Prof Philip Morris AM
MBBS BSc PhD FRANZCP FAChAM (RACP)
Consultant Psychiatrist
President ANZMHA
President NAPP

Gender Dysphoria

In children and adolescents
An unusual condition
In an ideologically sensitive area
Limited evidence base
A controversial subject

What is Gender Dysphoria?

DSM-5

When an individual feels distressed when they experience a mismatch between their biological sex and gender assigned at birth (natal gender) and their felt gender identity

Previously was gender identity disorder, ICD-11 known as gender incongruence

Usually manifested in childhood, but now increasing cases in early adolescence (especially young females)

Controversies

Is gender dysphoria a medical condition?

Is it a normal variation of gender expression?

What is the natural history of gender dysphoria?

Is it a stand-alone diagnosis or can it be a presentation of an underlying or pre-existing condition?

How effective and safe are puberty blocking drugs, cross sex hormones and sexual reassignment surgery in treating gender dysphoria?

What are the risks of puberty blockers and cross sex hormones in children and adolescents?

What level of cognitive and emotional maturity is necessary for a child or adolescent to be able to provide Gillick competent informed consent for treatment?

What challenges are there for doctors?

Are there treatment guidelines for gender dysphoria?

Is gender dysphoria a medical condition?

or

Is it a normal variation of gender expression?

Is Transgender a different phenomena to LGB?

Criteria for gender dysphoria (DSM-5)

At least six months (in ICD-11 it is two years)

A strong desire to be of the other gender

A strong preference to cross-dress and cross-gender roles

A strong preference for toys, games and activities of the other gender and a rejection of toys, games and activities of natal gender

A strong preference for playmates of the other gender

A strong dislike of ones sexual anatomy

A strong desire for the primary and seconday sex characteristics that match one's felt gender

What is the natural history of gender dysphoria?

Incidence in children unknown

Incidence in children, adolescents and adults ranges from 0.5 to 1.3%

In childhood more common in birth-assigned males, in adolescents more common in birth-assigned females

Most children who express gender incongruence in childhood become accepting of their natal gender as they progress through adolescence under the influence of sex hormones

Some children do not relinquish their desire to be the other gender – more likely among children with long histories of gender dysphoria

Late onset gender dysphoria (ie. starting in early adolescence) may have a different course

Some children develop gay or lesbian sexual preferences

Is it a stand-alone diagnosis or can it be a presentation of an underlying or pre-existing condition?

Most psychiatric disorders have a qualification – "not better explained by another mental disorder"
This is not included in the criteria for gender dysphoria
But most psychiatrists consider the 'differential diagnoses'
Are other pre-existing or underlying conditions presenting as gender dysphoria?
Could gender dysphoria be a symptom of other conditions?
Is there a prolonged pattern of behaviour extending back into childhood?
Psychiatric and social/family comorbidities are common
Evaluation requires a detailed multi-disciplinary approach using a bio-psycho-social model

How effective and safe are puberty blocking drugs, cross sex hormones and sexual reassignment surgery in treating gender dysphoria?

Stage 1 treatment – gonadotrophin-releasing hormone agonists to delay puberty no longer regarded fully reversible and safe – now labeled 'experimental'

Stage 2 treatment – cross sex hormones (testosterone, estrogens) are irreversible and have well known adverse effects

Stage 3 treatment – sex reassignment surgery

No convincing evidence that long term results of 'transitioning treatments' are beneficial

Emerging phenomena of 'detransitioners' – individuals who whish to reverse their gender transition

Are there treatment guidelines for gender dysphoria?

The 'affirmation approach' -
based on supporting the patient's choice with rapid introduction of gender-affirming hormonal treatments (World Professional Association for Transgender Health)
vs
NAPP Guide for Medical Practitioners (napp.org.au/news)
A cautious care approach based on detailed search for underlying psychosocial conditions and a psychotherapy model of treatment before consideration of hormonal interventions
Exploratory and supportive psychotherapy is not to be conflated with 'conversion therapy'

In Finland the medical advisory body considers that no conclusions can be drawn on the stability of gender identity in young perople with gender dysphoria and significant psychiatric comorbidity
Children in this situation must have the psychiatric conditions treated before being referred to centres that can prescribe hormonal treatments

What challenges are there for doctors?

Ethical

Determine that the treatment is in the best interests of the patient
Assess the benefits and the adverse effects of the intervention
Be convinced that the patient can make a fully informed Gillick competent consent

Legal

Comply with state/federal legal requirements
Proper diagnosis of gender dysphoria
Multi-disciplinary team assessment
For individuals under age 18, both parents, and medical advisors must agree on treatment

Thank you!