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IRCBG_22060
"Riunione della Società Italiana di Pediatria per la formazione continua dei PLS del FVG:le novità che cambiano la pratica"

Monfalcone, 27 gennaio 2022

Dott.ssa Dora Cosentini

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La Disforia di genere vista dal neuropsichiatra infantile

Dott.ssa Dora Cosentini

Neuropsichiatra Infantile e Psicoterapeuta, Sc di NPI Asugi, Sede di Monfalcone, Sc di NPI IRCCS Burlo Trieste

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Approccio multidisciplinare

I centri che a livello nazionale si occupano dei percorsi di transizione di genere per lo più si basano sugli standard proposti dall'ONIG, l'Osservatorio Nazionale sull'Identità di Genere (www.onig.it). In tale contesto è indicato un approccio multi e interdisciplinare con un'integrazione tra diverse figure professionali (psichiatra, psicologo, endocrinologo, chirurgo) cui vengono richieste competenze specifiche e qualificate, data la complessità del fenomeno

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La Disforia di Genere - DG

Disforìa: «angoscia, pena» → dal greco δυσφορία, composto da δυσ- «dis» e φέρω «portare», «difficile a portare o a sopportare»

Disforia di Genere: Sofferenza dell'anima relativa all'incongruenza di genere

DG nel DSM

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La Disforia di Genere - DG

L'inserimento della DG nel DSM è controverso: la diagnosi psichiatrica infatti da una parte porta ad evidenti benefici di tipo economico (permettendo il percorso diagnostico assistenziale coperto da assicurazione o comunque pagato dalla sistema sanitario nazionale sia per quanto riguarda la il sostegno psicologico che per quanto riguarda gli interventi medici di riattribuzione di genere), oltreché un'adeguata diagnosi dei disturbi psichiatrici in comorbidità, dall'altra invece purtroppo rappresenta uno **stigma:** molti soggetti in transizione non desiderano essere etichettati come affetti da un disturbo psichiatrico

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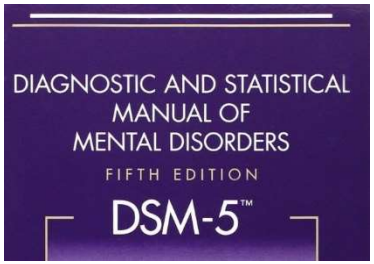
La Disforia di Genere - Diagnosi

Nel DSM-5 si assiste al passaggio dalla diagnosi di "**Disturbo dell'Identità di Genere**" alla diagnosi di "**Disforia di Genere**". Tale passaggio prevede la perdita del termine "disturbo", privilegiando, con l'introduzione del termine "disforia", la dimensione del disagio soggettivo provato dalla persona. Il focus non è più, quindi, sull'idea di un'identità disturbata, ma sul disagio che deriva in queste persone dall'incongruenza tra il genere esperito e il dato biologico. Per questa nuova diagnosi di DG viene pensata una collocazione a sé in una specifica categoria diagnostica, separata dalle parafilie e dai disturbi sessuali.



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Il ruolo del Neuropsichiatra Infantile

1) Diagnosi di DG

2) Identificazione di disturbi psicopatologici in comorbidità

3) Supporto alle famiglie

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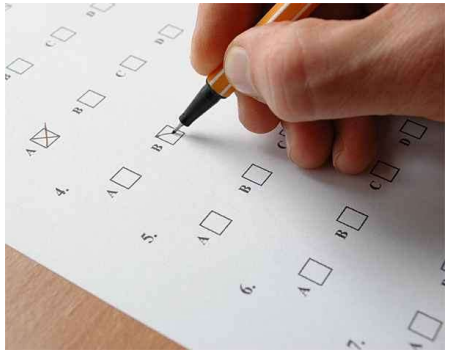
Il ruolo del Neuropsichiatra Infantile

1) Diagnosi

Concorrere al percorso diagnostico per la DG

Effettuare una corretta diagnosi differenziale



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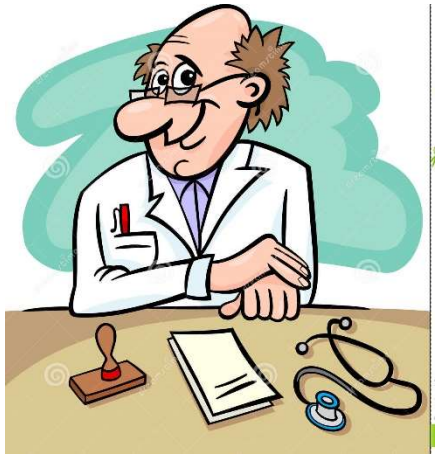
Il ruolo del Neuropsichiatra Infantile

Differenziare la DG da una difficoltà identitaria

Disturbo d'Identità DI GENERE o
Disturbo d'Identità IN GENERE?



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Identità

Il concetto di **identità** può essere inteso come la consapevolezza che nella propria immagine di Sé esistono forti coerenze o che comunque gli aspetti diversi dell'immagine di sé formano un sistema coerente ed integrato.

Attraverso l'identità la persona:

- ha un'esperienza cognitiva ed emotiva di Sé
- elabora e integra in modo coerente le informazioni interne ed esterne
- seleziona i comportamenti idonei all'adattamento
- favorisce la conoscenza retrospettiva e la progettualità futura

L'identità si sviluppa in età evolutiva e si forma in modo stabile nell'adolescenza/prima età adulta

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Disturbo d'identità in genere

Disturbo d'identità

Problematica identitaria riguardante il sé che si caratterizza per manifestazioni disattattive (ansia, instabilità affettiva, difficoltà relazionali e comportamenti a rischio) e può comprendere un incertezza rispetto al genere/una varianza di genere

Comportamenti a rischio

Autolesionismo
Ideazione suicidaria/Tentamen
Aggressività/difficoltà comportamentali
Sintomi d'ansia
Umore irritabile
Incertezza di genere

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Differenziare la DG da una difficoltà identitaria

Disturbo d'identità IN GENERE

- Problematica identitaria primaria
- incertezza rispetto al genere/ varianza di genere secondari

Disturbo d'Identità DI GENERE (Disforia)

- Problematica di genere primaria
- manifestazioni psicopatologiche secondarie alla problematica di genere

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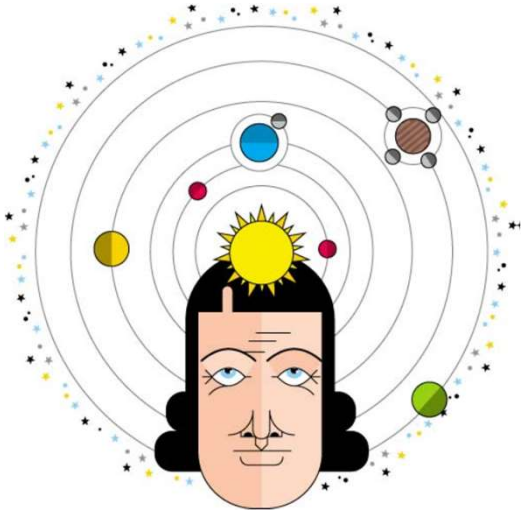
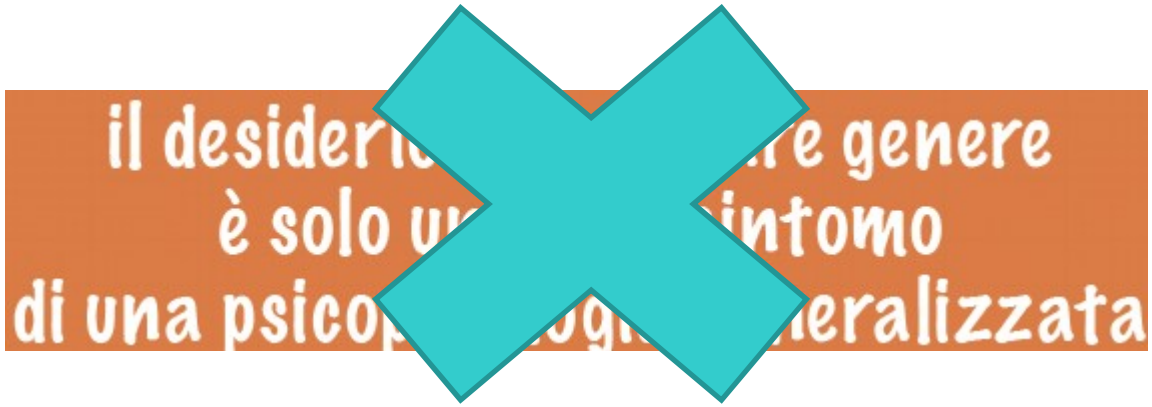
Il ruolo del Neuropsichiatra Infantile

2) Identificazione di disturbi in comorbidità

Comorbidità

- È descritta un'importante comorbidità psicopatologica nei soggetti con disforia di genere, +++ negli adolescenti (che sono già di per sé una categoria a rischio)





Does changing gender make children happier?
Arch Dis Child 2016;101:460

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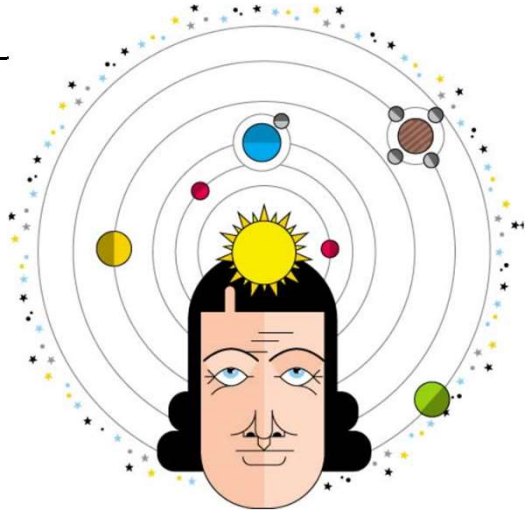
of our population is the prevalence of psychiatric diagnoses and history of self-harming behaviors, which corroborates previous findings. Comorbid psychiatric conditions may hinder the diagnostic evaluation or treatment of gender dysphoria.[6] Comprehensive interdisciplinary treatment services were, therefore, created emphasizing the mental health component. Gender-dysphoric children who do not receive counseling have a higher risk of behavioral and emotional problems and psychiatric diagnoses.[13,16,17] Transgender youths are also at higher risk of substance abuse, suicidal ideation, and suicidal attempts.[3,18] Of our patient population, 44.3% had a prior history of psychiatric diagnoses, 37.1% were taking psychotropic medications, and 21.6% had a history of self-injurious behavior.

Our observations reflect the Dutch finding that psychological functioning improves with medical intervention and suggests that the patients' psychiatric symptoms might be secondary to a medical incongruence between mind and body, not primarily psychiatric. Future research is needed to understand how adolescent patients change psychologically when they attain a physical appearance similar to or indistinguishable from their affirmed gender peers after being treated with early pubertal suppression followed by cross-sex hormone therapy.



pregiudizio, discriminazione, stigma vissuti da bambini per l'incongruenza tra sesso biologico e identità di genere

adulti e adolescenti transgender livelli più elevati di morbilità psicologica (ansia, depressione, suicidi)

Does changing gender make children happier?
Arch Dis Child 2016;101:460

The Mental Health of Transgender Youth: Advances in Understanding

E.C.M.

Maureen D Connolly [1], Marcus J Zervos [2], Charles J Barone 2nd [3], Christine C Johnson [4], Christine L M Joseph [4]

Affiliations + expand

PMID: 27544457 DOI: 10.1016/j.jadohealth.2016.06.012

Abstract

This review provides an update on the growing body of research related to the mental health of transgender youth that has emerged since the 2011 publication of the Institute of Medicine report on the health of lesbian, gay, bisexual, and transgender people. The databases PubMed and Ovid Medline were searched for studies that were published from January 2011 to March 2016 in English. The following search terms were used: transgender, gender nonconforming, gender minority, gender queer, and gender dysphoria. Age limits included the terms youth, child, children, teenager*, and adolescen*. The combined search produced 654 articles of potential relevance. The resulting abstracts went through a tiered elimination system, and the remaining 15 articles, which presented quantitative data related to the prevalence of transgender youth and their mental health, were included in the present review. In addition to providing new estimates of the number of young people who identify as transgender (.17%-1.3%), studies since 2011 have shown that transgender youth have higher rates of depression, suicidality and self-harm, and eating disorders when compared with their peers. Gender-affirming medical therapy and supported social transition in childhood have been shown to correlate with improved psychological functioning for gender-variant children and adolescents. Recent research has demonstrated increased rates of psychiatric morbidity among transgender youth compared to their peers. Future work is needed to understand those youth who identify as gender nonbinary, improve methods to capture and understand diverse gender identities and related health disparities, and delineate the social determinants of such disparities.

J Dev Behav Pediatr. Oct/Nov 2019;40(8):589-596. doi: 10.1097/DBP.0000000000000697.

Baseline Mental Health and Psychosocial Functioning of Transgender Adolescents Seeking Gender-Affirming Hormone Therapy

Laura E. Kuper, PhD,*† Stacy Mathews, BS,‡ May Lau, MD, MPH§‖

ABSTRACT: ***Objective:*** **Research suggests that adolescents seeking gender-affirming hormone therapy experience elevated rates of depression, anxiety, and difficulties with peer relationships. Less is known regarding more specific aspects of mental health and psychosocial functioning. Furthermore, few studies have explored variations in mental health and psychosocial functioning by age, gender, degree of physical dysphoria, and informant type (adolescent, mother, and father).** ***Method:*** **Participants are adolescents (n = 149) and parents/guardians (n = 247) who presented to a multidisciplinary gender clinic in Dallas, TX for an initial assessment before initiation of gender-affirming hormone therapy. Adolescents completed the Youth Self-Report (YSR) and the Body Image Scale (a measure of physical dysphoria), and parents/guardians completed the Child Behavior Checklist (CBCL).** ***Results:*** **Approximately half of participants reported clinically significant difficulties with internalizing symptoms and psychosocial functioning (particularly engagement in activities), with approximately one-third indicating significant difficulties with depression, anxiety, obsessive compulsive, and posttraumatic stress symptoms. Parents reported fewer symptoms than adolescents across several subscales, but differences were generally small. By contrast, gender differences were found across all internalizing subscales and were generally large. Age and body dissatisfaction were not independently associated with broadband measures but, in combination with gender, were strongly associated with variance in**

Table 1. YSR/CBCL Subscale *T* Scores and Clinical Elevations by Affirmed Gender and Informant Type

	Youth Report (YSR)						Mother Report (CBCL)		Father Report (CBCL)	
	Total Sample		Affirmed Females		Affirmed Males					
	Mean *T* Score	Clinically Elevated (%)	Mean *T* Score	Clinically Elevated (%)	Mean *T* Score	Clinically Elevated (%)	Mean *T* Score	Clinically Elevated (%)	Mean *T* Score	Clinically Elevated (%)
Broadband scales										
Total Problems[a]	61.0	50.3	56.0	29.4	63.5	61.1	58.9	40.9	56.8	34.5
Internalizing Problems[a,d]	63.5	55.2	56.8	31.4	66.8	67.8	63.9	62.8	60.4	42.7
Externalizing Problems	53.7	16.8	53.6	19.6	53.5	13.3	51.8	14.6	50.5	11.8
Competency scales										
Total Competence	36.1	42.3	34.2	36.0	37.2	45.9	36.1	59.3	36.5	58.3
Activities scale	35.0	52.1	34.0	45.1	35.7	56.0	34.7	51.4	35.0	51.4
Social scale	42.3	26.1	42.0	26.0	42.5	25.6	42.6	23.4	42.6	26.4
School scale	—	—	—	—	—	—	47.3	7.4	48.3	6.4
DSM-oriented scales										
Depressive Problems[a]	66.2	37.8	61.5	17.6	68.5	47.8	66.1	39.6	63.5	30.0
Anxiety Problems[a]	64.0	32.9	58.3	11.8	66.9	43.3	64.1	29.2	61.2	20.0
Somatic Problems[a]	57.8	9.8	54.2	2.0	59.6	13.3	59.3	13.1	56.7	10.9
Attention Deficit/Hyperactivity Problems[b,c]	58.9	10.5	57.1	7.8	59.8	11.1	55.3	4.4	54.1	2.7
Oppositional Defiant Problems	55.8	7.0	56.7	5.9	55.0	7.8	55.3	2.9	54.9	4.5
Conduct Problems	55.0	2.8	55.2	3.8	54.6	2.2	54.0	2.2	53.7	2.7

Journal of Adolescent Health 56 (2015) 274–279

Depressione

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JOURNAL OF ADOLESCENT HEALTH

www.jahonline.org

Original article

Mental Health of Transgender Youth in Care at an Adolescent Urban Community Health Center: A Matched Retrospective Cohort Study

Sari L. Reisner, Sc.D., M.A. [a,b,*], Ralph Vetters, M.D., M.P.H. [c], M. Leclerc, M.P.H. [d], Shayne Zaslow, M.A., M.S. [b], Sarah Wolfrum, M.P.H. [b], Daniel Shumer, M.D. [e], and Matthew J. Mimiaga, Sc.D., M.P.H. [a,b,f]

Boston

tients aged 12–29 years seen for one or more medical and/or behavioral health care visits between 2002 and 2011 were included in this study. Transgender patients (n = 180) were identified by an EHR code "transgender" based on self-reported

Table 2
Between-group differences documenting mental health disparities: transgender compared with matched cisgender (nontransgender)

	Transgender (n = 180)		Cisgender (n = 180)		Transgender versus cisgender	
	n	%	n	%	RR (95% CI)	*p* value
Depression (DSM-4-TR diagnosis)	91	50.6	37	20.6	3.95 (2.60–5.99)	<.0001
Anxiety (DSM-4-TR diagnosis)	48	26.7	18	10.0	3.27 (1.80–5.95)	.0001
Suicide ideation	56	31.1	20	11.1	3.61 (2.17–6.03)	<.0001
Suicide attempt	31	17.2	11	6.1	3.20 (1.53–6.70)	.002
Self-harm without lethal intent	30	16.7	8	4.4	4.30 (1.95–9.51)	.0003
Inpatient mental health services	41	22.8	20	11.1	2.36 (1.33–4.20)	.004
Outpatient mental health services	82	45.6	29	16.1	4.36 (2.69–7.05)	<.0001

CI = confidence interval; DSM-4-TR = DSM-4 Text Revision; RR = risk ratio.
[a] Participants were matched on age, race/ethnicity, and visit date.

Young people with features of gender dysphoria: Demographics and associated difficulties

Clinical Child Psychology and Psychiatry
1–11
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DOI: 10.1177/1359104514558431
ccp.sagepub.com
SAGE

Tavistok_London

Vicky Holt, Elin Skagerberg and Michael Dunsford
The Tavistock and

Participants

The participants were 218 children and adolescents (Mean age at referral = 14 years, standard deviation (*SD*) = 3.08, range = 5–17 years) with features of GD attending the GIDS in London. A total

Table 5. The percentage of young people with associated difficulties in the different age categories.

Associated difficulties	5–11 years (*N* = 41)	12–18 years (*N* = 177)
Self-harm	14.6% (+ thoughts in 4.9%)	44.1% (+ thoughts in 4%)
Suicidal ideation	14.6%	39.5%
Suicidal attempts	2.4%	15.8%
Low mood/depression	7.3%	49.7%
ASC	12.2% (+ query in 4.9%)	13.6% (+ query in 3.4%)
ADHD	14.6%	6.8%
Symptoms of anxiety	17.1%	23.7%
Psychosis	2.4%	5.7%
Eating difficulties	0%	16.4%
Bullying	36.6%	49.2%
Abuse	9.8%	19.2%

Journal of Adolescent Health xxx (2020) 1–8

Chicago
San Francisco/Los Angeles

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Psychosocial Characteristics of Transgender Youth Seeking Gender-Affirming Medical Treatment: Baseline Findings From the Trans Youth Care Study

Diane Chen, Ph.D. [a,b,c,d,*], Mere Abrams, M.S.W. [e,f], Leslie Clark, Ph.D. [g,h], Diane Ehrensaft, Ph.D. [e,f], Amy C. Tishelman, Ph.D. [i,j,k], Yee-Ming Chan, M.D., Ph.D. [i,j], Robert Garofalo, M.D., M.P.H. [a,d], Johanna Olson-Kennedy, M.D. [g,h], Stephen M. Rosenthal, M.D. [e,f], and Marco A. Hidalgo, Ph.D. [g,h]

GnRHa cohort

A total of 95 youth comprised the GnRHa cohort (Table 1). Youth were aged 11.2 years on average (range 8–16, *SD* = 1.46),

depicts mental health, well-being, and gender-specific experiences for the GnRHa cohort. Elevated depression was endorsed by 28.6%.

GAH cohort

A total of 316 youth comprised the GAH cohort, the vast majority (93%) of whom were naïve to gender-affirming medical treatment; that is, 7% had a history of GnRHa treatment. GAH cohort youth were 16.0 years on average (range 11–20, *SD* = 1.88), with the majority white (62%) and designated female at

experiences for the GAH cohort. More than half of the youth endorsed elevated depression.

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Disturbo d'Ansia

ORIGINAL ARTICLES

www.jpeds.com • THE JOURNAL OF PEDIATRICS

Clinical Management of Youth with Gender Dysphoria in Vancouver

Karine Khatchadourian, MD, MSc, Shazhan Amed, MD, MScPH, and Daniel L. Metzger, MD

Table II. Psychiatric comorbidities

Psychiatric comorbidities*	All (n = 84) n (%)	FtM (n = 45) n (%)	MtF (n = 37) n (%)	P
ADHD	8 (10)	2 (4)	6 (16)	NS
Mood disorder	29 (35)	20 (44)	7 (19)	.01
Anxiety disorder	20 (24)	15 (33)	4 (11)	.02
Eating disorder	4 (5)	2 (4)	2 (5)	NS
PDD/ASD	6 (7)	2 (4)	4 (11)	NS
≥2 DSM-IV diagnoses	22 (26)	12 (27)	9 (24)	NS
Substance abuse†	6 (7)	2 (4)	4 (11)	NS
Suicide attempt/ED visit				NS
Before first visit to our clinic	10 (12)	6 (13)	2 (5)	
After first visit to our clinic	4 (5)	3 (7)	1 (3)	
Psychiatric hospitalization‡				NS
Before first visit to our clinic	10 (12)	7 (16)	3 (8)	
After first visit to our clinic	1 (1)	1 (2)	-	

Canada 2014

Prevalenza dei Disturbi d'ansia in età evolutiva: 3-13% a seconda dell'età

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Boston 2015
180 pazienti

= 360).[a]

	Transgender (n = 180)		Cisgender (n = 180)		Transgender versus cisgender		Total sample (N = 360)	
	n	%	n	%	RR (95% CI)	*p* value	n	%
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Outpatient mental health services	82	45.6	29	16.1	4.36 (2.69–7.05)	<.0001	111	30.8

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Disturbo d'Ansia

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Diane Chen, Ph.D. [a,b,c,d,*], Mere Abrams, M.S.W. [e,f], Leslie Clark, Ph.D. [g,h], Diane Ehrensaft, Ph.D. [e,f], Amy C. Tishelman, Ph.D. [i,j,k], Yee-Ming Chan, M.D., Ph.D. [i,j], Robert Garofalo, M.D., M.P.H. [a,d], Johanna Olson-Kennedy, M.D. [g,h], Stephen M. Rosenthal, M.D. [e,f], and Marco A. Hidalgo, Ph.D. [g,h]

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GAH cohort

A total of 316 youth comprised the GAH cohort, the vast majority (93%) of whom were naïve to gender-affirming medical treatment; that is, 7% had a history of GnRHa treatment. GAH cohort youth were 16.0 years on average (range 11–20, *SD* = 1.88), with the majority white (62%) and designated female at

Just more than one fifth of the cohort scored in the clinical range for total anxiety (22.1%); 16.8% endorsed clinical-range physiological anxiety, 21.1% endorsed clinical-range worry, and 15.8% endorsed clinical-range social anxiety.

More than half the cohort scored in the clinical range for total anxiety (57.3%), with 35.1% endorsing clinical-range physiological anxiety, 60.4% endorsing clinical-range worry, and 47.5% endorsing clinical-range social anxiety.

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THE JOURNAL OF
SEXUAL MEDICINE

Gender Dysphoria and Social Anxiety: An Exploratory Study in Spain

Trinidad Bergero-Miguel, DClinPsy,[1,2] María A. García-Encinas, DClinPsy,[1,3] Amelia Villena-Jimena, DClinPsy,[1,3] Lucía Pérez-Costillas, MD, PhD,[1,4,5] Nicolás Sánchez-Álvarez, MPsy,[1,3] Yolanda de Diego-Otero, MSc, PhD,[1,4] and Jose Guzman-Parra, DClinPsy[1,3,6]

Spagna 2016

The study found that the prevalence of SAD was 31.42%, making it higher than in the general population.[22,23] This percentage also is higher than in a study carried out in a different

Prevalenza del Disturbo d'Ansia Sociale in età evolutiva: circa 5%

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Minority stress

frontiers in Pediatrics

CASE REPORT
published: 28 May 2021
doi: 10.3389/fped.2021.679004

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Case Report: Somatic Symptoms Veiling Gender Dysphoria in an Adolescent

Giuliana Morabito [1], Dora Cosentini [2], Gianluca Tornese [2], Giulia Gortani [2], Serena Pastore [2], Maria Rita Lucia Genovese [3] and Giorgio Cozzi [2]*

Puberty is a critical time in which distress may intensify; gender dysphoria may emerge with the development of undesired secondary sex characteristics, as well as the likelihood of anxiety and depressive disorder (14). Nevertheless, these subjects may present psychological discomfort also in preadolescent age and may express this discomfort with physical symptoms. Although adolescent females more commonly report somatic symptoms, to our knowledge, there aren't specific symptoms complained more frequently by one particular gender.

Almost one-third of subjects have a history of at least one

Individual, familial, and social factors may interact in different ways to develop somatic symptom disorder (18–20). Association between GD and SSD has already been described (21). Children and adolescents often secretly hide their feelings related to gender non-conformity. In this context, physical symptoms may offer a means to express this distress and receive support. Another possible view is the somatic symptom as an expression of a poor bonding with one's unwanted body, which becomes a vehicle of malaise and suffering: 34.5% of adolescent transgender girls and 24.2% of transgender boys experience body dissatisfaction and body image problems (22). From our

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NSSI, SI and SA

Non Suicidal Self-Injury

Suicidal Ideation

Suicide Attempts

European Child & Adolescent Psychiatry
https://doi.org/10.1007/s00787-020-01508-5

REVIEW

Lifetime prevalence of suicidal ideation and suicidal behaviors in gender non-conforming youths: a meta-analysis

Teresa Surace[1] · Laura Fusar-Poli[1] · Lucia Vozza[1] · Vito Cavone[1] · Chiara Arcidiacono[1] · Rossella Mammano[1] · Lucia Basile[2] · Alessandro Rodolico[1] · Pablo Bisicchia[1] · Pasquale Caponnetto[3] · Maria Salvina Signorelli[1] · Eugenio Aguglia[1]

Lifetime prevalence of suicide attempts, suicidal ideation, and NSSI in gender non-conforming youths

Overall, we found a mean prevalence of NSSI of 28.2% (9 studies, 3057 participants, 95% CI 14.8–47.1). Heterogeneity was low ($Q = 6.75$, $df = 8$, $I^2 = 0\%$). A similar prevalence (28%) was found also for suicidal ideation, even if this outcome was reported in a lower number of studies (6 studies, 2249 participants, 95% CI 15–46.3). Heterogeneity was low ($Q = 7.13$, $df = 5$, $I^2 = 29.84\%$). Finally, the prevalence of suicide attempts was of 14.8% (5 studies, 1039 participants, 95% CI 7.8–26.3), with low heterogeneity ($Q = 3.69$, $df = 4$, $I^2 = 0\%$). The meta-analyses are reported in Fig. 2.

Metanalisi 2019

Prevalenza

- NSSI: 18% pop.gen.
- SI: 11% pop.gen. e 25% campione clin.
- SA: 0.8% pop.gen. e 3.6% campione clin.

Article

Young people with features of gender dysphoria: Demographics and associated difficulties

Clinical Child Psychology and Psychiatry
1–11

DOI: 10.1177/1359104514558431
ccp.sagepub.com
SAGE

Tavistok_London

Vicky Holt, Elin Skagerberg and Michael Dunsford
The Tavistock and Portman NHS Foundation Trust, UK

Participants

The participants were 218 children and adolescents (Mean age at referral = 14 years, standard deviation (*SD*) = 3.08, range = 5–17 years) with features of GD attending the GIDS in London. A total

Table 5. The percentage of young people with associated difficulties in the different age categories.

Associated difficulties	5–11 years (*N* = 41)	12–18 years (*N* = 177)
Self-harm	14.6% (+ thoughts in 4.9%)	44.1% (+ thoughts in 4%)
Suicidal ideation	14.6%	39.5%
Suicidal attempts	2.4%	15.8%
Low mood/depression	7.3%	49.7%
ASC	12.2% (+ query in 4.9%)	13.6% (+ query in 3.4%)

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Disturbi della condotta alimentare

Current Psychiatry Reports
https://doi.org/10.1007/s11920-019-1097-x

SEX AND GENDER ISSUES IN BEHAVIORAL HEALTH (CN EPPERSON AND L HANTSOO, SECTION EDITORS)

Eating Disorder Diagnoses and Symptom Presentation in Transgender Youth: a Scoping Review

Jennifer S. Coelho[1,2] · Janet Suen[1] · Beth A. Clark[3] · Sheila K. Marshall[4,5] · Josie Geller[2,6] · Pei-Yoong Lam[1,5]

Revisione di 20 studi degli ultimi 5 anni (con popolazione per lo più <18 anni)

There was wide variation across studies in the percentage of trans youth with an eating disorder diagnosis, ranging from 2% to nearly 18%

Prevalenza nella popol. generale 0,5-1%

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Disturbi della condotta alimentare

Mental Health of Transgender and Gender Nonconforming Youth Compared With Their Peers

2018

Tracy A. Becerra-Culqui, PhD, MPH, OT/L,[a] Yuan Liu, PhD,[b] Rebecca Nash, MPH,[c] Lee Cromwell, MS,[d] W. Dana Flander MD, DSc,[c] Darios Getahun, MD, PhD, MPH,[a] Shawn V. Giammattei, PhD,[e] Enid M. Hunkeler, MA,[f] Timothy L. Lash, DSc,[c] Andrea Millman, MA,[f] Virginia P. Quinn, PhD, MPH,[a] Brandi Robinson, MPH,[d] Douglas Roblin, PhD,[g] David E. Sandberg, PhD,[h] Michael J. Silverberg, PhD, MPH,[f] Vin Tangpricha, MD, PhD,[i,j] Michael Goodman, MD, MPH[c]

in a sample of 1333 trans and gender diverse youth between the ages of 3–17 years at three American sites, reported that among youth ages 10 to 17, 4.3% of transmasculine youth and 4.2% of transfeminine youth reported a lifetime eat-

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CURRENT OPINION

Emerging trends in eating disorders among sexual and gender minorities

Jason M. Nagata[a], *Kyle T. Ganson*[b], *and S. Bryn Austin*[c,d]

Purpose of review

To review the recent literature on eating disorders, disordered eating behaviors (DEB), and body image dissatisfaction among sexual and gender minority populations, including, but not limited to, gay, lesbian, bisexual, and transgender people.

Recent findings

Overall, eating disorders, DEB, and body dissatisfaction are common among sexual and gender minority populations. Lifetime prevalence for anorexia nervosa (1.7%), bulimia nervosa (1.3%), and binge-eating disorder (2.2%) diagnoses are higher among sexual minority adults compared with cisgender heterosexual adults in the United States. Lifetime prevalence of eating disorders by self-report of a healthcare provider's diagnosis are 10.5% for transgender men and 8.1% for transgender women in the United States, including anorexia nervosa (4.2 and 4.1%) and bulimia nervosa (3.2 and 2.9%), respectively. DEB may be perpetuated by minority stress and discrimination experienced by these individuals. Body dissatisfaction may be a core stressor experienced by transgender people; gender dysphoria treatment has been shown to increase body satisfaction. A particular clinical challenge in caring for transgender youth with eating disorders is the standard use of growth charts based on sex.

B-E e Bulimia per lo più nei nati Maschi (M to F)

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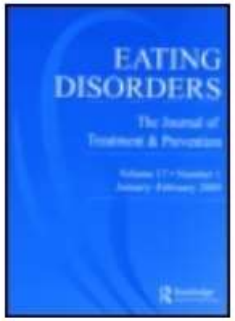

Eating Disorders
The Journal of Treatment & Prevention

ISSN: 1064-0266 (Print) 1532-530X (Online) Journal homepage: http://www.tandfonline.com/loi/uedi20

Routledge
Taylor & Francis Group

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ntare

Exploring the association between eating disorders and gender dysphoria in youth

Stephen Feder, Leanna Isserlin, Emily Seale, Nicole Hammond & Mark L. Norris

data suggest that although ED risk appears elevated in both groups, the absolute risk is higher in trans males compared to trans females, possibly indicating that ED risk is more in keeping with biological as opposed to felt gender. Another factor which must also be considered, however, is the possibility that trans males are at increased risk of EDs given the greater propensity for physical change that comes with excessive dietary restriction and weight loss in this group (e.g., amenorrhea, smaller breasts, etc.) as compared to that experienced by trans females (e.g., reduced erections, libido). Clearly further prospective study is warranted.

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Eur Eat Disord Rev. 2015 Jul;23(4):287-93. doi: 10.1002/erv.2362. Epub 2015 May 5.

Body image dissatisfaction and eating-related psychopathology in trans individuals: a matched control study.

Witcomb GL[1], Bouman WP[2], Brewin N[3], Richards C[2,4], Fernandez-Aranda F[5], Arcelus J[1,2,3].

Author information

L'uso della restrizione alimentare può essere visto come una strategia di coping attuata per mascherare la DG (femmine che con la restrizione riducono le loro caratteristiche sessuali secondarie), anche attraverso il ruolo nella soppressione delle emozioni negative, tra cui rabbia, paura e tristezza, legate alla DG

In questo senso i sintomi della DG sono presenti fin dall'inizio, ma "nascosti" dalle manifestazioni del DCA e possono fare la loro comparsa al momento della presa in carico e della stabilizzazione del PC

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Disturbi della condotta alimentare

Research that lends credence to the finding of increased risk of EDs in trans males includes a recent study by Becker et al. (2015), which documented higher rates of body dissatisfaction in trans men regarding all female body parts, not just sex-specific body parts. deVries et al. (2011) also documented increased rates of BD (secondary and neutral sexual characteristics) in assigned women as compared to assigned men (mean age for all subjects 14.75 years) on average 1.10 years after initiating treatment in the gender clinic despite the fact patients had initiated puberty suppression (i.e., treated with gonadotrophin-releasing hormone agonists). It was only after sex-reassignment surgery (SRS) had occurred that rates of dissatisfaction began to remit (de Vries et al., 2014), although there were no noted differences in BD between time points for neutral body characteristics. Unfortunately owing to the retrospective nature of the data set, we were unable to draw specific conclusions on the intensity (or course) of BD and ED-mediated distress in relation to the overall transition process.

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Disturbi dello spettro Autistico

Review > Int Rev Psychiatry. 2016;28(1):70-80. doi: 10.3109/09540261.2015.1111199.
Epub 2016 Jan 12.

Gender dysphoria and autism spectrum disorder: A narrative review

Anna I R Van Der Miesen [1], Hannah Hurley [2], Annelou L C De Vries [1]

The current literature shows growing evidence of a link between gender dysphoria (GD) and autism spectrum disorder (ASD). This study reviews the available clinical and empirical data. A systematic search of the literature was conducted using the following databases: PubMed, Web of Science, PsycINFO and Scopus; utilizing different combinations of the following search terms: autism, autism spectrum disorder (ASD), Asperger's disorder (AD), co-morbidity, gender dysphoria (GD), gender identity disorder (GID), transgenderism and transsexualism. In total, 25 articles and reports were selected and discussed. Information was grouped by found co-occurrence rates, underlying hypotheses and implications for diagnosis and treatment. GD and ASD were found to co-occur frequently - sometimes characterized by atypical presentation of GD, which makes a correct diagnosis and determination of treatment options for GD difficult. Despite these challenges there are several case reports describing gender affirming treatment of co-occurring GD in adolescents and adults with ASD. Various underlying hypotheses for the link between GD and ASD were suggested, but almost all of them lack evidence.

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LGBT Health
Volume 6, Number 3, 2019

DOI: 10.1089/lgbt.2018.0252

ORIGINAL ARTICLES

Gender Dysphoria in Children with Autism Spectrum Disorder

Elizabeth Hisle-Gorman, MSW, PhD,[1] Corinne A. Landis, MD,[2] Apryl Susi, MS,[1] Natasha A. Schvey, PhD,[3] Gregory H. Gorman, MD, MHS,[1,4] Cade M. Nylund, MD,[1,4] and David A. Klein, MD, MPH[1,2,5]

A total of 292,572 children were included, and 66 (0.02%) had diagnosed GD. Of the 48,762 children with ASD, there were 32 (0.07%) children with a coexisting GD diagnosis.

In a large population of continuously insured children, we found that children with diagnosed ASD were over four times more likely to have diagnosed GD compared with those without ASD. We also found that in children with

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Psychiatr Prax. 2020 Sep;47(6):300-307. doi: 10.1055/a-1148-4873. Epub 2020 Jun 15.

[Autism Spectrum Disorders and Gender Dysphoria Among Children and Adolescents: Systematic Review on the Co-Occurrence]

[Article in German]

Lena Herrmann [1], Carola Bindt [1], Katinka Schweizer [2], Jan Micheel [1], Timo Ole Nieder [2], Judith Haaß [1], Daniel Schöttle [3], Inga Becker-Hebly [1 2]

Affiliations + expand

PMID: 32542639 DOI: 10.1055/a-1148-4873

Abstract in English, German

Objective: The review systematically reviews the literature on co-occurring gender dysphoria/gender variance and autism spectrum disorder among children and adolescents.

Methods: A systematic literature search was conducted for the years 1946 to December 2018.

Results: 144 publications could be identified in the literature search. Out of these, 22 publications met the inclusion criteria for the systematic review. 4.7 to 13.3 % of the children and adolescents with primarily diagnosed gender dysphoria/variance examined in the studies also had an autism diagnosis.

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Disturbi dello spettro Autistico

Le teorie eziologiche

- Teoria del “cervello maschio estremo”: esposizione prenatale ad alti livelli di testosterone nelle femmine determinerebbe sia ASD che GD
- Malfunzionamento della “Teoria della mente” in entrambi i disturbi (esperienza di un differente senso di se e del proprio genere)
- Teorie sociali: maggior grado di vittimizzazione, legato alle difficoltà di socializzazione nei soggetti con ASD si associa a sviluppo di DG

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Disturbi dello spettro Autistico

- Diagnosi differenziale difficile per la presenza delle manifestazioni sintomatologiche del Disturbo dello Spettro Autistico!! Quadro di DG atipico!
- Non ci sono ancora protocolli per la corretta diagnosi e per il trattamento
- Attenzione!!Le manifestazioni della DG possono anche essere transitorie e pertanto è difficile decidere rispetto al trattamento della DG

Cosa si può fare nello studio del PLS?

- I familiari possono reagire alle atipie dell'identità di genere dei propri figli in molti modi, e, spesso, possono entrare in conflitto ed essere insicuri circa il tipo di risposta da dare ai propri figli
- Le famiglie che cercano informazioni circa l'espressione, i comportamenti o l'identità di genere dei propri figli spesso si rivolgono al "primary care providers" (PLS)
- È essenziale che i pediatri prendano familiarità con la fenomenologia correlata al genere (identità, espressione e comportamenti) e sappiano quando è opportune riferirsi ad un gruppo di esperti

Diapositiva 42

H1 HP; 29/06/2018

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Pediatricians should not be transgender children's first bully

Benard P. Dreyer, M.D., FAAP, President, American Academy of Pediatrics

Lo studio del pediatra dovrebbe essere un luogo sicuro..
C'è necessità del supporto di queste importantissime figure del primary care
Soprattutto quando i genitori fanno fatica…

- Confermare una relazione terapeutica → relazione improntata alla collaborazione
- Rimanere neutrali
- Accoglienza, al di là del giudizio
- Ottenere informazioni

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Cosa si può fare nello studio del PLS?

Se c'è sospetto di DG ciò che si può fare nello studio di un pediatra è

- riservare un tempo dedicato per l'ascolto dei dubbi e delle perplessità delle famiglie
- fare entrare nella pratica clinica alcune domande di base sul genere (giochi/hobby preferiti, rapporto con il proprio corpo) perché l'identificazione dei bambini a rischio può facilitarne la prevenzione, o quantomeno può permettere un intervento adeguato sia per la DG che per la psicopatologia

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Domande su «aree» da indagare

- Identità di genere
- Rapporto con il proprio corpo e/o con la sessualità (se è adolescente e se è possibile!!)
- Interessi ed attività (giochi se più piccoli)
- Relazione con i pari
- Andamento scolastico
- Alimentazione e sonno
- Presenza di tristezza e/o preoccupazioni eccessive
- Pensieri di morte e/o atti di autolesionismo
- Cambiamenti improvvisi del funzionamento

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Invio all'equipe multidisciplinare

Per garantire

- Un'adeguata diagnosi (Diagnosi di DG ed eventuale comorbidità)
- Un adeguato sostegno psicologico al soggetto
- Una corretta informazione sulle scelte e/o eventuali terapie
- Un adeguato sostegno alla famiglia (NPI)
- Terapia medica di riassegnazione di genere

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J Sex Med. 2015 Nov;12(11):2206-14. doi: 10.1111/jsm.13034. Epub 2015 Nov 9.

Psychological Support, Puberty Suppression, and Psychosocial Functioning in Adolescents with Gender Dysphoria.

Costa R[1,2], Dunsford M[1], Skagerberg E[1], Holt V[1], Carmichael P[1], Colizzi M[2,3].

⊕ Author information

Abstract

INTRODUCTION: Puberty suppression by gonadotropin-releasing hormone analogs (GnRHa) is prescribed to relieve the distress associated with pubertal development in adolescents with gender dysphoria (GD) and thereby to provide space for further exploration. However, there are limited longitudinal studies on puberty suppression outcome in GD. Also, studies on the effects of psychological support on its own on GD adolescents' well-being have not been reported.

AIM: This study aimed to assess GD adolescents' global functioning after psychological support and puberty suppression.

METHODS: Two hundred one GD adolescents were included in this study. In a longitudinal design we evaluated adolescents' global functioning every 6 months from the first visit.

MAIN OUTCOME MEASURES: All adolescents completed the Utrecht Gender Dysphoria Scale (UGDS), a self-report measure of GD-related discomfort. We used the Children's Global Assessment Scale (CGAS) to assess the psychosocial functioning of adolescents.

RESULTS: At baseline, GD adolescents showed poor functioning with a CGAS mean score of 57.7 ± 12.3. GD adolescents' global functioning improved significantly after 6 months of psychological support (CGAS mean score: 60.7 ± 12.5; $P < 0.001$). Moreover, GD adolescents receiving also puberty suppression had significantly better psychosocial functioning after 12 months of GnRHa (67.4 ± 13.9) compared with when they had received only psychological support (60.9 ± 12.2, $P = 0.001$).

CONCLUSION: Psychological support and puberty suppression were both associated with an improved global psychosocial functioning in GD adolescents. Both these interventions may be considered effective in the clinical management of psychosocial functioning difficulties in GD adolescents.

Does changing gender make children happier?

LGBT Health. 2017 Apr 12. doi: 10.1089/lgbt.2016.0151. [Epub ahead of print]

Mental Health Concerns and Insurance Denials Among Transgender Adolescents.

Nahata L[1,2], Quinn GP[3,4], Caltabellotta NM[2], Tishelman AC[5,6].

research,[2–4] this cohort was found to be at particularly high risk for suicide attempts, suicidal ideation, and self-harm; these findings highlight the significance of the psychosocial risks in this pediatric population. Prior research has shown that behavioral and emotional problems and depressive symptoms decrease during puberty suppression among transgender youth, emphasizing the importance of this therapy.[17]

J Adolesc Health. 2016 Nov;59(5):489-495. doi: 10.1016/j.jadohealth.2016.06.012. Epub 2016 Aug 17.

The Mental Health of Transgender Youth: Advances in Understanding.

Connolly MD[1], Zervos MJ[2], Barone CJ 2nd[3], Johnson CC[4], Joseph CL[4].

disorders when compared with their peers. Gender-affirming medical therapy and supported social transition in childhood have been shown to correlate with improved psychological functioning for gender-variant children and adolescents. Recent research has demonstrated increased rates of psychiatric morbidity among transgender youth compared to their peers. Future work is needed

Children and Adolescents With Gender Identity Disorder Referred to a Pediatric Medical Center

ther medical evaluation. Even if patients are too young to receive medical treatment, they and their families can benefit from counseling to cope with the difficulties of being or raising a gender-variant child.

Patients with GID should be provided with care that helps prevent self-injurious behavior and suicidal ideation and attempts, among other psychiatric difficulties. We are not proposing

Many of our adolescent patients report that it was their pediatrician who first asked if they were experiencing gender-related issues, which became the springboard to counseling and further medical evaluation. Even if patients are too young to receive medical treatment, they and their families can benefit from counseling to cope with the difficulties of being or raising a gender-variant child.

Patients with GID should be provided with care that helps prevent self-injurious behavior and suicidal ideation and attempts, among other psychiatric difficulties. We are not proposing medical treatment of prepubertal children. We do advocate for early evaluation of these children by experienced professionals. Clues indicating GID in genotypic male children include preference for female clothing and

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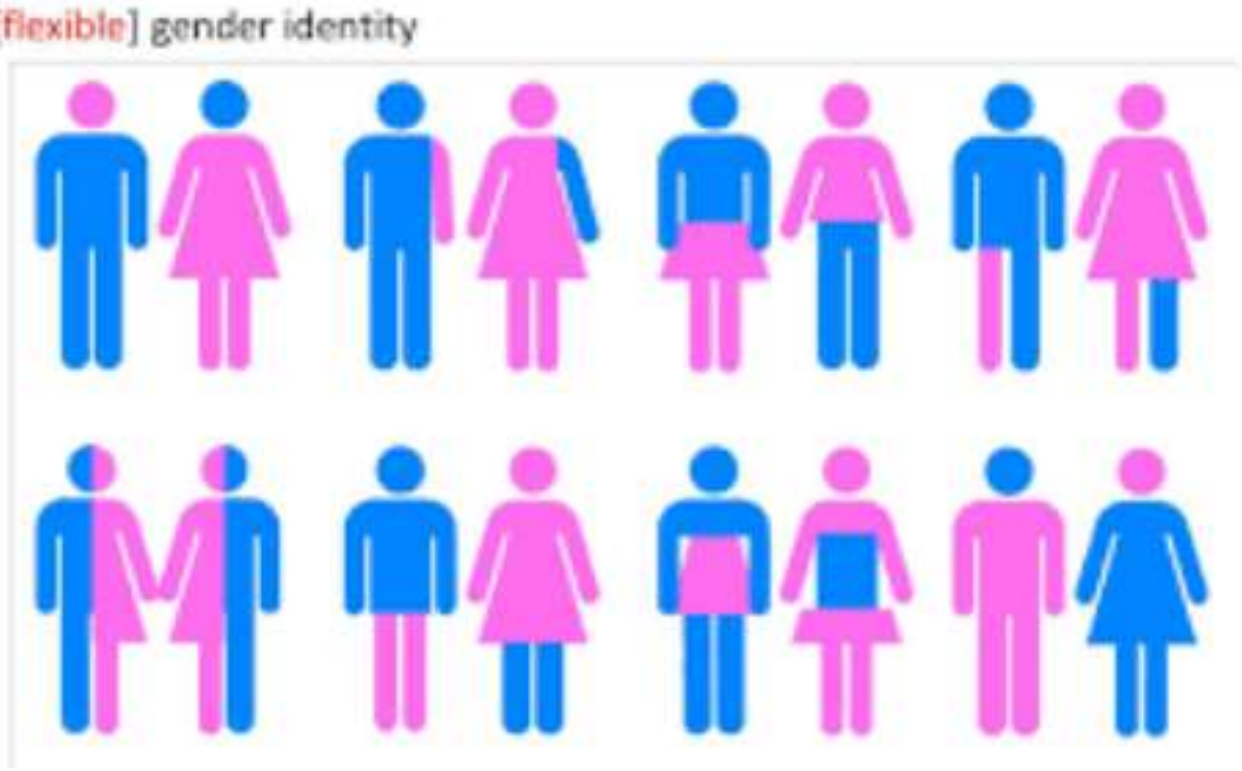

Grazie per l'attenzione

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Sostegno Psicologico

La psicoterapia può essere un prezioso aiuto per le persone transessuali, transgender e di genere non-conforme per tutto ciò che segue:

1) chiarire ed esplorare l'identità e il ruolo di genere;
2) affrontare l'impatto dello stigma e Minority Stress sulla propria salute mentale e sul proprio sviluppo;
3) facilitare il processo di coming-out che per alcuni individui può includere cambiamenti nell'espressione di ruolo di genere e l'uso di interventi medici femminilizzanti/mascolinizzanti