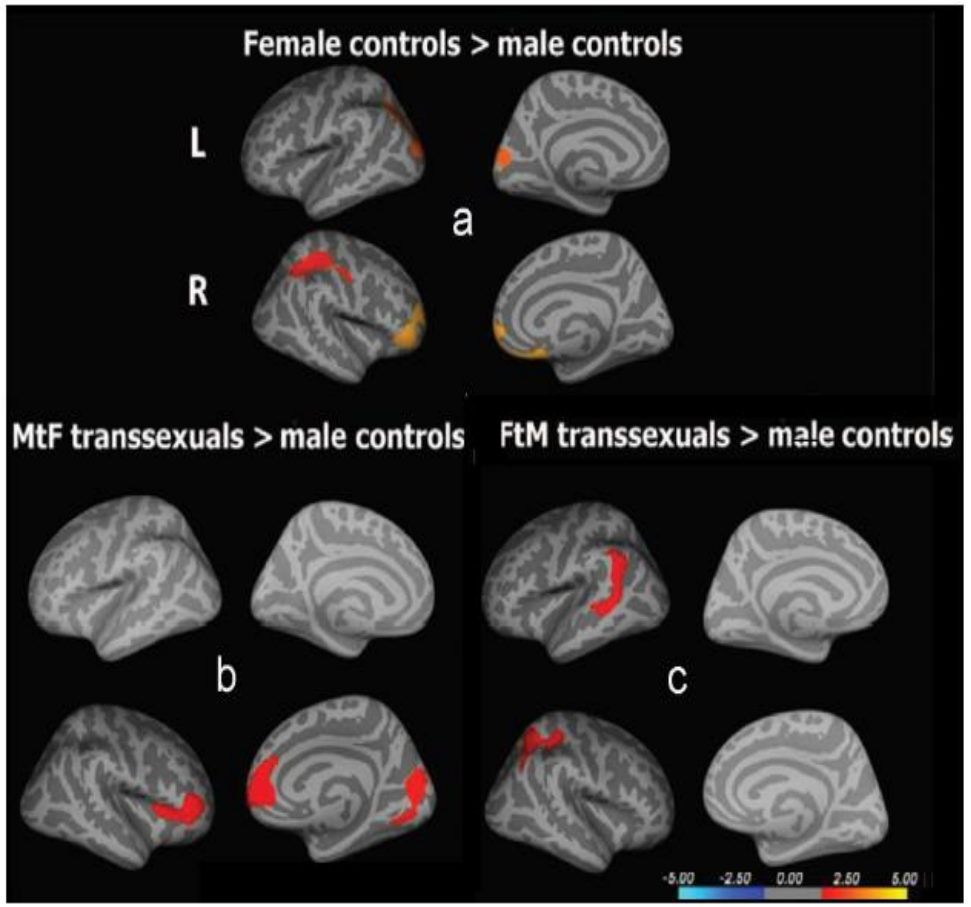
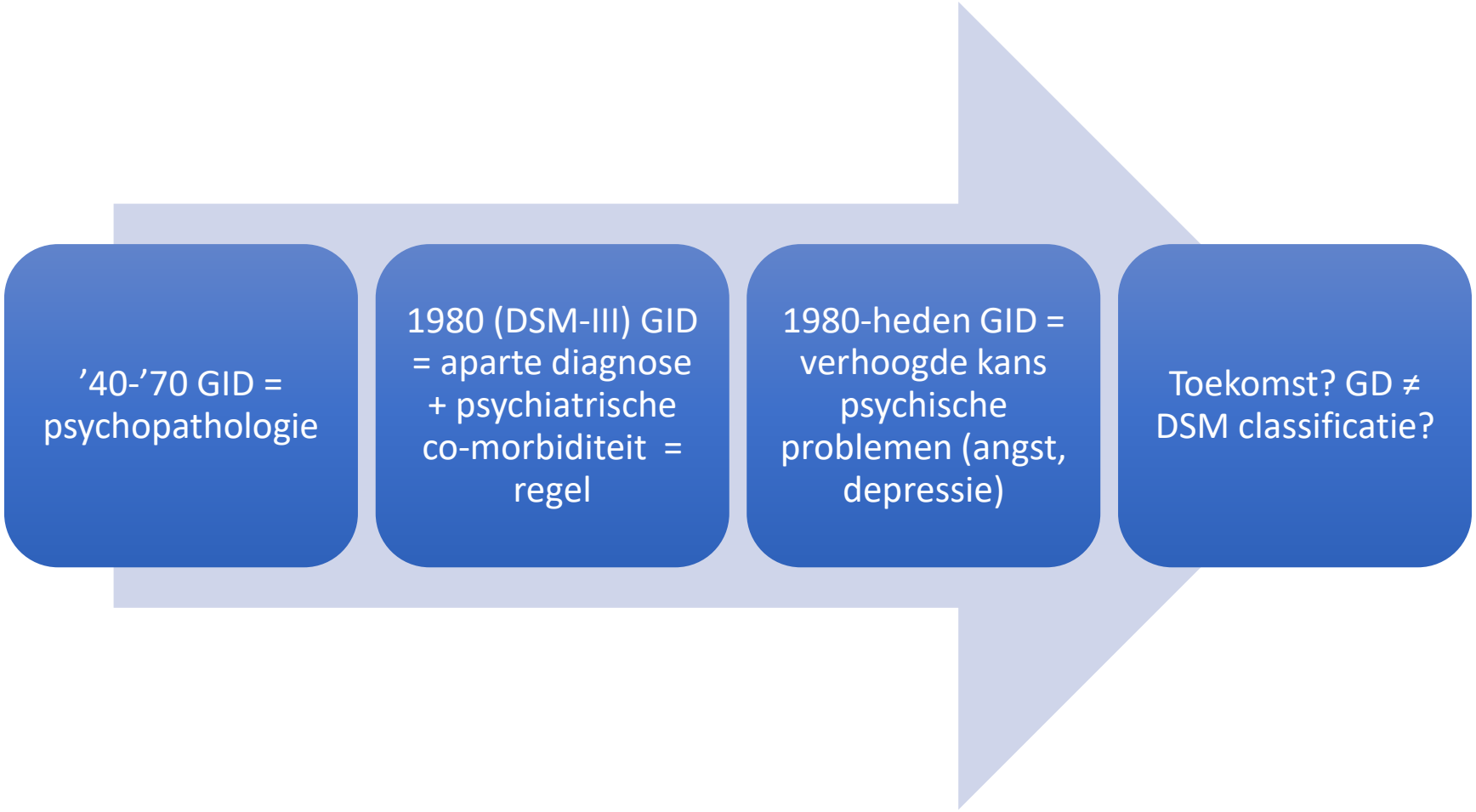


Fig. 2 Cortical thickness of untreated homosexual male-to-female (MtF) and female-to-male (FtM) transsexuals. *Upper panel*: (**a**) comparison between male and female controls. *Bottom panel*: (**b**) comparison between MtF and male controls; **c** comparison between FtM and male controls. All significant comparisons showed the F>M pattern. Note that both MtFs (**b**) and FtMs (**c**) show a feminine pa although they differ in different regions from males than do co females. *L* left hemisphere, *R* right hemisphere. Zubiaurre-El Junque, Gómez-Gil, Segovia, Carrillo & Guillamon, 2013, permission

Genderdysforie
&
Psychiatrie

Relatie psychi(atri)sche problemen?



“Co-morbiditeit”

- 53.2% presented with at least one mental problem in their lifetime. **Mood disorders** were the most frequent (42.1% of the total sample), followed by **anxiety disorders** (26.8%) and **substance use disorders** (14.7%) (De Freitas, 2020)
- One in three adults with GI has experienced **suicidal ideation**, attempted **suicide,** or engaged in **suicidal or non-suicidal self-harm** (Zucker, 2016)
- Other psychiatric problems as **schizophrenia or bipolar disorder** are not more prevalent in individuals with GD, compared to the general population (Heylens, 2014)
- **Traumatic experiences** seem to be more prevalent in trans persons: childhood trauma in 45.8% (mostly physical and emotional neglect and abuse) (Collizi, 2015)
- About 20-50% of transgender and gender diverse people report engaging in disordered eating and >30% screen positive for eating disorder symptoms, and 2-12% have received an **eating disorder** diagnosis from a health professional (Keski-Rahkonen, 2023)
- Estimate of the prevalence of Autism Spectrum Disorder in GD/GI people was 11% (Kallitsounaki, 2023)

Rol van de psychiater/Mental Health Professional (MHP)

- The MHP should be a guide along the transition trajectory, often in collaboration with other MHP's and somatic professional(s). Interventions to focus on are the **improvement of interpersonal skills, self-esteem and social support**. Those interventions could be both generalistic and specialistic: from couple counseling, over body image improvement to trauma therapy. It is important to clearly explain to our patients what they can expect from their MHP, since for more specialistic psychological treatment, they could be referred to another MHP.

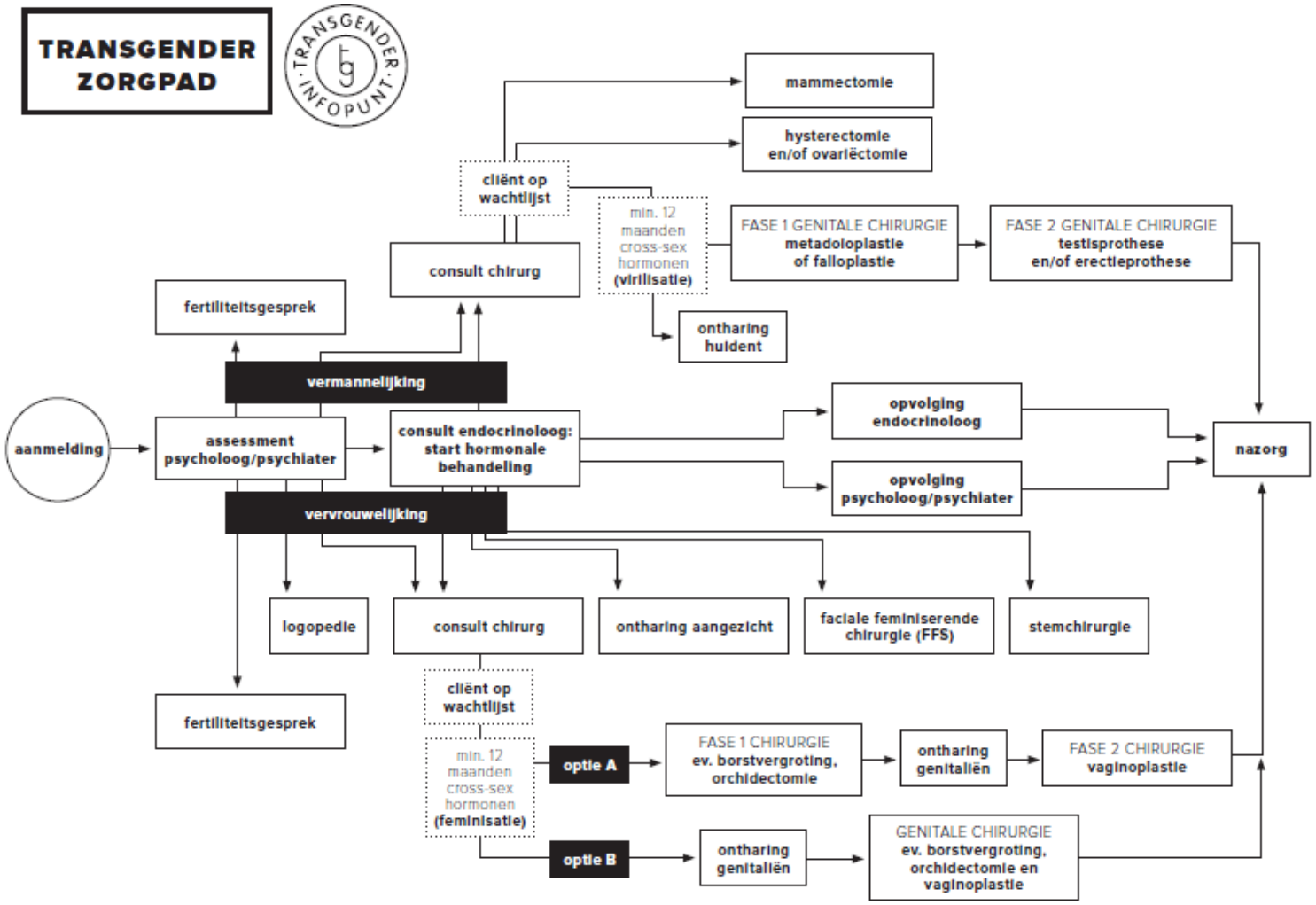
- All disciplines collaborating in transition-related health care should be aware of the risks (for both client and therapist) of reducing the mental health care professional to the role of (single) assessor in order to remove obstacles to care.

- Although mental health concerns are common in trans persons, mostly they are secondary to stressors and negative stimuli, as mental health often improves during and after GAT.

- For professionals in transition-related care who either work in interdisciplinary teams or as individual clinicians in a (local) network, a continuing, process-based collaboration and regular communication between disciplines is essential to provide high quality care.

Heylens & Elaut, Transgynaecologie (2023)

Gender affirming treatment



Toenemende Diversiteit behandelwensen

Table 2 The frequency and percentage (%) of type of treatment requested and the motives for partial treatment by natal men and natal women

		Gender assigned at birth (%)	
	Total (%)	Male	Female
Treatment request			
Full treatment	253 (70.3)	180 (77.3)	73 (57.5)
Partial treatment	97 (26.9)	45 (19.3)	52 (40.9)
Not yet decided	10 (2.8)	8 (3.4)	2 (1.6)
Total	360	233	127
Motives for partial treatment			
Risks/quality operations*	47 (48.5)	13 (28.9)	34 (65.4)
No genital dysphoria/genital surgery unimportant or unnecessary*	19 (19.6)	14 (31.1)	5 (9.6)
Age	5 (5.2)	3 (6.7)	2 (3.8)
Non-binary gender identity	4 (4.1)	2 (4.4)	2 (3.8)
Other/unclear	11 (11.3)	6 (13.3)	5 (9.6)
Missing data	11 (11.3)	7 (15.6)	4 (7.7)
Total	97	45	52

*Compared with all other motives taken together, the frequency of reporting this motive differed significantly between natal men and natal women, $P < 0.0083$.

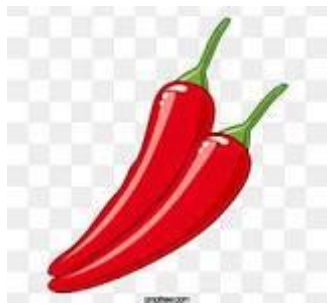
UZ GENT

Beek et al (2015). Partial treatment requests and underlying motives of applicants for gender affriming interventions. *Journal of Sexual Medicine*, 12(11), 2201-05.

Outcome na gender affirming treatment

- 80% of individuals diagnosed with GD reported significant improvement in gender dysphoric feelings and 78% reported significant improvement in psychological symptoms (Murad, 2010)
- 11 longitudinal studies investigating outcome of psychiatric problems and psychopathology post-treatment, and found that in the majority of the studies, scores on questionnaires measuring psychopathology and GD were similar to normative data. (Dhejne, 2011)
- A long term (mean of 13.8 years) follow-up study reported high degrees of well-being and a good social integration. The participants showed significantly fewer psychological problems and interpersonal difficulties at follow-up time than at the time of initial consultation (Ruppin, 2015)
- ALGEMEEN: methodologische beperkingen (geen RCT uiteraard), oudere cohorts, heterogene meetinstrumenten,…

Hot topics!



Autisme en GD

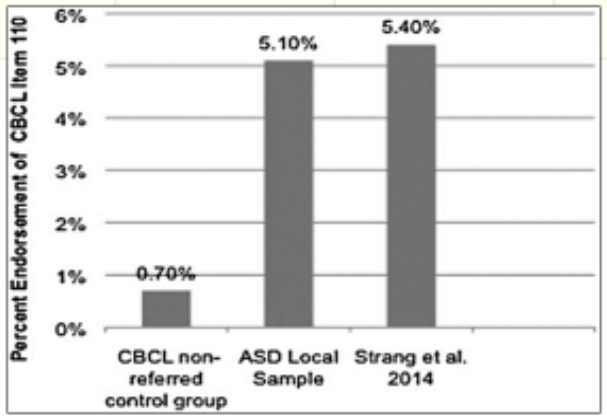
2014	Strang et al	Case note review	554	Children and adolescents diagnosed with ASD, ADHD, a neurodevelopment disorder, and controls (with none of the above disorders) and normative data from the CBCL	Gender dysphoria: CBCL; ASD: ADI/ADI-R, ADOS	Incidence of 5.4% of gender variance in ASD; incidence of 4.8% of gender variance in ADHD; incidence of 1.7% of gender variance in neurodevelopment group; incidence of 0.07% of gender variance in controls

CBCL 6-18j

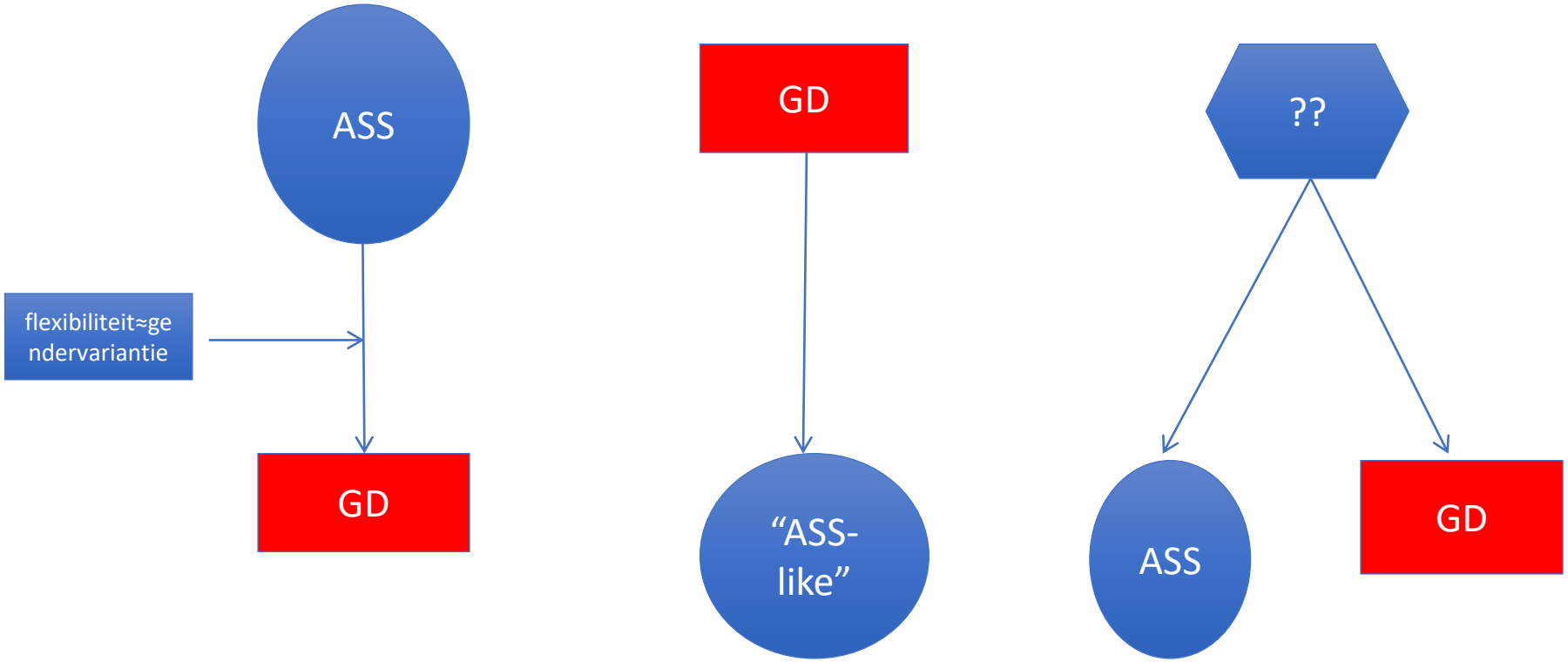
Odd's ratio item 110

-ASD populatie: 492

-Controle populatie:1605



Hypotheses verband GD-ASS



??: afwijkend geboortegewicht, ratio m/v bij siblings, …

Guidelines GD en ASS

- ‘Best practice’ ADD-GD
- Delphi procedure: 89,6% akkoord voor alle items.
  - Samenwerking met verschillende disciplines noodzakelijk
  - Procesdiagnostiek
  - Psycho-educatie rond gender identiteit.
  - Exploreren van gender identiteit
  - Tijdens proces aandacht voor andere processen die eventueel verknoopt zijn aan de genderdysforie, maar primair van belang zijn (bv misinterpretatie van seksuele oriëntatie, preoccupaties
  - Indien medische behandeling: duidelijke psycho-educatie nodig: welke zijn de behandelingen, te verwachten nevenwerkingen enz…
  - Voorzien van ondersteuning rond ASS

(Strang et al. J. Clin. Child & adolescent psychology, 2018)

Transsensitieve zorg

Genderinclusieve taal: do’s and dont’s (1)

1. Spreek iemand aan met de gekozen aanhef en voornaam. Ken je ze niet? Vraag er dan gerust vriendelijk naar: “hoe mag ik je aanspreken?” Zorg ervoor dat al je inschrijvings- en invulformulieren genderinclusieve antwoordopties bevatten. Zorg er bovendien voor dat je iemands persoonsgegevens snel en efficiënt kunt aanpassen.
2. Schrijf ‘trans’ of ‘transgender’ als adjectief (bijvoorbeeld: trans persoon) en vermijd verouderde termen als transseksueel en denigrerende termen als ombouwen, shemale, echte man/vrouw, verkleden.

Genderinclusieve taal: do’s and dont’s (2)

3. Vermijd ‘dames en heren’, ‘jongens en meisjes’, ‘mevrouw en meneer’, ‘mama’s en papa’s’,… Kies voor een genderinclusieve benaming zoals ‘aanwezigen’, ‘kinderen’, ‘beste lezer’, ‘ouders’.

4. Houd er in je communicatie rekening mee dat sommige termen om naar lichaamsdelen te verwijzen (bv. borsten), gevoelig kunnen liggen. Probeer ze te vermijden of zoek naar alternatieve benamingen.

Voornaamwoorden

Gender	Persoonlijke voornaamwoorden	Bezittelijke voornaamwoorden	
	onderwerpsvorm	voorwerpsvorm	
Vrouwelijk	**Zij/Ze** luistert muziek in de wachtruimte.	Ik spreek **haar** aan.	**Haar** muziek staat te luid.
Mannelijk	**Hij** luistert muziek in de wachtruimte.	Ik spreek **hem** aan.	**Zijn** muziek staat te luid.
Non-binair	**Die** luistert muziek in de wachtruimte. **Hen** luistert muziek in de wachtruimte. **Die** luister muziek in de wachtruimte.	Ik spreek **hen** aan. Ik spreek **hen** aan. Ik spreek **die** aan.	**Hun** muziek staat te luid. **Hun** muziek staat te luid. **Diens/dies** muziek staat te luid.

Shared-decision making

- Balans “affirmatieve zorg” en verantwoordelijkheid MHP, zonder te belanden in “gatekeeping”
- Belang shared-decision making!
- “A continuing dialogue can unfold on how to align the individual needs and experiences of a specific client with possible treatments and outcomes”

Spijt na transitie

- The overall pooled prevalence of regret among TGNB persons was 1% (Bustos, 2021)
- Daling % regret agv betere assessment en begeleiding
- Risicofactoren: foute diagnose GD, inadequate sociale transitie, mental health problems, chirurgische complicaties
- MAAR: wat is regret?

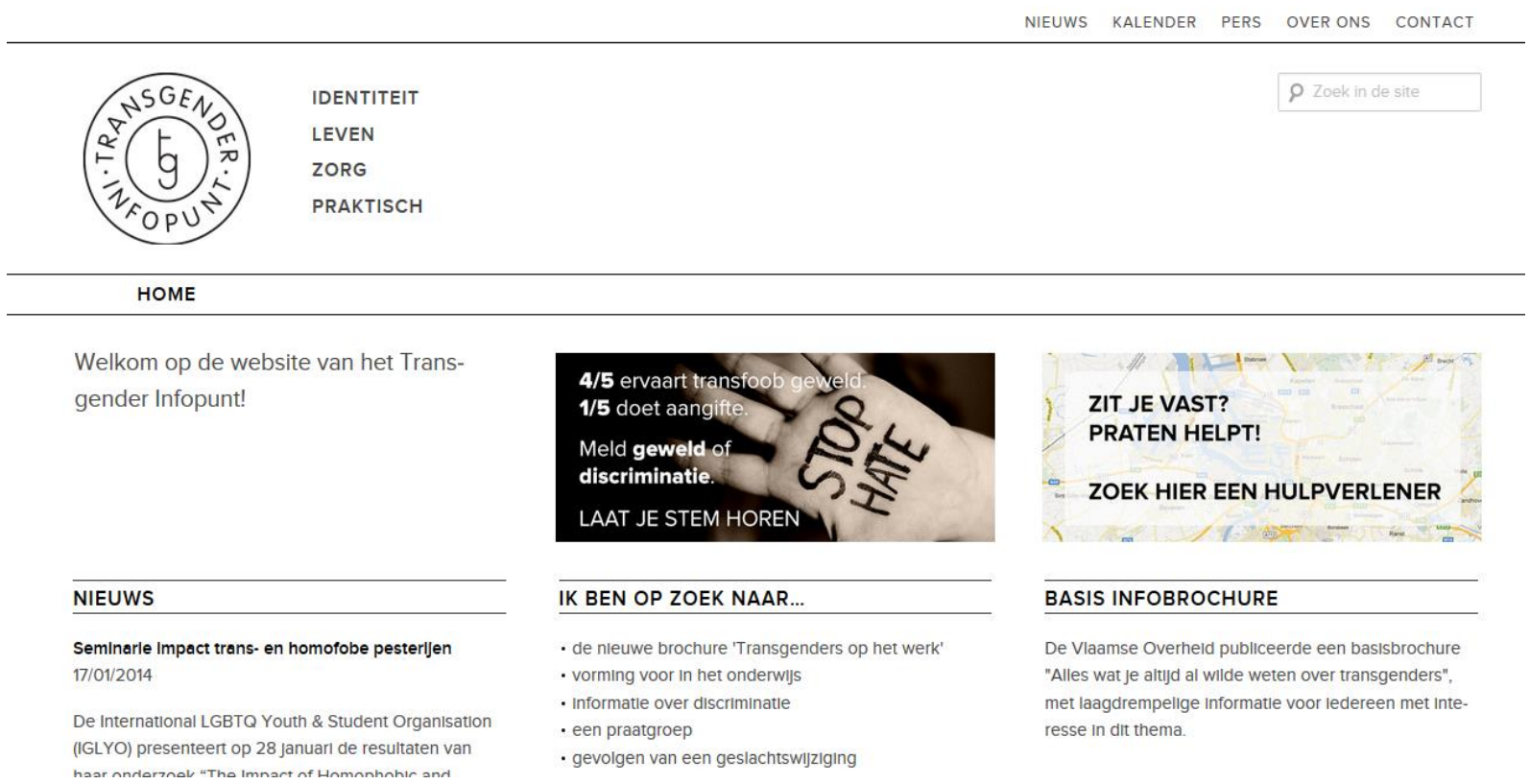
  major regret (feelings of dysphoria in the new gender role and the wish to detransition)

  minor regret (disappointment with the outcome after GAT)

Detransitie

- Detransition: core (agv genderidentiteit) en non-core (agv externe factoren) (Exposito-Campos, 2021)
- Medische vs sociale transitie (Vandenbussche, 2021)
- 13,1 % rapporteert detransitie na GAT (Turban, 2020)
- Exposito-Campos and Turban emphasize that regret and detransition are not always, or rather rarely, synonymous.
- discrimination, concerns about medical complications due to transitioning, becoming more comfortable identifying as their natal sex, insight that their gender dysphoria was caused by mental health conditions or trauma, abuse…(Litman, 2021)

Voor alle vragen:



Transgender Infopunt

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