

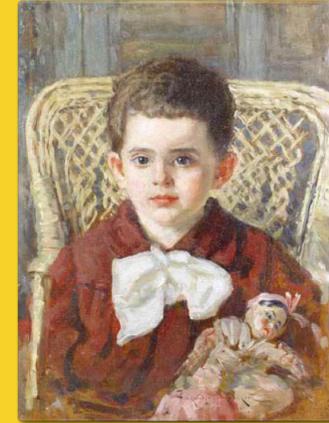


Mastering DSM-5 Gender Dysphoria (GD)

Komsan Kiatrungrit, MD

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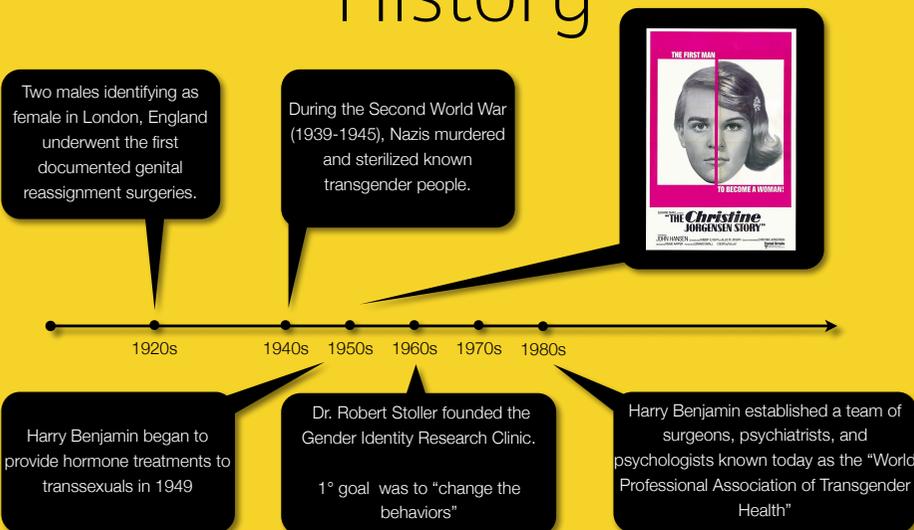
History



Boy with Doll by Aleksandr Vladimirovich Makovsky (1869-1924)

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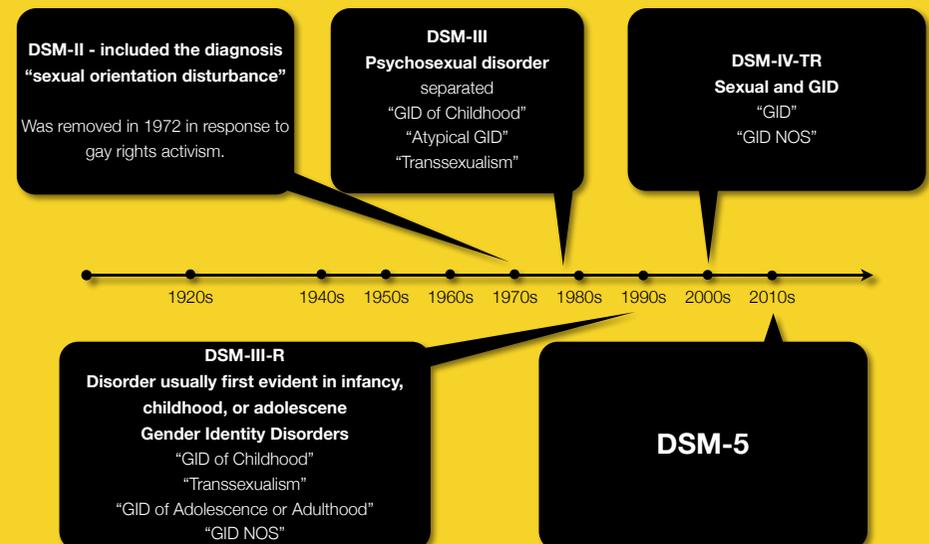
History



• Benjamin JS. Kaplan and Sadock's Comprehensive Textbook of Psychiatry, 9th Edition. 2012.
• Pleak RR. Gender identity issues in youth: opportunities, terminologies, histories, and advancements. Child Adolesc Psychiatr Clin N Am. 2011 Oct;20(4):601-25.
• <http://sdme.weebly.com/history-of-gender-identity-disorder.html>

3

History



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History

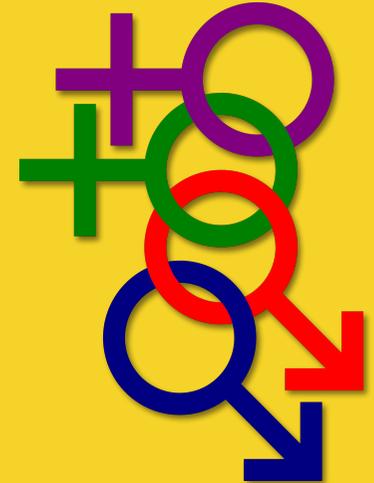
- Psychosexual Disorder (DSM-III)
 - Emphasizes that psychological factors are assumed to be of major etiological significance in the development
- 4 groups
 - Gender Identity Disorders
 - Paraphilias
 - Psychosexual Dysfunctions
 - Other Psychosexual Disorders
 - Ego-dystonic Homosexuality
 - Psychosexual Disorders Not Elsewhere Classified.



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History

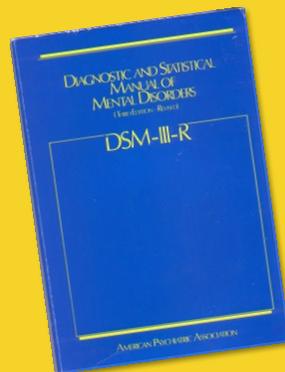
- Gender identity disorder (DSM-III)
 - Transsexualism
 - 1 = asexual
 - 2 = homosexual (same anatomic sex)
 - 3 = heterosexual (other anatomic sex)
 - 0 = unspecified
 - Gender Identity Disorder of Childhood
 - Atypical Gender Identity Disorder



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History

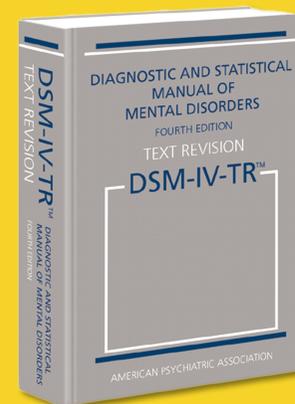
- DSM-III-R
 - Disorders usually first evident in infancy and childhood, or adolescence
- GID
 - Gender Identity Disorder of Childhood
 - Transsexualism
 - Gender Identity Disorder of Adolescence or Adulthood, Nontranssexual Type (GIDAANT)
 - Gender Identity Disorder Not Otherwise Specified



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History

- DSM-IV-TR
 - Sexual and Gender Identity Disorders
 - GID
 - GIDNOS



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Introduction

- No epidemiological study on the prevalence of GID
- Netherlands community prevalence
 - ♂ 1 in 11,000
 - ♀ 1 in 30,400
- Clinic-referred
 - ♂ : ♀ = 5.8 : 1 (Children)
 - ♂ : ♀ = 1.2 : 1 (Adolescents)

• Bakker A, van Kesteren PJM, Gooren LJG, et al: The prevalence of transsexualism in the Netherlands. Acta Psychiatr Scand 87:237-238, 1993
• Cohen-Kettenis PT et al: Demographic characteristics, social competence, and behavior problems in children with gender identity disorder: A cross-national, cross-clinic comparative analysis. J Abnorm Child Psychol 31:413-53, 2003.
• Zucker KJ et al: Gender dysphoric children and adolescents: A comparative analysis of demographic characteristics and behavioural problems. Clinical Child Psychology and Psychiatry 7:398-411, 2002.

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DSM-IV-TR

- A. A strong and persistent cross-gender identification (not merely a desire for any perceived cultural advantages of being the other sex). In children, the disturbance is manifested by four (or more) of the following:
 - (1) repeatedly stated desire to be, or insistence that he or she is, the other sex
 - (2) in boys, preference for cross-dressing or simulating female attire; in girls, insistence on wearing only stereotypical masculine clothing
 - (3) strong and persistent preferences for cross-sex roles in make-believe play or persistent fantasies of being the other sex
 - (4) intense desire to participate in the stereotypical games and pastimes of the other sex
 - (5) strong preference for playmates of the other sex
- In adolescents and adults, the disturbance is manifested by symptoms such as a stated desire to be the other sex, frequent passing as the other sex, desire to live or be treated as the other sex, or the conviction that he or she has the typical feelings and reactions of the other sex.

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DSM-IV-TR

- B. Persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex.
 - In children, the disturbance is manifested by any of the following: in boys, assertion that his penis or testes are disgusting or will disappear or assertion that it would be better not to have a penis, or aversion toward rough-and-tumble play and rejection of male stereotypical toys, games, and activities; in girls, rejection of urinating in a sitting position, assertion that she has or will grow a penis, or assertion that she does not want to grow breasts or menstruate, or marked aversion toward normative feminine clothing.
 - In adolescents and adults, the disturbance is manifested by symptoms such as preoccupation with getting rid of primary and secondary sex characteristics (e.g. request for hormones, surgery, or other procedures to physically alter sexual characteristics to simulate the other sex) or belief that he or she was born the wrong sex.
- C. The disturbance is not concurrent with a physical intersex condition.
- D. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

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Gender Dysphoria in Children DSM-5

- 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 one is the other gender (or some alternative gender different from one's assigned gender).
 2. In boys (assigned gender), a strong preference for cross-dressing 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 or fantasy play.
 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.
 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.

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Gender Dysphoria in Children DSM-5

- B. The condition is associated with clinically significant distress or impairment in social, school, 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).
- Coding note: Code the disorder of sex development as well as gender dysphoria.

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Disorders of sex development (DSD)

- DSD
 - More accepting with their assigned sex, but reject the authenticity
 - Recognized that it is incorrect
 - Do not typically hate their genitalia
 - Deny that they are homosexual
- GID
 - Upset with their assigned sex
 - They're sad because they want to be the opposite sex
 - Hate their genitalia
 - More accept that they're homosexual

• Reiner WG, Reiner DT. Thoughts on the nature of identity: disorders of sex development and gender identity. Child Adolesc Psychiatr Clin N Am. 2011 Oct;20(4):627-38.

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Disorders of sex development (DSD)

- DSD
 - Clinicians now sometimes perform physically invasive (and probably expensive) examinations with the only purpose to “rule out” DSD.
 - Management of children with ambiguous genitalia remains controversial.
 - Poor cosmetic and functional results after surgery
 - Partially virilized XY women - highest rates of gender dysphoria and the need for reassignment among all patients with DSD, as well as dissatisfaction with surgical interventions.

• Reiner WG, Reiner DT. Thoughts on the nature of identity: disorders of sex development and gender identity. Child Adolesc Psychiatr Clin N Am. 2011 Oct;20(4):627-38.

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Gender Dysphoria in Adolescents and Adults DSM-5

- 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).
 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).
 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).
 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).

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Gender Dysphoria in Adolescents and Adults

DSM-5

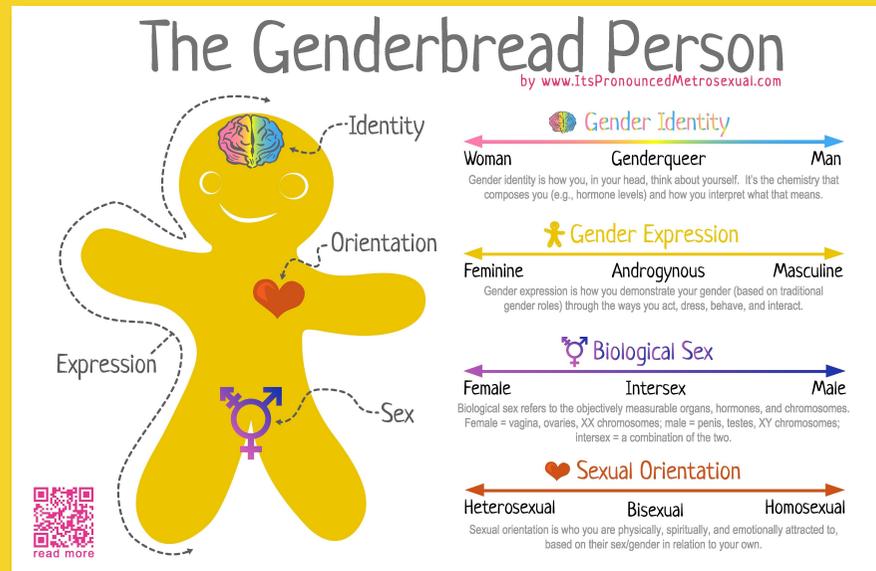
- B. The condition is associated with clinically significant distress or impairment in social, occupational or other important areas of functioning.
- Specify if:
 - **With a disorder of sex development** (e.g., a congenital adrenogenital disorder such as 255.2 [E25.0] congenital adrenal hyperplasia or 259.50 [E34.50] androgen insensitivity syndrome).
- Coding note: Code the disorder of sex development as well as gender dysphoria.
- 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 (e.g., penectomy, vaginoplasty in a natal male; mastectomy or phalloplasty in a natal female).

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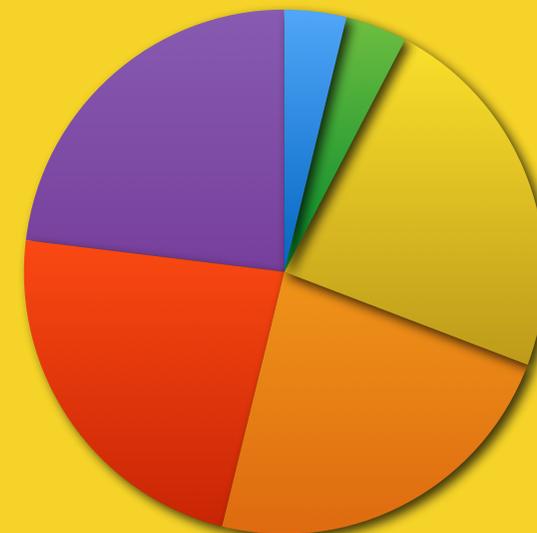
Clinical Implications

- Developmentally appropriate ADHD symptoms
- Clearly duration and symptoms threshold criteria
- More emphasize psychological distress
- More emphasize DSD case

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GD DSD Homosexual
Transgender Bisexual Gender queer

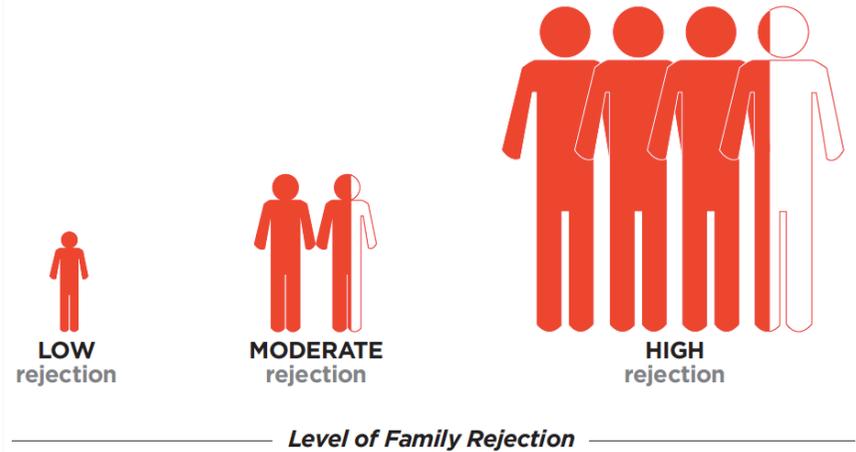
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Family Rejection & Risk for Suicide

LIFETIME SUICIDE ATTEMPTS BY LGBT YOUNG ADULTS
REJECTED BY FAMILIES IN ADOLESCENCE
Ages 21-25

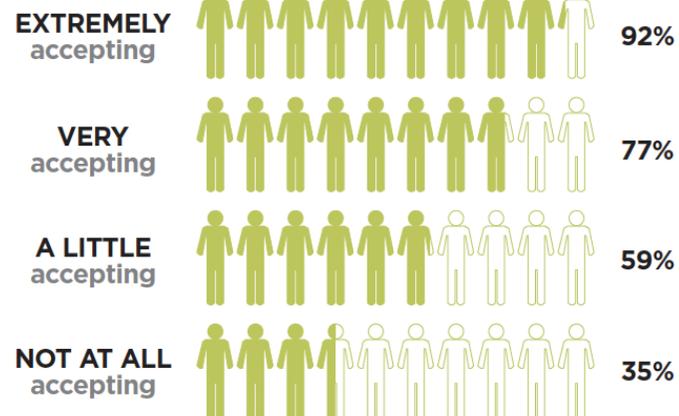


Illegal Drug Use



FAMILY ACCEPTANCE DURING ADOLESCENCE & PERCEPTIONS OF BEING A HAPPY LGBT ADULT

Level of Family Acceptance



END