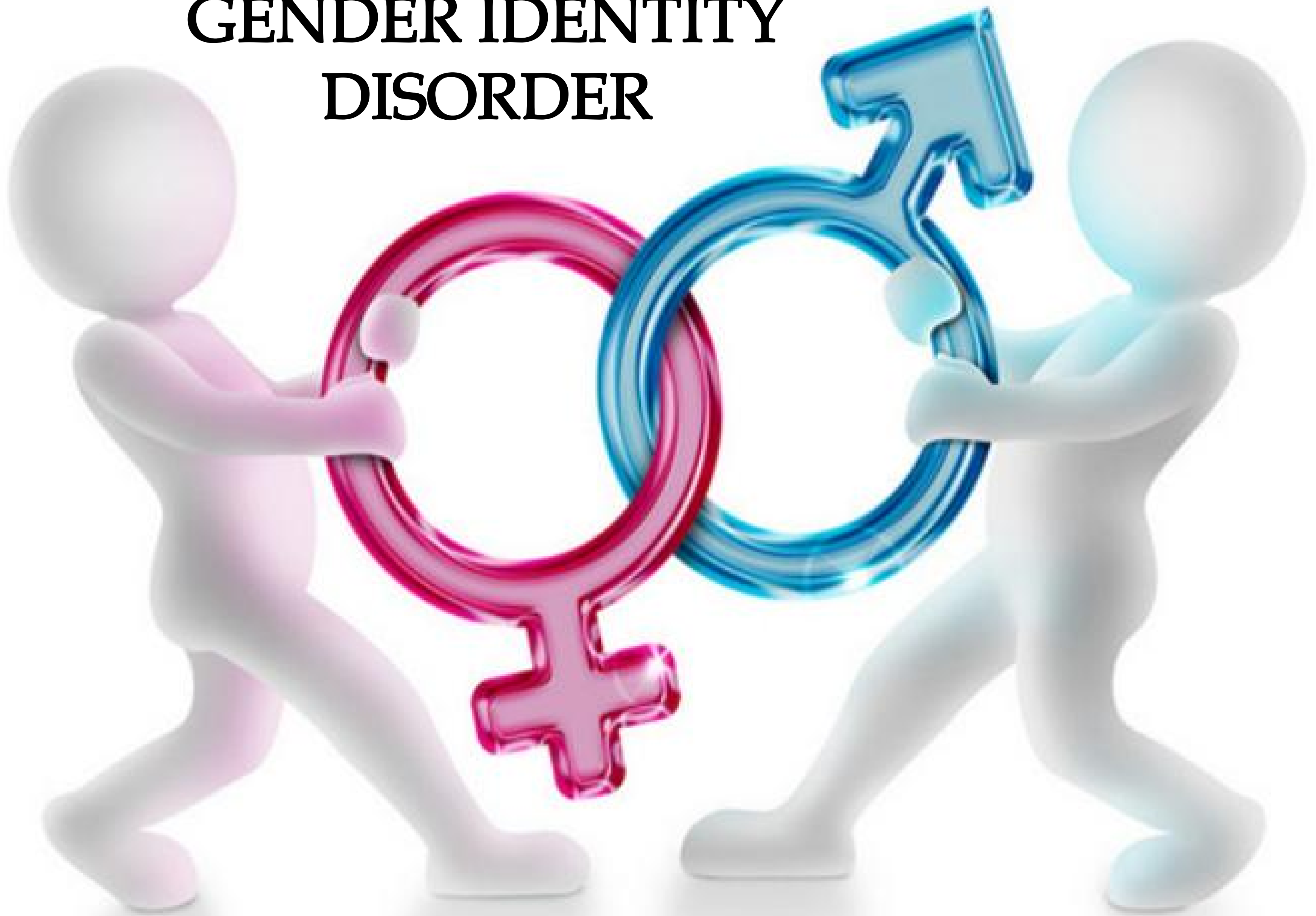
GENDER IDENTITY DISORDER



INTRODUCTION

- **GENDER IDENTITY-** The term refers to the sense one has of being male or female, which corresponds most often to the person's anatomical sex.

- Gender identity crystallizes in most persons by age 2 or 3 years.

- **GENDER DYSPHORIA-** It is the affective component of gender identity disorders.

INTRODUCTION

- **TRANSGENDER-** It is a general term used to refer to those who identify with a gender different from the one they were born with.

- **GENDER IDENTITY DISORDER-** These are defined as a group whose common feature is a strong, persistent preference for living as a person of the other sex.

HISTORY

- Transsexuals became popularly known with the sex change of George Jorgensen into Christine Jorgensen in 1952.

HISTORY

-In 1966 the first professional text on transsexualism was written by Harry Benjamin, widely acknowledged as the 'father of transsexualism' who evaluated and treated many hundreds of patients.

-In 1979-the Harry Benjamin International Gender Dysphoria Association was formed.

HISTORY

- In 1974- the author published a text describing a few dozen boys with sexual identity conflict.
- Drawing on this clinical experience, the psychosexual disorders advisory committee of the DSM that was to become the third edition (DSM-III), introduced the diagnostic entity gender identity disorder of childhood in 1980.

HISTORY

- DSM-IV and DSM-IV-TR- defines the gender identity disorders.

- DSM-5-The term gender dysphoria appears as a diagnosis for the first time to refer to those persons with a marked incongruence between their experienced or expressed gender and the one they were assigned at birth.

COMPARATIVE NOSOLOGY

- In DSM-III- It was included in the category of psychosexual disorders along with paraphilias and sexual dysfunctions.
- In DSM-III-R- It was placed in the section on disorders usually first evident in infancy, childhood, or adolescence.

COMPARATIVE NOSOLOGY

- DSM-III and DSM-III-R also classified adult gender identity patients by their sexual orientation- Homosexual, heterosexual and asexual.

- In DSM-IV- It was placed in a separate section called sexual and gender identity disorders.

COMPARATIVE NOSOLOGY

- DSM-IV continued the subtype classifications and added bisexuality .

- In DSM-5- The term Gender Dysphoria have been introduced.

-With specifiers- With a disorder of sex development and Posttransition.

COMPARATIVE NOSOLOGY

- The label was changed from gender identity disorder (GID) to GD, which is considered a more accurate term (Fisk, 1973)
- And which highlights the salience of "distress" (dysphoria) (Knudson *et al., 2010).*
- There was considerable support for this change related to a reduction in stigma (Vance *et al.,* 2010).

COMPARATIVE NOSOLOGY

- In ICD-9- gender identity disorders, without diagnostic criteria, were placed in the section on sexual deviations and disorders.

- In ICD-10- Gender identity disorders are placed in the section on disorders of adult personality and behaviour, although including gender identity disorder of childhood.

EPIDEMIOLOGY

- Parents typically report that cross-gender behaviours were apparent before 3 years of age.

- Most children with GID are referred for clinical evaluation in early grade school years.

- For boys, younger than age 12 who were referred for a range of clinical problems, the reported desire to be the other sex was 10%.

EPIDEMIOLOGY

- For clinically referred girls younger than age 12, the reported desire to be the other sex was 5%.
- For non clinically referred girls, the highest rate was 5% at 4 to 5 years of age and less than 3% for other ages.
- The sex ratio - 4 to 5 boys for each girl.

EPIDEMIOLOGY

- The best estimate of GID or transsexualism in adults emanates from the Netherlands and appears to represent national population data.

- There, the prevalence appears to be 1 in 11,000 males and 1 in 30,000 females.

- DSM-5 reports a prevalence rate ranging from 0.005 to 0.014% for male-assigned & 0.002 to 0.003% for female-assigned people.

EPIDEMIOLOGY

- Sex ratio among adults- 3-5 male patients for each female patient.
- Overall the prevalence of male to female dysphoria is higher than female to male dysphoria.
- No definite figures are available for India.

ETIOLOGY

- Various factors are known to be considered in its etiology-

- GENETIC
- HORMONAL
- BRAIN AND CNS
- PSYCHOANALYTIC
- SOCIAL LEARNING

ETIOLOGY

- GENETIC FACTORS-

-Genetic causes are under study.

-But no candidate genes have been identified

-Chromosomal variations are uncommon.

-Case reports of identical twins have shown some pairs that are concordant for transgender issues and others not so affected.

ETIOLOGY

-Male-to-female transsexuals had a significant excess of maternal aunts to uncles.

-No differences from expected parity were found for female-to-male transsexuals or on any paternal side.

-An explanation for these findings invokes genomic imprinting.

ETIOLOGY

- HORMONAL FACTORS-

-Maleness and masculinity depend on fetal and perinatal androgens.

-Sex steroids influence the expression of sexual behaviour in mature men or women.

-But masculinity, femininity, and gender identity may result more from postnatal life events than from prenatal hormonal organization.

ETIOLOGY

-Bain organization theory refers to masculinisation or feminization of the brain in utero.

-Testosterone affects brain neurons that contribute to the masculinisation of the brain in such areas as the hypothalamus.

-Whether testosterone contributes to so-called masculine or feminine behavioural patterns remains a controversial issue.

ETIOLOGY

-Atypical levels of sex hormones before birth and the attendant effects on specific sex-typed behaviours may modify the child's early social experiences.

-Polycystic ovaries as more common in female-to-male transsexuals than in the typical female population.

ETIOLOGY

- BRAIN AND CNS INVOLVEMENT-

-Imaging studies have shown changes in white matter tracts, cerebral blood flow, and cerebral activation patterns but such studies have not been replicated.

-A difference in vasoactive intestinal polypeptide (VIP) innovation from the amygdala.

ETIOLOGY

- PSYCHOANALYTIC THEORIES-

  -Sigmund Freud believed that gender identity problems resulted from conflicts experienced by children within the Oedipal triangle.

  -Whatever interferes with a child's loving the opposite-sex parent and identifying with the same-sex parent interferes with normal gender identity development.

ETIOLOGY

-Since Freud,Psychoanalysts have postulated that the quality of the mother–child relationship in the first years of life is paramount in establishing gender identity.

-During this period, mothers normally facilitate their children's awareness of their gender.

-Analysts argue that devaluing, hostile mothering can result in gender problems.

ETIOLOGY

-Gender identity problems can also be triggered by a mother’s death, or depression, to which a young boy may react by totally identifying with her—that is, by becoming a mother to replace her.

-The father’s role is also important in the early years.

ETIOLOGY

- SOCIAL LEARNING THEORIES-

-Learning theory postulates that children may be rewarded or punished by parents and teachers on the basis of gendered behaviour, thus influencing the way children express their gender identities.

-Children also learn how to label people according to gender and eventually learn that gender is not dictated by surface appearance such as clothing or hairstyle.

DIAGNOSIS & CLINICAL FEATURES

GENDER DYSPHORIA IN CHILDREN

DIAGNOSIS & CLINICAL FEATURES

A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration, as manifested by at least six of the following (one of which must be Criterion A1):-

1. A strong desire to be of the other gender or an insistence that he or she is the other gender.

DIAGNOSIS & CLINICAL FEATURES

2. In boys (assigned gender), a strong preference for crossdressing or simulating female attire; or in girls (assigned gender), a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical feminine clothing.

3. A strong preference for cross-gender roles in make-believe play.

DIAGNOSIS & CLINICAL FEATURES

4. A strong preference for the toys, games, or activities stereotypically used or engaged in by the other gender.

5. A strong preference for playmates of the other gender.

6. In boys (assigned gender), a strong rejection of typically masculine toys, games, and activities and a strong avoidance of rough-and-tumble play; or in girls (assigned gender), a strong rejection of typically feminine toys, games, and activities.

DIAGNOSIS & CLINICAL FEATURES

7. A strong dislike of one's sexual anatomy.

8. A strong desire for the primary and/or secondary sex characteristics that match one's experienced gender.

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

DIAGNOSIS & CLINICAL FEATURES

- Specify if:

-With a disorder of sex development (e.g., a congenital adrenogenital disorder such as congenital adrenal hyperplasia or androgen insensitivity syndrome).

DIAGNOSIS & CLINICAL FEATURES

GENDER DYSPHORIA IN ADOLESCENTS AND ADULTS

DIAGNOSIS & CLINICAL FEATURES

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

1. 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)

DIAGNOSIS & CLINICAL FEATURES

2. 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).

DIAGNOSIS & CLINICAL FEATURES

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

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

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

DIAGNOSIS & CLINICAL FEATURES

6. 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.

DIAGNOSIS & CLINICAL FEATURES

- Specify if:

-With a disorder of sex development (e.g., a congenital adrenogenital disorder such as congenital adrenal hyperplasia or androgen insensitivity syndrome).

DIAGNOSIS & CLINICAL FEATURES

- Specify if:

-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.

DIAGNOSIS & CLINICAL FEATURES

- Other Specified Gender Dysphoria
- Unspecified Gender Dysphoria

DIAGNOSIS & CLINICAL FEATURES

- AUTOGYNEPHILIA

  - Some are sexually aroused by imagining themselves with a female body.

DIFFERENTIAL DIAGNOSIS

- Because the diagnosis of gender identity disorder excludes children with anatomical intersex, a medical history needs to be taken with the focus on any suggestion of hermaphrodism in the child.

DIFFERENTIAL DIAGNOSIS

- TRANSSEXUALISM-

-With a desire to live and be accepted as a member of the opposite sex.

-A wish to have hormonal treatment & surgery to make one's body as congruent as possible with one's preferred sex.

ASSESSMENT TOOLS

- The Gender Identity/Gender Dysphoria Questionnaire for Adolescents and Adults (Singh*et al., 2010).*
- The Child Behavior Checklist (CBCL)
- The Teacher's Report Form (TRF)
- The Youth Self-Report (YSR) form (Zucker & Bradley, 1995; Cohen-Kettenis *et al., 2003; Zucker et al., 2012a; Steensma et al.,* 2014)

DIFFERENTIAL DIAGNOSIS

-Usually accompanied by the sense of discomfort with one's anatomical sex.

-Presence of the transsexual identity for at least two years persistently.

DIFFERENTIAL DIAGNOSIS

- DUAL ROLE TRANSVESTISM-

-Wearing clothes of the opposite sex in order to experience temporarily membership of the opposite sex.

-Without any desire to change permanently into the opposite sex.

DIFFERENTIAL DIAGNOSIS

-Without any sexual excitement accompanies the cross-dressing.

-It includes- GID of adolescence or adulthood, non transsexual type

DIFFERENTIAL DIAGNOSIS

- GID OF CHILDHOOD-

  -Usually first manifest during early childhood.

  -And always well before puberty.

  -A persistent preoccupation with dress or activities of opposite sex.

DIFFERENTIAL DIAGNOSIS

-Typically, this is first manifest during the preschool years.

-Relatively uncommon.

-Should not be confused with stereotypic sex role behaviours.

GID	NONCONFIRMITY OF GENDER ROLES
-Is characterized by the strong desire to be of the expressed gender rather than the assigned one and by the extent and pervasiveness of gender-variant activities and interests.	-Is characterized by nonconformity to stereotypical gender role behavior (e.g., “tomboyish” behavior in girls, occasional cross-dressing in adult men) -That occurs in the absence of clinically significant distress or impairment in social, occupational, or other areas of functioning. -Not pervaisve

GID	BDD
-Characterised by desire to change their assigned gender.	-May be characterized by the persistent desire to alter or remove a specific body part or feature because it is perceived as abnormally formed and ugly and not because it represents a repudiated assigned gender. -Generally focus on a body part because of a belief that it is abnormal, rather than due to a desire to change their assigned gender.

GID	TRANSVESTIC DISORDER OR FETISHISTIC TRANSVESTISM
-A strong desire to be of the other gender. - The purpose of Cross dressing behaviour is not associated with sexual arousal.	-Is characterized by cross-dressing behavior that generates sexual excitement. -Clearly associated with sexual arousal and the strong desire to remove the clothing once sexual arousal declines.

GID	PSYCHOTIC DISORDER (SCHIZOPHRENIA)
-In the absence of other symptoms characteristic of a Psychotic Disorder, insistence by an individual with GID that he or she is of the other gender is not considered a delusion.	-Transgender identity may be a component of delusional thinking, such as in schizophrenia. -Diminishment of transgender feelings with the successful treatment of psychosis.

COURSE AND PROGNOSIS

- CHILDREN-

-Children diagnosed with gender dysphoria do not necessarily grow up to identify as transgender adults.

-Those children who do identify as transgender as adults have been shown to have more extreme gender dysphoria as children.

-Many studies show increased rates of gay and bisexual identity among those who were gender nonconforming as children.

COURSE AND PROGNOSIS

-Some children who will later identify as transgender as adults do not show behaviours consistent with another gender at this age.

-Approaching puberty, many children diagnosed with gender dysphoria begin to show increased levels of anxiety related to anticipated changes to their bodies.

COURSE AND PROGNOSIS

- ADULTS AND ADOLESCENTS-

-Some people diagnosed with gender dysphoria as adults recall the continuous development of transgender identity since childhood.

-Others do not recall gender identity issues during childhood.

COURSE AND PROGNOSIS

-Many enter into stereotypic activities and employment in order to convince themselves and others that they do not have gender nonconforming identities

COMORBIDITY

- CHILDREN-

  -Depressive disorders

  -Anxiety disorders

  -Impulse control disorder

  -ASD

COMORBIDITY

- ADULTS AND ADOLESCENTS-

  -Depressive disorders

  -Anxiety disorders

  -Suicide and selfharming behaviours(The lifetime rate of suicidal thoughts in transgender people is thought to be about 40%)

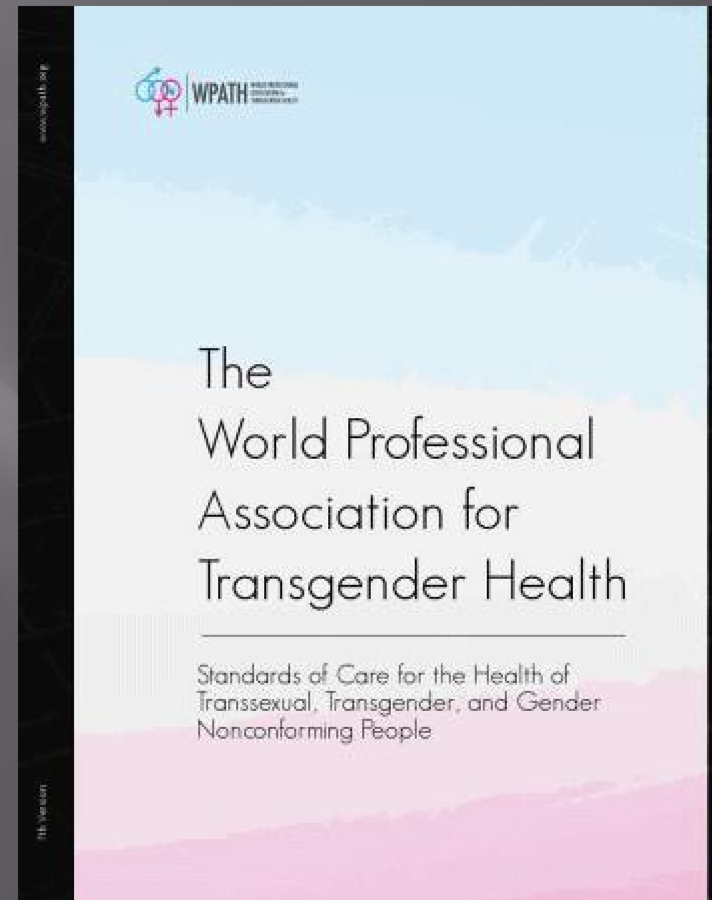
  -Substance abuse

TREATMENT

- The World Professional Association for Transgender Health (WPATH) is an international, multidisciplinary, professional association.
- whose mission is to promote evidence-based care, education, research, advocacy, public policy, and respect for transgender health.

TREATMENT

- The World Professional Association for Transgender Health (WPATH) Standards of Care (SOC) for the health of transsexual, transgender, and gender-nonconforming people have recently become more flexible.



TREATMENT

- The overall goal of the Standards of Care is-

-To provide clinical guidance for health professionals to assist transsexual, transgender, and gender nonconforming people with safe and effective pathways

-To achieving lasting personal comfort with their gendered selves, in order to maximize their overall health, psychological well-being, and self-fulfillment.

TREATMENT

- Treatment options-

1. Changes in gender expression and role (which may involve living part time or full time in another gender role, consistent with one's gender identity).

2. Hormone therapy to feminize or masculinize the body.

TREATMENT

3. Surgery to change primary and/or secondary sex characteristics (e.g., breasts/chest, external and/or internal genitalia, facial features, body contouring).

4. Psychotherapy (individual, couple, family, or group) for purposes such as-

-Exploring gender identity, role, and expression

-Addressing the negative impact of gender dysphoria and stigma on mental health

-Alleviating internalized transphobia; enhancing social and peer support

TREATMENT

CHILDREN-

- Individual
- Family
- Group therapy
- That guides children in exploring their gendered interests and identities.

TREATMENT

- Reparative or conversion therapy, which attempts to change a person's gender identity or sexual orientation.

- The treatment of gender identity disorder in children is directed largely at developing social skills and comfort in the sex role expected by birth anatomy.

TREATMENT

- A new psychosocial movement to allow gender identity disorder children to “transition” in gender role is receiving notice.
- A few, with parental approval and school accommodation, are socializing as children of the other gender.

TREATMENT

ADOLESCENTS-

- Psychotherapy
- Puberty-blocking medications- These are GnRH agonists that can be used to temporarily block the release of hormones that lead to secondary sex characteristics.

-Giving adolescents and their families time to reflect on the best options moving forward

TREATMENT

ADULTS-

- Psychotherapy- to explore gender issues
- Hormonal treatment
- Surgical treatment
- Hormonal and surgical interventions may decrease depression and improve quality of life.

TREATMENT

- Adult patients coming to a gender identity clinic usually present with straightforward requests for hormonal and surgical sex reassignment.
- When patient's gender dysphoria is severe and intractable, sex reassignment is often the best solution.

TREATMENT

- The Real Life Test or Real Life Experience before endocrine treatment-

  -This is a full-time social transition to living in the desired gender.

  -The treatment philosophy is to proceed with reversible procedures before those that are irreversible.

TREATMENT

-The Real Life Experience is typically 1 to 2 years of full-time cross-gender living, including at least 1 year of employment in the desired gender role and 1 year on high doses of cross-sex hormones.

TREATMENT

- HORMONAL T/T-

-Persons born male are typically treated with daily doses of oral estrogen.

-This may be ethinylestradiol or estrogen patches.

-Continues for approximately 2 years.

-May take estrogen, testosterone-blockers, or progesterone, often in combination.

TREATMENT

- These hormones produce-

-Breast enlargement
-Testicular atrophy
-Decreased libido
-Diminished erectile capacity
-A decrease in the density of body hair

TREATMENT

- Biological women are treated with monthly or two weekly injections of testosterone.

- It produces-

  -The pitch of the voice drops permanently into the male range.

  -The clitoris enlarges to three or four times its pretreatment length

  -Increased libido

  -Hair growth changes to the male pattern

  -Menses cease

TREATMENT

- Criteria for hormone therapy-

1. Persistent, well-documented gender dysphoria

2. Capacity to make a fully informed decision and to consent for treatment

3. Age of majority in a given country.

4. If significant medical or mental health concerns are present, they must be reasonably well controlled

TREATMENT

- SURGICAL T/T-

-The most common type of surgery for both trans-men and trans-women is "top surgery," or chest surgery.

-Transgender men may have surgery to construct a male-contoured chest.

TREATMENT

- Metoidioplasty
- Scrotoplasty
- Phalloplasty
- Vaginoplasty (Sex Reassignment Surgery)

TREATMENT

- Facial feminization surgeries-

 That alter the cheeks, forehead, nose, and lips to create a more feminine facial appearance.

CONCLUSION

- The transsexual phenomenon has been mentioned from time to time in recorded history.
- The term gender identity refers to the sense one has of being male or female.
- Research is leading to new diagnostic nomenclatures, and terms are changing in both the DSM and the ICD.

CONCLUSION

- The ICD Working Group on the Classification of Sexual Disorders and Sexual Health is recommending that-

-For ICD-11, gender identity concerns be moved from the psychological sections

-And is considering options that would list these concerns in their own separate chapter, as medical diagnoses, or as part of a new chapter on sexual health and sexual disorder.

CONCLUSION

- A growing movement among transsexual people argues for removal of gender identity disorder from the psychiatric and medical lists of disorders or diseases.
- In the second half of the 20th century, awareness of the phenomenon of gender dysphoria increased when health professionals began to provide assistance to alleviate gender dysphoria.

THANKYOU