

FOLLOW-UP OF ADOLESCENTS WITH GENDER IDENTITY DISORDERS: A LONG AND CHALLENGING PROCESS

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BACKGROUND

Gender identity disorder (GID) is a condition, which is characterized by incongruence between the experienced gender and the natal sex, which also causes deterioration of functionality. After psychiatric evaluations, medical treatment for adolescents with GID consists of 3 phases.

- First phase is the suppression of puberty with GnRH analogues,
- In the second phase, cross-sex steroid hormones are added to GnRH analogue treatment.
- The final phase is surgical procedures after the age of 18-years and keeping sex hormone levels in normal ranges.

In our study, we aimed to raise awareness for individuals with GID, by presenting the clinical features and follow-up of cases in our clinic.

METHODS

- Twelve adolescents with GID were included in this study referred between the years 2016 and 2019 to our outpatient clinic
- The complaints, clinical findings and follow-up of these cases on treatment were evaluated.
- Monthly multidisciplinary councils in Istanbul Faculty of Medicine are organized for the management of these patients and enable these individuals to receive medical records in an easier and supervised manner for applying to the courts.

CONCLUSION

- The process of gender transformation in transgender individuals is a long and challenging journey.
- On the other hand, with a raised awareness it will be easier for these individuals to access appropriate and necessary treatments.
- With our increasing experience in our clinic, we are trying to assist these individuals medically and also support them on the way of increasing quality and satisfaction of their lives.

RESULTS

- At the referral, the mean age was 16.6 years (range 13.3- 21.6 yrs). Distribution of individuals (transfemale, MTF/transmale, FTM) and details of medical treatment are given in **Figure 1-2-3**.
- All cases were uncomfortable by their natal sex since early ages and their discomfort had increased especially during puberty.
- While seven of them were referred to our clinic by pediatric psychiatrists, the remaining five were brought by their parents regarding suspicions of hormonal disorders.
- Three MTF cases had obesity, and hirsutism was detected in two of them.
- All patients were diagnosed and followed for GID by psychiatry. For suppression of puberty, GnRH analogue treatment (3.75 mg/month) was started in five cases at a mean age of 17.2-years (range 16.7-17.6 yrs) (**Figure 2**). While triptotelin acetate was started in a FTM, leuprolide acetate was started in the remaining individuals (2 FTM, 2 MTF).
- In one case (MTF), the dose of GnRH analogue was required to be increased to 7.5 mg/month.
- Except for one case, in whom osteoporosis was detected during puberty suppression, no serious complications were observed.
- The induction of puberty was started in four cases at a mean age of 17.4 years (range 16.8-17.8 yrs) (**Figure 3**). MTF cases were given Estradiol transdermal patches (as an initial dose 1/4 patch/week → gradually increased to 1 patch/week).
- FTM cases were given Testosterone intramuscular injection (as an initial dose 50 mg/month → gradually increased to 250 mg/month). There were also no side effects on sex steroid hormone replacement.

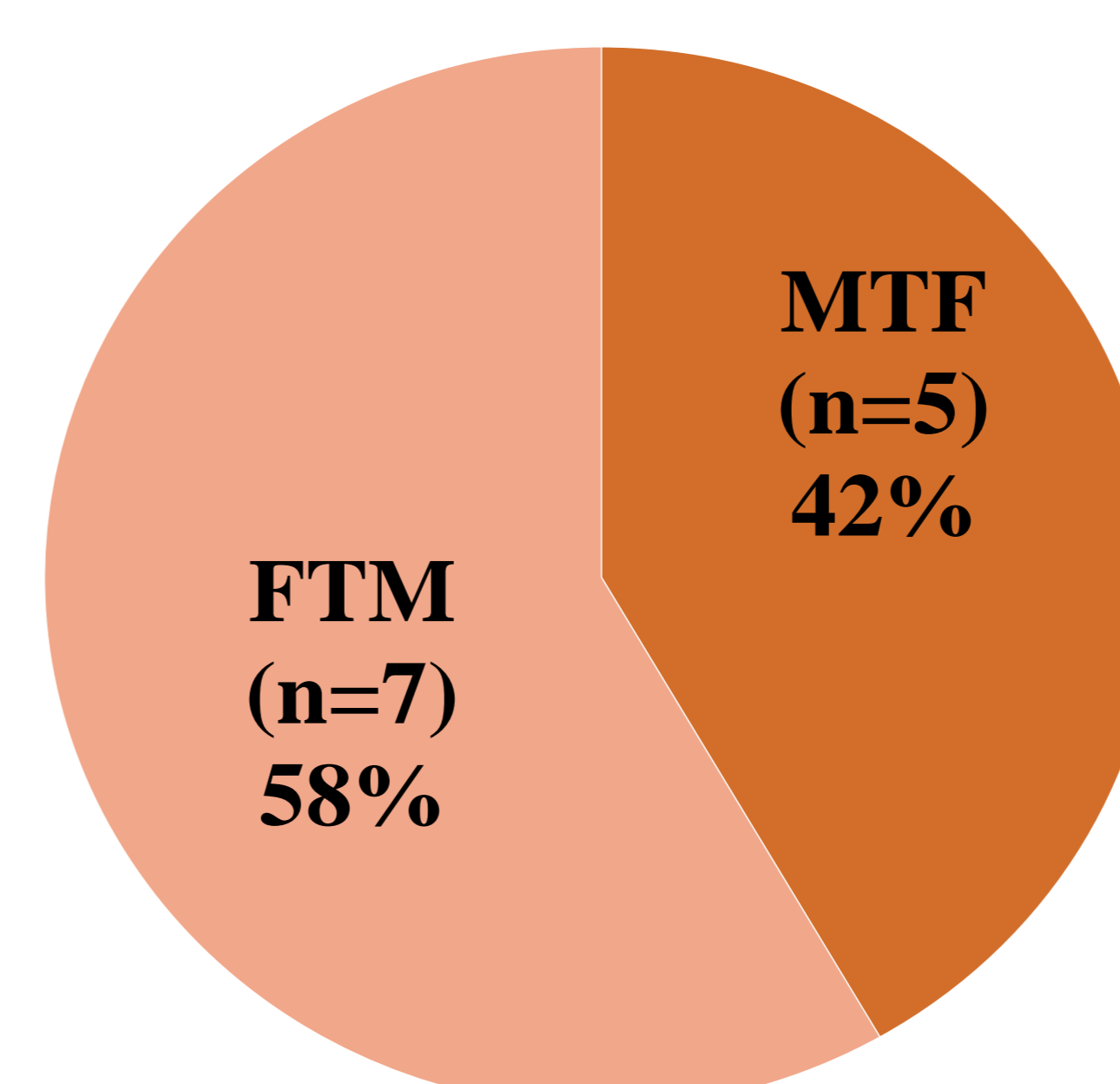


Figure1: Distribution of adolescents with GID

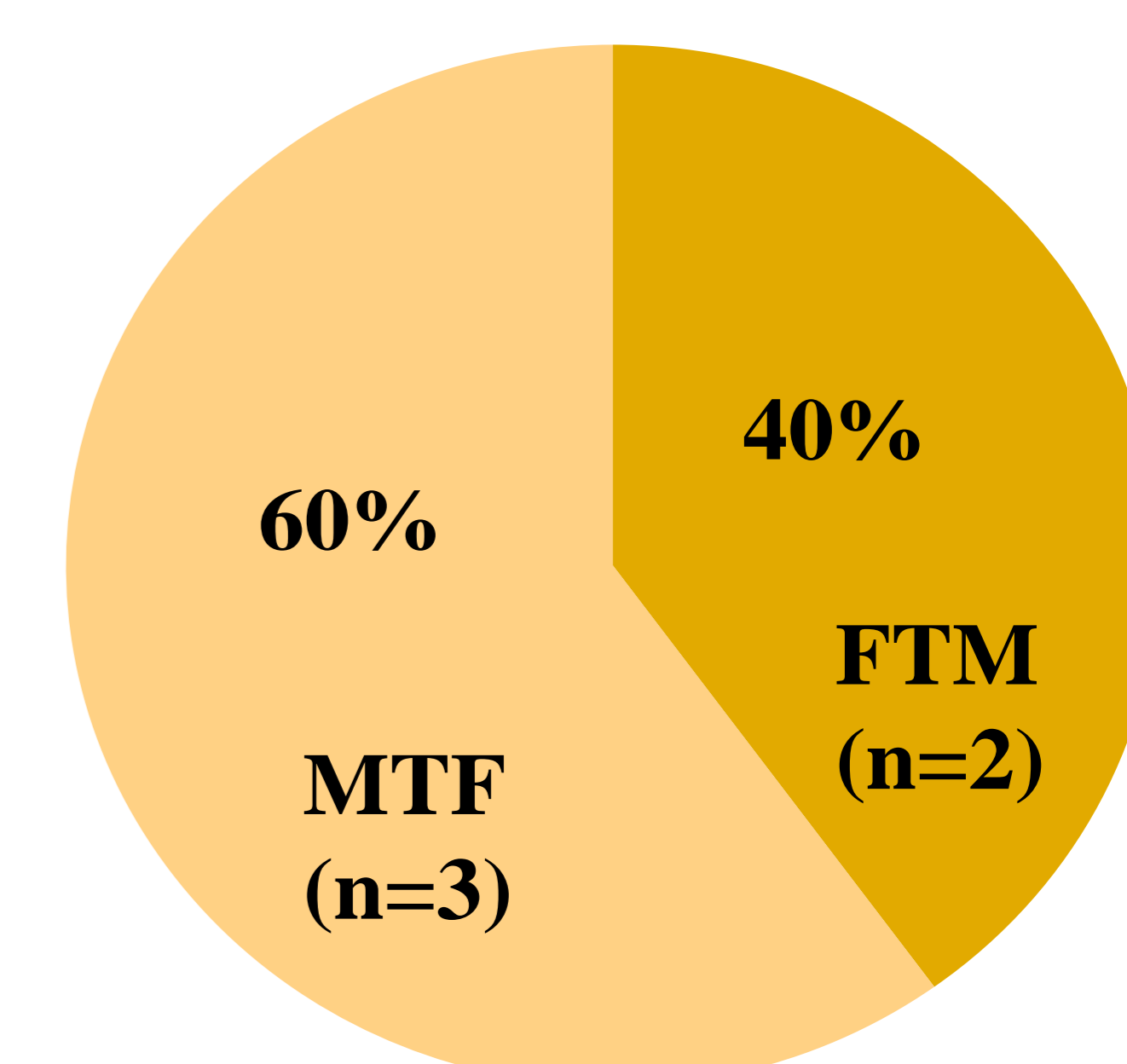


Figure2: Distribution of pubertal suppression treatment in adolescents with GID

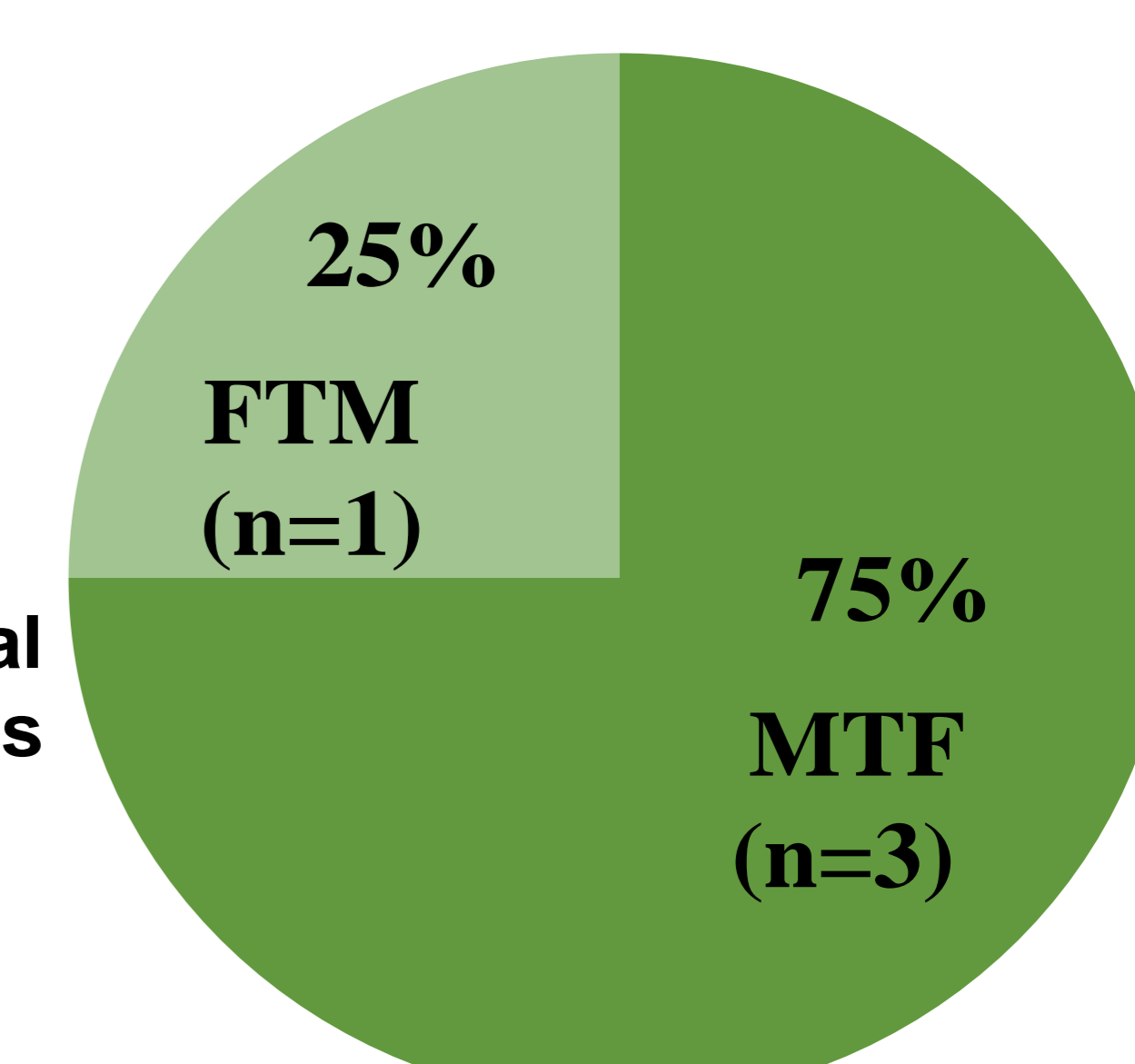


Figure3: Distribution of pubertal induction treatment in adolescents with GID

