Outcomes of gender dysphoria treatment for trans men and trans women in the UK National Health Service

Lynda Quick UKCP
Senior Psychotherapist
Rosie Morris BSc
Psychology Graduate Student
Maria Morris RMN, RGN
Clinical Team Leader
Dr John Dean MD, FRCGP, FECSM
Clinical Director, Gender & Sexual Medicine, Devon Partnership NHS Trust
Chair, Clinical Reference Group for Specialised Gender Identity Services, NHS England
Disclosures

• Dr Dean has acted as a consultant to, or lecturer for the following companies on subjects unrelated to this clinical area:
  ◦ Emotional Brain, Pfizer, Plethora, Repros Therapeutics

• Other members of the research team have no potential conflicts of interest that might be relevant to this presentation
Gender identity

*Gender Identity* refers to the individual’s personal sense of their gender-specific social role. It includes both binary and non-binary experiences of gender.

Binary experience implies that an individual identifies either exclusively as a man or exclusively as a woman. Some perceive themselves as having no gender and see themselves as non-gender or agender.
Gender identity

- For most people, there is no conflict between their gender identity, and their body and the gender-specific social roles that they adopt in their daily lives; they have a “congruent” or “unconflicted” gender identity.

- Others experience an incongruence or conflict between their gender identity, their body, and the gender-specific social roles that they choose (or are required by others) to adopt.
Gender dysphoria

- Gender dysphoria, as a general descriptive term, refers to an individual’s affective/cognitive discontent with their assigned sex and the gender role expected of them.
- When used to describe the experience of an individual, it refers to the distress that may accompany the incongruence between their experienced or expressed gender and their assigned sex.
Binary, non-binary and agender experience

- Binary gender experience
  - Congruent (typical experience of most people)
  - Incongruent (transsexual experience)

- Non-binary and agender experience
  - Non-binary gender experience (neither male nor female but often facets typical of both)
  - Does not identify any personal experience or relevance of gender (agender person)
Management of gender incongruence

- Specialist service for transition care, fully funded by NHS England Specialised Commissioning
  - Advocacy and support
  - Social skills development
  - Epilation and other hair interventions
  - Voice and communication interventions
  - Endocrine and metabolic monitoring
  - Surgery to provide congruent sex characteristics

- Shared care to support transition
  - Primary care
  - Other specialist and secondary healthcare services
Typical progression through care

- Reversible interventions
- Partially reversible interventions
- Irreversible interventions

Increasing Confidence

- Psychotherapy
- Behaviour and social change
- Hormone therapy
- Epilation
- Chest surgery
- Voice and communication therapy

Genital surgery

Social role change

0 months

12+ months

Congruent role

6 months

Congruent role

0 months

6 months

Congruent role

12+ months

Increasing Confidence

- Psychotherapy
- Behaviour and social change
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Genital surgery

Social role change

0 months

12+ months

Congruent role

6 months
Study population

- All patients completing the care pathway at The Laurels at least six months earlier, and who had undergone genital reconstructive surgery (trans men and trans women) or chest surgery only (trans men)
- Subjects had given advance consent to be contacted for future research
  - 37 trans men and 65 trans women
  - 20 (54%) trans men and 23 (35%) trans women completed the questionnaire
  - Mean age 31 years for trans men and 53 years for trans women
# Previous surgery

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Number of trans man responders</th>
<th>% of trans man responders</th>
<th>Number of trans woman responders</th>
<th>% of trans woman responders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phalloplasty</td>
<td>10</td>
<td>46%</td>
<td>Feminising genital reconstructive surgery</td>
<td>26</td>
</tr>
<tr>
<td>Metoidioplasty</td>
<td>2</td>
<td>9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male chest reconstruction</td>
<td>22</td>
<td>100%</td>
<td>Augmentation mammoplasty</td>
<td>11*</td>
</tr>
</tbody>
</table>

* Most subjects had self-funded augmentation mammoplasty, as NHS-funded surgery has only recently been introduced.
How would you rate your sense of psychological and emotional well-being since completion of surgery, compared with six months before you first received professional help?

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Count</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Much worse</td>
<td>0.0%</td>
<td>0</td>
<td>Much worse</td>
<td>7.4%</td>
</tr>
<tr>
<td>Moderately worse</td>
<td>0.0%</td>
<td>0</td>
<td>Moderately worse</td>
<td>0.0%</td>
</tr>
<tr>
<td>A little worse</td>
<td>0.0%</td>
<td>0</td>
<td>A little worse</td>
<td>0.0%</td>
</tr>
<tr>
<td>The same</td>
<td>0.0%</td>
<td>0</td>
<td>The same</td>
<td>3.7%</td>
</tr>
<tr>
<td>A little better</td>
<td>0.0%</td>
<td>0</td>
<td>A little better</td>
<td>0.0%</td>
</tr>
<tr>
<td>Moderately better</td>
<td>4.5%</td>
<td>1</td>
<td>Moderately better</td>
<td>11.1%</td>
</tr>
<tr>
<td>Much better</td>
<td>95.5%</td>
<td>21</td>
<td>Much better</td>
<td>77.8%</td>
</tr>
</tbody>
</table>

- Improved psychological and emotional well-being was reported by 100% of trans men and 89% of trans women.
How would you rate your sense of social well-being since completion of surgery, compared with six months before you first received professional help? This relates to your sense of personal comfort with living in your acquired gender role in wider society.

- Improved social well-being was reported by 100% of trans men and 89% of trans women.
How would you rate your physical health since completion of surgery, compared with six months before you first received professional help?

- Improved physical health was reported by 72% of trans men and 44% of trans women.
- The mean age of trans women was 22 years older than that of trans men (53y vs. 31y).
# Life after treatment for GD

<table>
<thead>
<tr>
<th></th>
<th>Trans men</th>
<th>Trans women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you been in employment, training or education, or are you permanently retired?</td>
<td>95% 5%</td>
<td>78% 22%</td>
</tr>
<tr>
<td>Have you sought help from your GP for mental health problems, such as depression and anxiety?</td>
<td>18% 82%</td>
<td>33% 67%</td>
</tr>
<tr>
<td>Have you been referred to mental health services for assessment and/or treatment?</td>
<td>14% 86%</td>
<td>22% 78%</td>
</tr>
</tbody>
</table>

- 25% of all UK adults experience a mental health problem each year

Conclusions

- The great majority of trans people experience improved psychological, emotional and social well-being, and stable or improved physical health after participation in an NHS-funded, Standards of Care-based care pathway.
- The great majority have productive lives after transition and surgery, are integrated within society, and do not experience more mental health problems or mental health service use than the general population.
The Laurels Gender & Sexual Medicine

Dr John Dean
john.dean1@nhs.net

The Laurels
11-15 Dix’s Field, Exeter, UK
EX1 1QA

Devon Partnership NHS Trust