Endocrine care of transgender people: Detransitions

Opinion

Transgender defines people with gender identities that are not aligned with the sex recorded at birth. Despite the fact that being transgender is not considered to be a behavioral health condition, the codes for a transgender diagnosis are in the mental health section in the International Classification of Diseases 10th (ICI 10). For the ICI 11 the World Health Organization proposed using the term gender incongruence,¹ and remove the term gender dysphoria.

Although the mechanism that determines gender identity is unknown, recent information suggests that this is a biological underpinning programmed from birth.² Data from the Behavioral Risk Factor Surveillance System at the Centers for Disease Control and Prevention suggested a prevalence of 0.6% transgender adult people in The United States of America.³ In surveys, more than 2.7% of children may have gender incongruence⁴ however, many of such children do not continue to do so later in life.⁵ The majority of patients attended at medical units are older teens or young adults. At the time of the clinical history, many transsexual people commented that they were aware of their sense of gender incongruity before the onset of puberty. Doctors evaluation of these patients includes assessment of anxiety, depression and risk of suicide, more frequently observed in transgender people than in cisgender people (people whose sex recorded at birth aligns with their gender identity).⁶ Although transgender identity is established based on clinical history, the guidelines recommend mental health providers should be involved in the assessment of these people,⁶ in order to rule out mental health conditions that may confound the evaluation of adult transgender people asking for medical treatment.⁷

In recent years the endocrinologist seen an increase in demand for care in transgender people or gender incongruity, particularly in young people, including adolescents and preadolescents people.^{8,9} These cases are especially complex because at these stages of life, sexual identity is under construction and perhaps not sufficiently consolidated. In addition, increased the number of transgender people demand medical treatment directly to the endocrinologists, led by excessive and inadequate media information or transgender peoples' associations, that think that the psychological evaluation and diagnosis are a form of discrimination,¹⁰ and with the misconception that all your problems will be solved with hormone treatment. In this context, it becomes relevant that transgender people who have undergone hormonal and surgical treatment, once the desired changes have been achieved, want to reverse somatic and administrative changes, a phenomenon known as detransitions and regrets.¹¹ The prevalence of this phenomenon is unknown.

A recent study by Pazos Guerra et al,¹² report the causes of detransitions in some of the transgender persons treated by them in their Gender Identity Unit. These causes included identity desistance, when people experience loss of or change in their previous feeling of sexual identity, non-binary gender variants, associated psicomorbidities and confusion between sexual identity and sexual orientation. To avoid the problems caused by detransitions, which not only involved somatic changes from hormone treatment and surgery, which are not fully reversible, as well as administrative changes, it is mandatory that

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transgender people should be treated by experienced multidisciplinary teams, that include experienced mental health providers.

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Conflicts of interest

The Authors declares that there is no conflict of interest.

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