

Diagnosis Critical in Adolescent Gender Dysphoria

BY HEIDI SPLETE
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HOUSTON — Most adolescents with gender identity issues initially are treated for comorbid conditions such as depression, Flynn O'Malley, Ph.D., said at the annual meeting of the American Society for Adolescent Psychiatry.

Managing adolescents with gender issues includes treating the comorbid conditions (if any) first, and then educating the patient about the realities of a sex change.

The clinician can help the adolescent develop a plan for life as a person of the opposite gender after his/her sex change treatment, and can assess family support and encourage discussion of the family's discomfort with the adolescent's transgendered feelings. A patient who expresses a desire for a sex change must be thoroughly assessed to determine whether he or she meets the DSM-IV criteria for gender identity disorder (GID) and shows commitment to the sex change process.

The problems faced by an adolescent

with a gender issue include a personal struggle with his or her identity; fear of rejection, attack, or humiliation; a desire to keep gender preference a secret; concern about parental reaction; problems in school and community settings; and the wide range of professional attitudes about treatment, said Dr. O'Malley of Baylor College of Medicine, Houston. Dr. O'Malley, also of the Menninger Clinic, an inpatient facility in Houston for adolescents with unremitting psychiatric prob-

lems, reported no conflicts of interest related to his talk.

Many patients with gender issues also have mood disorders, substance abuse disorders, serious family problems, and a history of multiple suicide attempts, Dr. O'Malley said. In addition, many patients have a history of failure to improve or to regress after some improvement.

Suicidality, self-harm, and thought disorders may all occur in the context of gender dysphoria, Dr. O'Malley noted. Some

patients reveal the gender dysphoria as part of their psychiatric treatment course; many report a history of sexual abuse. It is tempting to link gender dysphoria to sexual abuse, but the etiology of gender dysphoria is extremely complex.

"If gender dysphoria started early, whatever sexual experiences teenagers have had have been awkward and confusing for them," Dr. O'Malley said at the meeting, cosponsored by the University of Texas Southwestern Medical Center at Dallas.

Transgender Terminology

Although no consensus exists for these definitions, they can be useful when talking to adolescents with gender issues.

► **Sex:** biologic maleness or femaleness.

► **Sexual orientation:** sexual attraction of one person toward another person of the same sex or the opposite sex.

► **Gender identity:** concept of one's self as male or female.

► **Gender role:** society's expected behaviors for males and females.

► **Gender dysphoria:** distress related to one's gender identity and sex at birth.

► **Gender identity disorder:** a DSM-IV diagnosis. Criteria include strong identification with the opposite gender, persistent discomfort with one's own sex, inappropriate behavior in his or her existing gender role, and significant distress in important areas of daily functioning.

► **Transsexual:** usually refers to someone with gender dysphoria who is in the process of or desires sex-changing medical procedures.

► **Transgender:** refers to someone who is gender dysphoric but may not be interested in sex-changing medical procedures or may not meet the diagnostic criteria for gender identity disorder.

► **MF:** an anatomic male who identifies with women and wishes to become a woman.

► **FM:** an anatomic female who identifies with men and wishes to become a man.

Source: Dr. O'Malley

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PERTUSSIS transmission

How do infants get
PERTUSSIS?

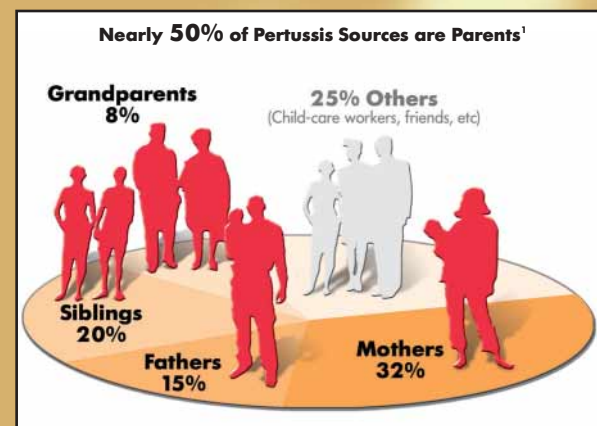
They get it from their family.

That's right — their
MOMS and

dads, brothers and sisters,

even grandma and grandpa!

Nearly 75% of the time, a family member is the source of pertussis disease in infants¹



According to a recent study of pertussis in 264 infants, a family member was identified as the source of the disease in three quarters of the cases. In fact, the infant's mother was positively identified as the source in 32% of the cases. In addition to Mom, other confirmed sources included Dad 15% of the time, Grandma/Grandpa 8% of the time, and a sibling 20% of the time. This study provides clear documentation of the threat of pertussis within the family setting and serves as a window to the growing problem of pertussis in the general population.¹

References: 1. Bisgard KM, Pascual FB, Ehresmann KR, et al. Infant pertussis: who was the source? *Pediatr Infect Dis J.* 2004;23:985-989. 2. National Center for Health Statistics. *Health, United States, 2004 with Chartbook on Trends in the Health of Americans.* Hyattsville, MD: 2004. 3. Centers for Disease Control and Prevention. Pertussis Surveillance Report, Feb. 23, 2005. 4. Centers for Disease Control and Prevention. Pertussis Surveillance Report, Aug. 6, 2004. 5. Vitek CR, Pascual FB, Baughman AL, Murphy TV. Increase in deaths from pertussis among young infants in the United States in the 1990s. *Pediatr Infect Dis J.* 2003;22:628-634. 6. Centers for Disease Control and Prevention. Summary of notifiable diseases—United States, 2000. *MMWR.* 2000;49(53):12. 7. Centers for Disease Control and Prevention. Summary of notifiable diseases—United States, 2001. *MMWR.* 2001;50(53):15. 8. Centers for Disease Control and Prevention. Summary of notifiable diseases—United States, 2002. *MMWR.* 2002;51(53):28. 9. Scott PT, Clark JB, Miser WF. Pertussis: an update on primary prevention and outbreak control. *Am Fam Physician.* 1997;56:1121-1128. 10. Centers for Disease Control and Prevention. *Epidemiology and Prevention of Vaccine-Preventable Diseases: The Pink Book.* 8th Ed. Atlanta, Ga: Department of Health and Human Services, Public Health Foundation; 2004:75-88. 11. De Serres G, Shadmani R, Duval B, et al. Morbidity of pertussis in adolescents and adults. *J Infect Dis.* 2000;182:174-179.

Adolescents come to the Menninger Clinic in varying stages of intervention. Some have not identified their gender issues; others are already taking hormones. "There is enormous controversy when we admit someone with these difficulties," he added.

Some adolescents with gender dysphoria are confused about their gender problems, while others are adamant that they are transsexuals and insist on treatment that would facilitate a sex change.

A controversy persists between professionals who support psychodynamic therapy and those who back sex reassignment. Careful diagnosis is important.

Intersex conditions such as chromosomal abnormalities, pseudohermaphroditism, and enzyme deficiencies should not be confused with gender identity disorders. Intersex conditions, which arise from developmental problems with sexual differentiation, have clear physiologic and biologic aspects. People with those conditions may or may not suffer from psychiatric problems. In contrast, transgender patients do not have ambiguous genitalia or physical inconsistencies related to sex at birth.

Criteria for a GID diagnosis include a persistent, strong identification with the opposite gender, persistent discomfort

with one's sex, and feelings of inappropriateness in the gender role for one's sex. To meet the GID diagnosis, these characteristics must not be concurrent with an intersex condition and must cause significant distress and impairment in important areas of everyday life.

Subcriteria for a GID diagnosis in children include repudiation of the genitals among young boys and preference for a penis among young girls. GID is categorized in the DSM-IV under Sexual and Gender Identity Disorders, not Psychosexual Disorders, which suggests something about the etiology of the disorders, Dr. O'Malley noted.

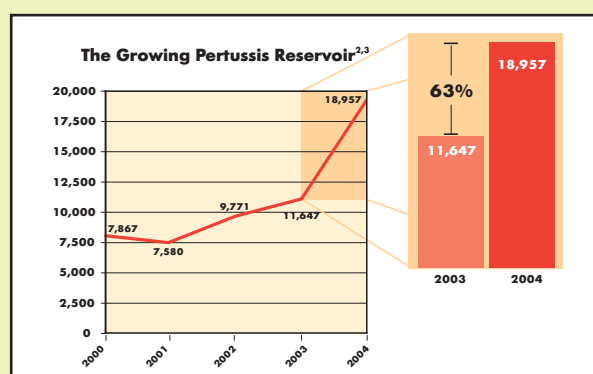
Transvestitism differs from gender dysphoria because it involves a feeling of sexual arousal created by putting on the clothes of the opposite sex. In dual-role transvestitism, the person dresses in the clothes of the opposite sex to feel like a person of the opposite sex for a while—with no desire for a permanent change.

Some relationship appears to exist between childhood gender identity disorder and adolescent transsexuality. However, many children who cross-dress and exhibit gender issues at an early age do not become adolescent gender dysphoric patients or undergo sex change procedures, Dr. O'Malley said. Most children who meet the diagnosis for GID become transsexuals, and early cross-gender behavior often leads to homosexuality. ■

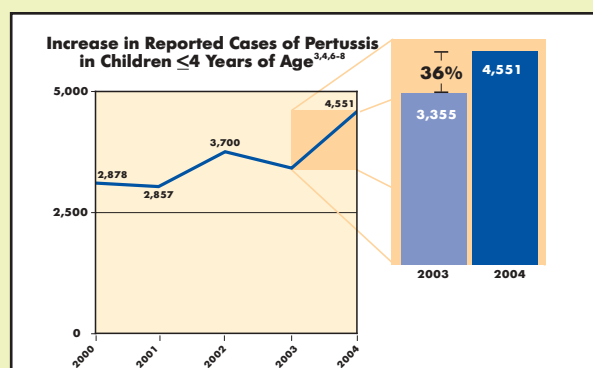
begins at home

The growing threat of pertussis — an often silent disease reservoir

Long thought to be nearly eradicated, pertussis case reports are at a 40-year high.² Today pertussis is the only communicable disease that is on the rise in all age groups for which a routine immunization is available. In 2004 there were 18,957 cases reported to the CDC, a 63% increase over 2003 and a startling 1000% increase from 20 years ago when incidence reached its nadir.^{2,3}



Especially troubling are two facts: first, there has been a 36% increase in reported cases among children ages 4 years or less^{3,4}; second, over the last decade, 80% of deaths attributed to pertussis occurred in infants under 6 months of age.⁵



Among the many explanations on the explosion of pertussis in the United States are better reporting, better diagnosis, and waning immunity. What they all have in common is the acknowledgment that there exists a reservoir of disease among adolescents and adults, and more importantly, from this reservoir pertussis transmission occurs. Pertussis is most

contagious during the first few weeks of illness before it is recognizable.⁹ In both adolescents and adults the disease is often mild in nature, and not associated with the trademark "whooping cough."^{9,10} However, studies have reported significant morbidity including pneumonia, rib fractures, urinary incontinence, weight loss, otitis media, and sinusitis.¹¹ People with pertussis are also at risk of hospitalization and other complications such as seizures and encephalopathy. Beyond the morbidity are the social, financial, and psychological costs of pertussis disease. One recent study reported that 70% of affected adolescents lost 5 to 10 days of school while 49% of afflicted adults were out of work for 5 to 10 days.¹¹ In addition, 49% of adults reported that their sleep was disturbed for more than 21 consecutive nights with 9% reporting disturbed sleep for an astounding 60+ nights.¹¹ It's no wonder the ancient Chinese called pertussis "the cough of 100 days."

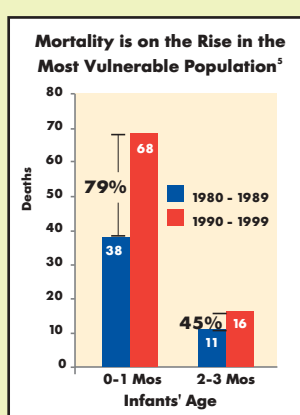
Soon pertussis prevention will begin in the home too

Building on the heritage of the proven pediatric acellular DTaP vaccines, acellular Tdap vaccines for adolescents and adults will soon be available. This intervention will allow health-care providers to protect a broad spectrum of people from the morbidity of primary disease, as well as limit the morbidity and mortality in vulnerable infants by curtailing disease transmission.

You can find out more about pertussis by visiting any one of the following Web sites:

www.pertussis.com, www.cdc.gov,
www.nfid.org, www.napnap.org, www.aap.org

Brought to you as a public health service by Sanofi Pasteur Inc.



Sex Change: One Step at a Time

If and when an adolescent makes the choice to change his or her sex, the steps toward sex and gender reassignment should begin with a thorough psychiatric assessment and discussion of plans for the future. Among the steps are the following:

- ▶ A clinician determines whether the adolescent meets the DSM-IV criteria for gender identity disorder, and assesses his or her personal and social stability and levels of support from family and friends.
- ▶ If he or she meets the assessment criteria, the adolescent starts to live in a cross-gender role and initiates reversible hormone treatments. The fully reversible hormones suppress estrogen and testosterone and delay the physical changes of puberty. Reversible hormone treatments usually do not begin unless the adolescent is aged at least 16 years. Many experts also believe that the adolescent should be in at least Tanner stage 2 of development before initiating hormones.
- ▶ If he or she still desires change, the adolescent continues living in a cross-gender role and proceeds to partly reversible hormone treatment, which takes about 1 year for females working to become male and 1.5 years for males working to become female.

The difference in duration reflects the sense that it is more difficult for males who want to be females to pass as women than it is for women to pass as men. In fact, many adolescent girls can start to look like males relatively quickly.

Most physicians recommend that the adolescent wait until age 18 to receive the partly reversible hormone treatment, since these hormones masculinize or feminize the body and could lead to surgery to reverse the results, such as breast development in males.

- ▶ The final step is a continuation of hormones and a referral for sex change surgery.

Source: Dr. O'Malley