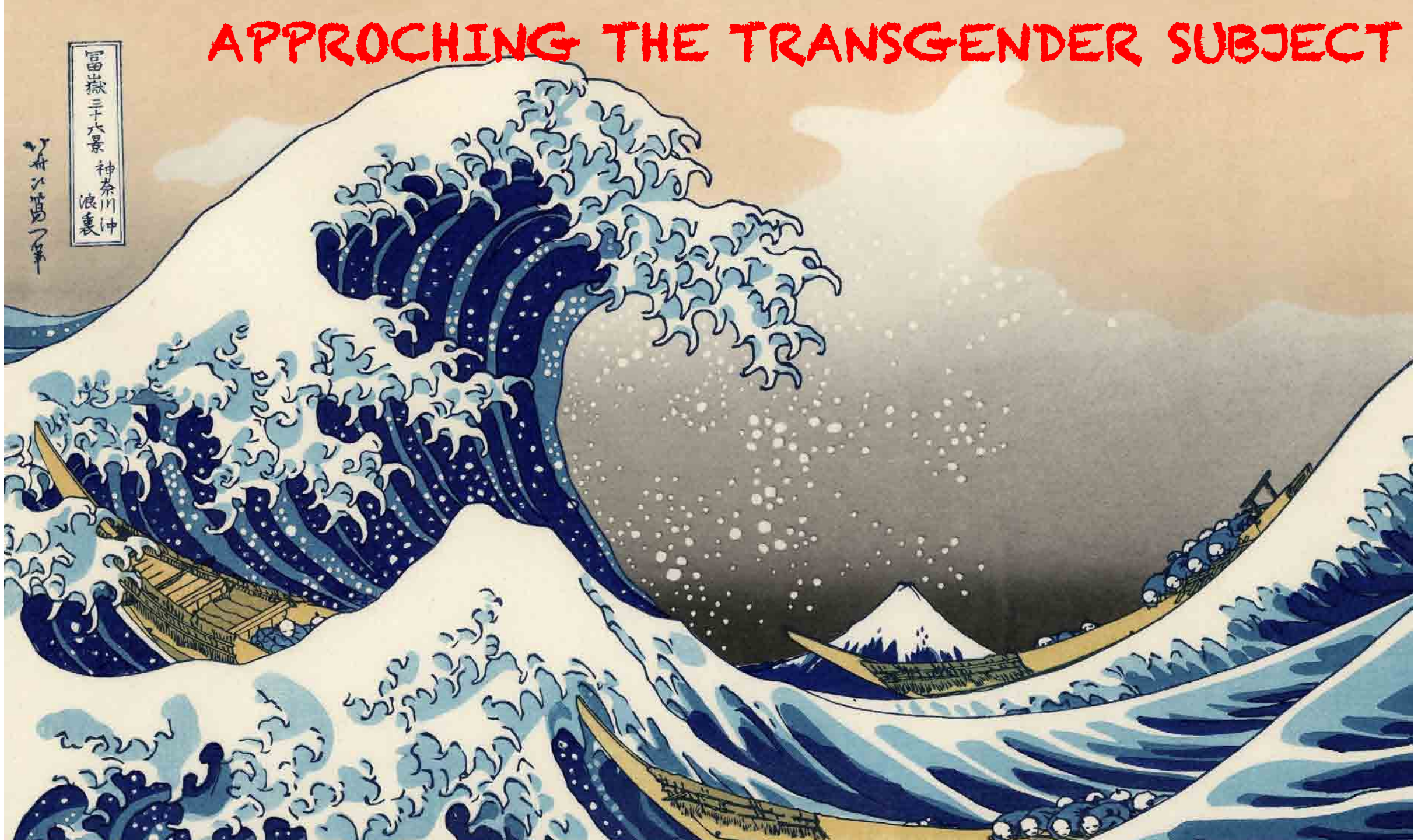
Roma, 9-12 novembre 2017

LINEE GUIDA DISFORIA DI GENERE

REAL CLINICAL PRACTICE

STEFANIA BONADONNA

APPROCHING THE TRANSGENDER SUBJECT



IMPORTANT CONSIDERATIONS:

During an initial visit with patients who seek gender (sex) reassignment, there are several important considerations that must be taken into account.

PATIENT GOALS ARE VITAL.

Patients' goals are principal factors in gender reassignment. Although many will seek a full transition, including surgery, others will choose to only receive hormone supplementation, opting out of surgical management.

IMPORTANT CONSIDERATIONS:

During an initial visit with patients who seek gender (sex) reassignment, there are several important considerations that must be taken into account.

GENDER TRANSITION SHOULD NOT BE DONE WITHOUT INVOLVEMENT OF A MENTAL HEALTH PROFESSIONAL (MHP). It is essential for physicians to work closely with an MHP, whose collaboration in the patient's case is critical in the following areas:

- Making/confirming a diagnosis of gender dysphoria
- Providing therapy to the patient during their transition
- Evaluating, diagnosing, and treating any associated concomitant psychiatric conditions—this may serve to limit postoperative regret in individuals undergoing gender reassignment surgery

TREATMENT DISCUSSION

Once a diagnosis of gender dysphoria has been made, individuals who wish to undergo gender reassignment can then begin treatment, including continued therapy with a MHP and a physician

Management considerations for transgender individuals include discussions of the following:

- The reversible and irreversible effects of hormone suppression and hormone therapy before beginning treatment
- Fertility options prior to initiating hormone therapy
- Change in the patient's social role and real-life experience (RLE) of living as the opposite sex

SEXUAL ORIENTATION IN TRANSGENDER SUBJECTS

Therapy with homosexual patients usually involves specific issues, such as sexual identity, alternative lifestyles, and the nature of some of the sexual practices that become the focus of treatment.

Thus, in transgender patients with homosexual orientation, these additional factors should also be considered.

When considering sexual orientation in transgender patients, do not assume heterosexual orientation.

During patient interviews, ask open-ended questions (eg, "Are you single or married?" "Tell me about your relationship."), allowing patients to disclose homosexual practice or orientation.

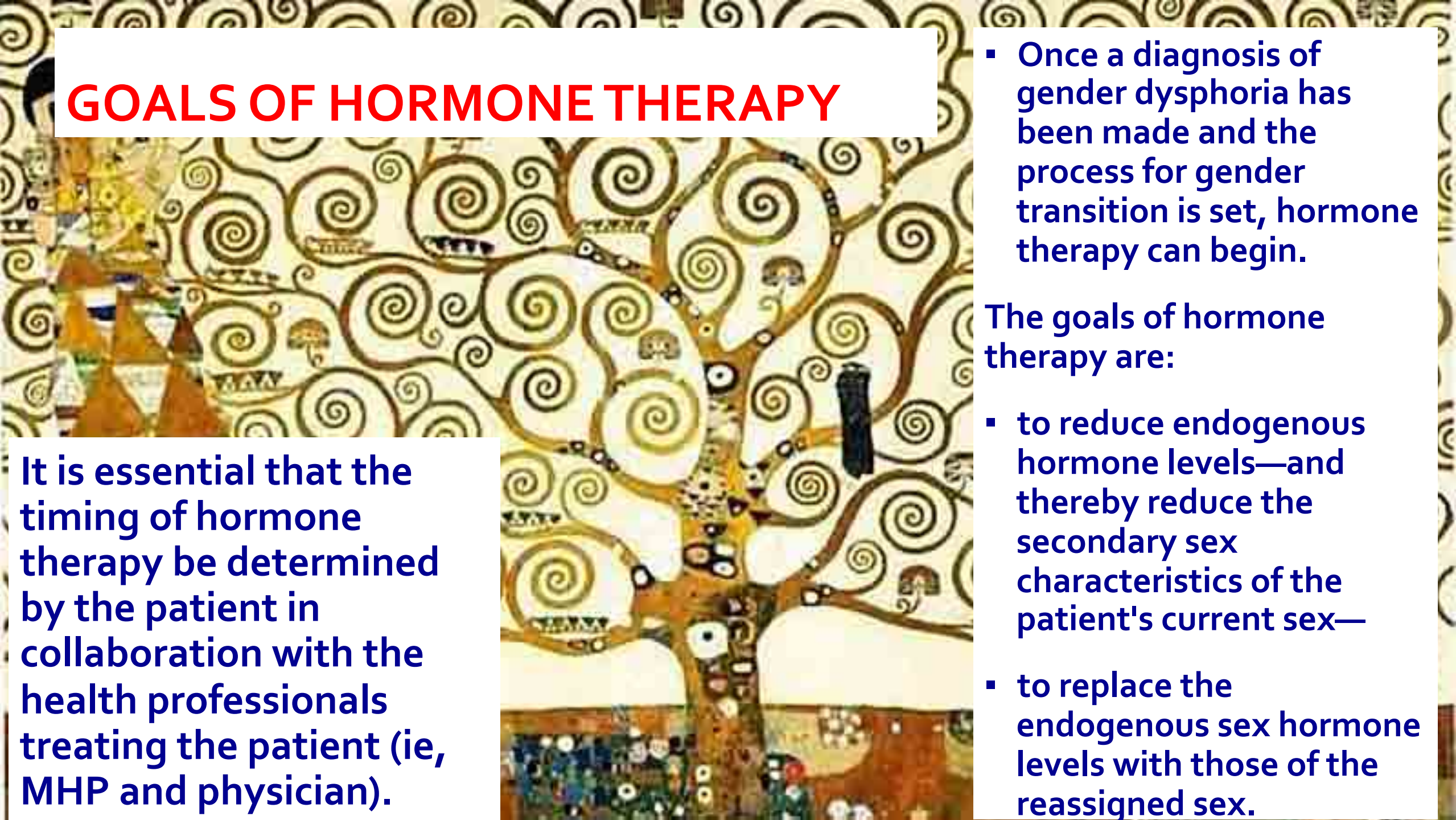
HORMONE THERAPY IN TRANSGENDER PERSONS

Eligibility criteria for hormone therapy

Candidates for transgender hormone therapy must meet criteria, documented in a referral for treatment or the medical chart.

- Has persistent, well-documented gender dysphoria
- Is capable of making a fully informed decision and is able to give consent for treatment
- Has reached the age of majority in a given country (if younger, clinicians must follow guidelines for children and adolescents)
- Has reasonably well-controlled significant medical or mental concerns, if present.

GOALS OF HORMONE THERAPY



It is essential that the timing of hormone therapy be determined by the patient in collaboration with the health professionals treating the patient (ie, MHP and physician).

- Once a diagnosis of gender dysphoria has been made and the process for gender transition is set, hormone therapy can begin.

The goals of hormone therapy are:

- to reduce endogenous hormone levels—and thereby reduce the secondary sex characteristics of the patient's current sex—
- to replace the endogenous sex hormone levels with those of the reassigned sex.

it is important to regularly monitor transgender patients who are receiving testosterone therapy.

- There are numerous expected physical changes that are specific to transgender persons on hormone therapy
- Moreover, also specific to transgender patients are several notable side effects of therapy that should be monitored

GENDER REASSIGNMENT SURGERY

Approximately 60%-70% of transgender patients undergo gender reassignment surgery.

SESSUALITÀ

Apertura di uno Servizio di Sessuologia clinica dedicato a persone transessuali e transgender e loro partner

Continuing Medical Education

J Sex Med 2009;6:2922–2939

CME

Sexual Functioning in Transsexuals Following Hormone Therapy and Genital Surgery: A Review

Carolin Klein, MA, and Boris B. Gorzalka, PhD

University of British Columbia—Department of Psychology, Vancouver, Canada

Table 2 Evidence of sexual desire in studies of post-surgical FtM transsexuals

Study	N (FtM)	Outcome measure	Overall result
Lief & Hubschman [12]	9	Sexual activity following SRS	Increased
De Cuypere et al. [14]	23	Frequency of masturbation following SRS	Increased
Cohen-Kettenis & van Goozen [84]	14	Frequency of masturbation following SRS	Increased or unchanged
Smith et al. [85]	13	Frequency of masturbation following SRS	Increased or unchanged

Continuing Medical Education

CME

Sexual Functioning in Transsexuals Following Hormone Therapy and Genital Surgery: A Review

J Sex Med 2009;6:2922–2939

Carolin Klein, MA, and Boris B. Gorzalka, PhD

University of British Columbia—Department of Psychology, Vancouver, Canada

Table 1 Evidence of sexual desire in studies of post-surgical MtF transsexuals

Study	N (MtF)	Outcome measure	Overall result
Elaut et al. [74]	62	Incidence of Hypoactive Sexual Desire Disorder (HSDD) in MtFs compared to natal women	No significant difference
		Relationship between testosterone levels and sexual desire in MtFs	No significant relationship
Weyers et al. [77]	50	Sexual desire in MtFs compared to natal women without sexual complaints	Lower desire in MtFs
Rehman et al. [20]	28	Sexual desire over time	No change
Mate-Kole et al. [78]	20	Sexual desire following SRS	Increased
Lief & Hubschman [12]	14	Sexual activity following SRS	Increased
Lobato et al. [81]	18*	Sexual activity following SRS	Increased
Lawrence [80]	232	Incidence of masturbation in MtFs compared to male and female comparison groups	Higher in MtFs
Cohen-Kettenis & van Goozen [84]	5	Frequency of masturbation following SRS	Decreased
Smith et al. [85]	7	Frequency of masturbation following SRS	Decreased
De Cuypere et al. [14]	32	Frequency of masturbation following SRS	No change
Sørensen [7]	23	Frequency of masturbation	Infrequent to never
Schroder & Carroll [13]	17	Frequency of sexual desire	Low

*The total study sample also included one FtM transsexual; results were not reported separately for MtF and FtM transsexuals.

- Sexual arousal generally involves penile tumescence and erection in males and vasocongestion and vaginal lubrication in females.

Table 3 Evidence of sexual arousal in studies of post-surgical MtF transsexuals

Study	N (MtF)	Outcome measure	Overall result
Karim et al. [88]	13	Vasocongestion (narrowing of neovaginal opening/swelling of urethral meatus)	Experienced by 100%
Lawrence [82]	232	Vasocongestion (narrowing of neovaginal opening)	Experienced by 6%
De Cuypere et al. [14]	32	Self-reported sexual arousal following SRS	Increased
		Secretion of fluid during sexual arousal	Experienced by most of the sample
Rehman et al. [20]	28	Secretion of fluid during intercourse	Experienced by "some" of the sample
		Need for lubricant during sexual activity	Reported by 100%
Lawrence [4]	232	Satisfaction with vaginal lubrication	Low
Weyers et al. [77]	50	Lubrication and arousal in MtFs compared to natal women without sexual complaints	Lower in MtFs
Lawrence et al. [82]	11	Neovaginal blood flow as measured by the vaginal photoplethysmograph in MtF vs. natal women	Lower baseline levels and smaller increases to erotic stimuli in MtFs
Schroder & Carroll [13]	17	Neovaginal blood flow as measured by the vaginal photoplethysmograph in MtF vs. natal women	Similar across groups
		Self-reported sexual arousal with masturbation	Experienced by most
Brotto et al. [89]	15	Self-reported sexual arousal in real-life setting	Satisfactory
		Subjective sexual arousal to erotic film stimuli in laboratory	Significant increase

In FtM trans-sexuals, there is little published literature on sexual arousal following SRS: sexual arousal is insufficient to cause full erections in the neophallus following phalloplasty

Continuing Medical Education

CME

Sexual Functioning in Transsexuals Following Hormone Therapy and Genital Surgery: A Review

Carolin Klein, MA, and Boris B. Gorzalka, PhD

University of British Columbia—Department of Psychology, Vancouver, Canada

Aspetto poco considerato all’interno del servizi pubblici che si occupano della transizione; quasi un tabù

Offrire un tale servizio all'interno del privato sociale per «slegarlo» dall'ospedale
(con i vissuti negativi che ad esso si associano)
e includerlo in un percorso «altro»,
di crescita personale.

J Sex Med. 2014 Jan;11(1):107-18. doi: 10.1111/jsm.12365. Epub 2013 Oct 24.

Sexual desire in trans persons: associations with sex reassignment treatment.

Wierckx K[1], Elaut E, Van Hoorde B, Heylens G, De Cuypere G, Monstrey S, Weyers S, Hoebeke P, T'Sjoen G.

Questionnaires assessing

- demographics
- medical history
- frequency of sexual desire
- hypoactive sexual desire disorder (HSDD)
- treatment satisfaction

214 trans women (male-to- female trans persons)
38 trans men (female-to-male trans persons).

J Sex Med. 2014 Jan;11(1):107-18. doi: 10.1111/jsm.12365. Epub 2013 Oct 24.

Sexual desire in trans persons: associations with sex reassignment treatment.

Wierckx K[1], Elaut E, Van Hoorde B, Heylens G, De Cuypere G, Monstrey S, Weyers S, Hoebeke P, T'Sjoen G.

- HSDD was more prevalent in trans women compared with trans men.

The majority of trans women reported a decrease in sexual desire after SRT, whereas the opposite was observed in trans men.

Our results show a significant sexual impact of surgical interventions and both hormonal and surgical treatment satisfaction on the sexual desire in trans persons.

PER QUALI PROBLEMATICHE?

- **Problemi di desiderio sessuale:**

  aumento del desiderio o perdita del desiderio conseguente alla terapia ormonale mascolinizzante o femminilizzante;

PER QUALI PROBLEMATICHE?

Ostacoli che impediscono di vivere la propria sessualità in maniera serena e piena, in qualsiasi fase del percorso di transizione

PER QUALI PROBLEMATICHE?

Bisogno di esplorare la sessualità come modo per conoscere meglio se stessi

Dolore o difficoltà nel rapporto sessuale a seguito della terapia ormonale o degli interventi chirurgici

Difficoltà sessuali di vario tipo nella coppia

Consulenza per acquisire una maggiore conoscenza del proprio corpo e affrontare i cambiamenti indotti dalle terapie ormonali e chirurgiche

PER QUALI PROBLEMATICHE?

Difficoltà nella scelta del partner, nel coming out, nel mantenere una relazione a lungo termine.

Endocrine Treatment of Gender-Dysphoric/ Gender-Incongruent Persons: An Endocrine Society* Clinical Practice Guideline

Wylie C. Hembree,[1] Peggy T. Cohen-Kettenis,[2] Louis Gooren,[3] Sabine E. Hannema,[4] Walter J. Meyer,[5] M. Hassan Murad,[6] Stephen M. Rosenthal,[7] Joshua D. Safer,[8] Vin Tangpricha,[9] and Guy G. T'Sjoen,[10]

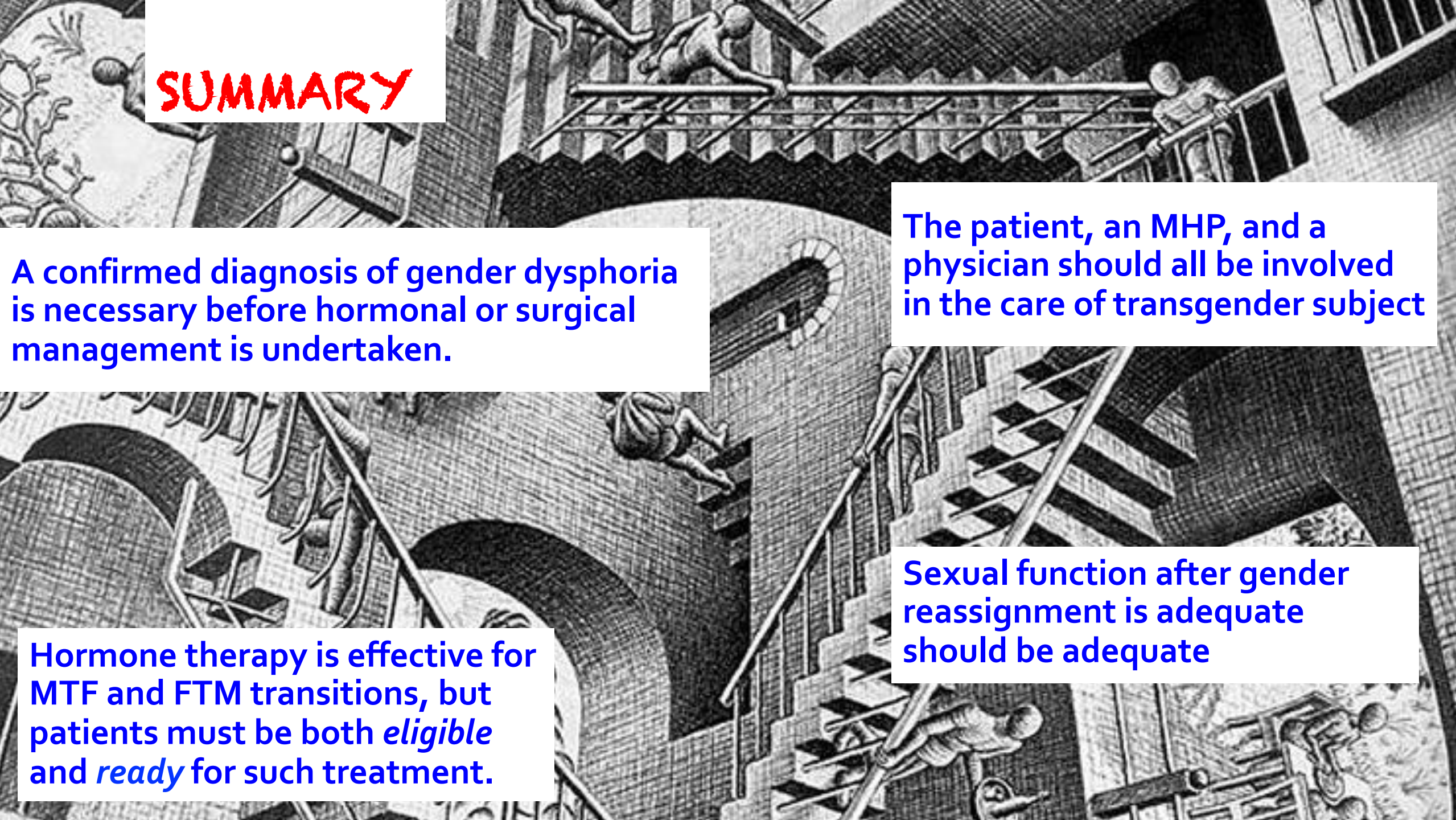
3.0 Hormonal therapy for transgender adults

3.1. We recommend that clinicians confirm the diagnostic criteria of GD/gender incongruence and the criteria for the endocrine phase of gender transition before beginning treatment.

3.2. We recommend that clinicians evaluate and address medical conditions that can be exacerbated by hormone depletion and treatment with sex hormones of the affirmed gender before beginning treatment.

3.3. We suggest that clinicians measure hormone levels during treatment to ensure that endogenous sex steroids are suppressed and administered sex steroids are maintained in the normal physiologic range for the affirmed gender

3.4. We suggest that endocrinologists provide education to transgender individuals undergoing treatment about the onset and time course of physical changes induced by sex hormone treatment.



SUMMARY

A confirmed diagnosis of gender dysphoria is necessary before hormonal or surgical management is undertaken.

The patient, an MHP, and a physician should all be involved in the care of transgender subject

Sexual function after gender reassignment is adequate should be adequate

Hormone therapy is effective for MTF and FTM transitions, but patients must be both *eligible* and *ready* for such treatment.

CI SONO GLI ERRORI GIUSTI E GLI ERRORI SBAGLIATI

THELONIUS MONK