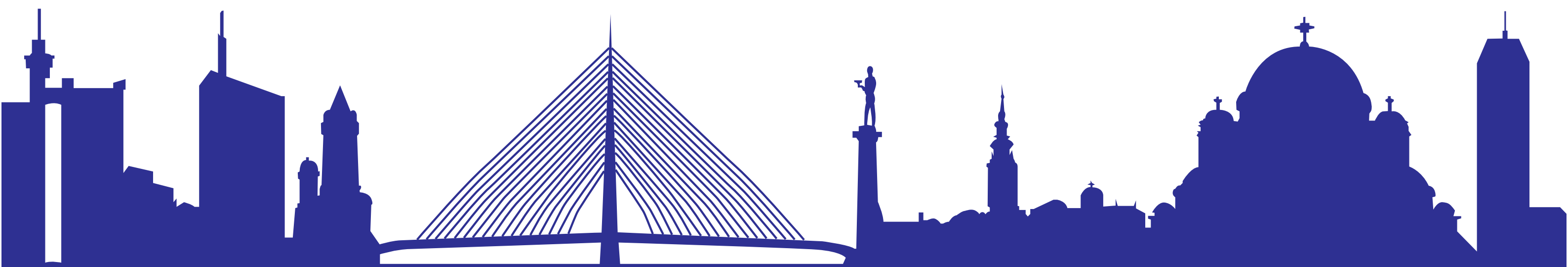

BOOK OF ABSTRACTS

EPATH EUROPEAN PROFESSIONAL ASSOCIATION FOR TRANSGENDER HEALTH

2ND EPATH CONFERENCE

CONTEMPORARY TRANS HEALTH İN EUROPE: FOCUS ON CHALLENGES AND İMPROVEMENTS

6-8 APRIL 2017

BELGRADE, SERBİA

EPATH2017 - 6th to 8th April 2017

Thursday, 6th April

11:00

Registration
Foyer

12:30

PLS-1 Plenary Opening Session I
Pacific

14:00

OS-1A Mental Health I: Mental & Sexual Health and Outcomes in Transgender Health
Baltic

OS-1B Children & Adolescents I: Caring for Transgender Youth in various Countries
Atlantic 2

OS-1C Endocrinology I
Atlantic 3

OS-1D Social Sciences I: Transgender Health from a Social Science Perspective
Mediterranean

OS-1E Voice & Communication I
Adriatic

OS-1F Surgery I
Exhibition Hall

16:00

Coffee break
Foyer

16:30

PS-1 E-Posters Endocrinology & Voice & Social Sciences
Baltic

PS-2 E-Posters Mental Health (1)
Exhibition Hall

PS-3 E-Posters Mental Health (2)
Mediterranean

PS-5 E-Posters Surgery (1)
Adriatic

PS-6 E-Posters Surgery (2)
Aegean

PS-7 E-Posters Surgery (3)
Danube

18:00

PLS-2 Plenary Session II: Public
Pacific

20:00

Reception (drinks & food)
Foyer

Friday, 7th April

09:00

OS-2E Live surgery session1 [surgical program]
Exhibition Hall

PLS-3 Plenary Session III: Transgender Health Care in Europe
Pacific

10:30

Coffee break
Foyer

11:00

OS-2A Mental Health II: Autistic Spectrum Symptomatology and Non-binary Genders
Baltic

OS-2AB Mental Health IIb: Discrimination and Stigma
Aegean

OS-2B Children & Adolescents II: Assessing Prevalence, Treatment Satisfaction and Mental Health
Atlantic 2

OS-2BB Children & Adolescents IIb: Challenges in Transgender Care for Youth
Adriatic

OS-2C Endocrinology II
Atlantic 3

OS-2D Social Sciences II: Transgender Families
Mediterranean

12:30

Lunch
Foyer

14:00

MW-1A Workshop 1A: SOC8 and EPATH Language Policy
Baltic

MW-1B Workshop 1B: Fertility in transgender persons
Atlantic 2

MW-1C Workshop 1C: Increasing knowledge & sharing expertise with nonspecialist mental health professionals
Atlantic 3

MW-1D Workshop 1D: Trans people in palliative care
Mediterranean

MW-1E Workshop 1E: Gender care models in transition
Adriatic

MW-1F Workshop 1F: Needs of trans people and their families
Tisa

MW-1G Workshop 1G: Dutch transgender history: learning lessons from almost 60 years of experience
Danube

MW-1H Workshop 1H: Building an inclusive curriculum
Sava

OS-2 Live surgery session2 [surgical program]
Exhibition Hall

15:30

Coffee break
Foyer

16:00

MW-2A Workshop 2A: Working together with families of gender diverse youth
Baltic

MW-2B Workshop 2B: Discussion on adolescents' retrospective suggestions for improving children's services
Atlantic 2

MW-2C Workshop 2C: Trans perspectives on the current ICD revision process
Atlantic 3

MW-2D Workshop 2D: Enhancing sexual function post gender confirming surgery
Mediterranean

MW-2E Workshop 2E: Research update by the European Network for the Investigation of Gender Incongruence
Adriatic

MW-2F Workshop 2F: Facial feminisation surgery
Aegean

MW-2G Workshop 2G: The intersectional role of speech and language therapy & psychology
Danube

OS-2F Surgery II: from Beginning to the End
Exhibition Hall

20:00

Walking Dinner
Druga Piazza restaurant

Saturday, 8th April

09:00

PLS-4 Plenary Session IV: the Year in Review
Pacific

10:45

Coffee break
Foyer

11:15

OS-3A Mental Health III: Cross Sectional and Follow up Studies
Baltic

OS-3AB Mental Health IIIb: Transgender Health Services around Europe
Adriatic

OS-3B Children & Adolescents III: Baseline and Follow-up Characteristics of Transgender Youth
Atlantic 2

OS-3C Endocrinology III: Neurobiology
Atlantic 3

OS-3D Social Sciences III: Transgender Citizenship
Mediterranean

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Aegean

12:30

PL-3 Plenary Closing Ceremony & announcement of EPATH2019
Pacific

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Keynote Lecture: The Neurobiology of gender dysphoria – testing a new theory

Thursday, 6th April - 12:30 - Plenary Session I: Opening - Pacific

Prof. Ivanka Savic-Berglund [1]

1. *Karolinska Institute*

Background

According to the current dogma, having a gender identity that contrasts with the sex assigned at birth originates from a sex-atypical differentiation of the brain. This hypothesis is, however, based on comparative studies with heterosexual control groups, but a large proportion of transgender individuals has a homosexual and bisexual orientation (relative to their sex assigned at birth), and a sex-atypical cerebral sexual differentiation has been reported also among cisgender homosexuals.

Aim(s)

This raises the question to what extent transgenders' sex-atypical brain characteristics can be explained by their*experienced gender identity* vs. the higher degree of *homosexual orientation in relation to the sex assigned at birth*.

Methods

In the present talk I will argue for a new theory about the neurobiology of gender dysphoria, and present new brain imaging and behavioral data from trans men, trans women, hetero and homo sexual *cis*-gender controls. Based on the hitherto generated data I will put forward a hypothesis that the main hallmark for gender dysphoria is a structural and functional disconnection within *body-self perception networks* in the mesial prefrontal and parietal cortices. I will also discuss whether and how this disconnection can be affected by cross-sex hormone therapy.

Suicidal ideation and suicide attempts among a convenience sample of trans persons: an analysis of protective and risk factors

Thursday, 6th April - 14:00 - Mental Health I: Mental & Sexual Health and Outcomes in Transgender Health - Baltic

Prof. Joz Motmans [1], ***Ms. Jana Missiaen*** [2], ***Ms. Heiderike Seynaeve*** [2], ***Prof. Gwendolyn Portzky*** [2], ***Ms. Eva Dumon*** [2]

1. Ghent University Hospital, Center for Sexology and Gender, 2. ugent

Background

Suicidal ideation is a complex and multi-factorial problem. From a bio-psycho-social explanatory model, suicidal behavior is influenced by biological, psychological, psychiatric and social risk factors. The predisposing factors (biological and psychological) and the triggering factors (social and psychiatric factors) in combination of the absence of the protective factors, constitute a high risk for suicidal behavior (Portzky, van Autreve, & van Heeringen, 2010).

International research has shown the vulnerability among transgender people to develop psychological problems and suicide thoughts. A prevalence of suicide attempts between 22% and 41% is reported in recent studies based on convenience samples (Whittle, et.al, 2008; Grant, et al., 2010; Haas, Rodgers, & Herman, 2014; Motmans, et.al, 2009).

From this research canon, the need to distinguish the risk factors and protective factors around suicidal ideation for trans persons, becomes clear.

Aim(s)

This study aims at measuring the current prevalence of suicidal thoughts and suicide attempts in the population of LGBT persons, with a specific focus of analysing the protective and risk factors for the group of self-identified trans respondents.

Methods

An online anonymous survey with a cross-sectional design was conducted aimed at a self-identified LGBT population, aged 16 year and older. The survey was online from September 2015 until February 2016.

The survey was distributed using triangulation techniques and by snow-ball sampling: the survey was announced with leaflets and posters through the LGBT communities, among the patients of a transgender info centre, a well as through a large (social) media campaign, using press releases and statements by popular media and political figures.

Through multivariate logistical regressions analyses, using the statistical software ‘IBM SPSS Statistics 23’, we distinguished the independent protective and risk factors for lifetime suicidal ideation in the group of self-identified trans respondents.

Main Outcome Measures

The survey contained seven main parts:
(1) socio-demographic background variables
(2) sexual and gender identity

(3) openness about sexual/gender identity
(4) social networks
(5) experiences with homophobia / trans phobia
(6) psychological well being [internalized homonegativity inventory (IHNI), stigma consciousness (Stigma Consciousness Questionnaire (SCQ), General Health Questionnaire (GHQ-12)
(7) suicide thoughts, life time and last year, Beck Scale for Suicidal Ideation (BSS)
(8) coping strategies (Utrechtse Coping Lijst, UCL).

In total 1541 respondents started the study, of which 1013 completed the survey. The convenience sample used for the analysis contains 248 self-identified trans persons, with an almost even distribution of sex assigned at birth. Based on the gender identity, the following groups could be distinguished: trans men (n=51), trans women (n=93), gender queer persons (n=82), other (n=13), male (n=8) or female (n=1) transvestites. The latter four groups were grouped together into one group, labelled 'gender variant' respondents (n=104).

Results
Of the 248 respondents, 80.2% (n=199) report to have had at least once suicide thoughts in their life, of which 57.3% in the last year. 38.7% (n=96) report at least one life time suicide attempt, of which 32.3% (n=31) in the last year.

No significant correlation could be found between suicide thoughts/attempt (either life time or last year) with the identity groups (trans men, trans women or gender variant). Similarly, no significant difference could be found in suicide thoughts or attempt (either life time or last year) between gender conforming groups (trans men/women) and gender variant respondents, between sex assigned at birth, or between sexual orientation groups.

The analyses showed the independent effect of the current reaction of the mother towards the gender identity of the respondent (p=.033) and having a passive reaction pattern (p=.001) on increasing the risk on life time suicide attempts. A (very) negative current reaction by the mother increases the chance of a suicide attempt with 5.050 times. (This effect could not be found for the initial reaction, nor for the reaction by any other family member). A more passive reaction pattern (1 unit higher score on the UCL-scale) results in an increase by 1.484 times.

Conclusion
The results show an alarming high rate of suicide thoughts and attempts among the convenience sample of self-identified trans persons. As confirmed by other authors (Portzky & van Heeringen, 2009; Portzky, van Autreve & van Heeringen, 2010), having a passive reaction pattern showed a higher relative chance on suicidal behavior. Our results do not confirm that experiences of harassment or being bullied, and feelings of being rejected are in general significant predictors of suicidal behavior, as have been showed by others (Haas, Rodgers & Herman, 2014; Heylens et al., 2013). Only in the group of respondents assigned male at birth, the influence of being threatened or harassed could be found.
Moody & Smith (2013) have confirmed the important role of social support by family as a protective factor for life time suicide behavior. In our study, only the current reaction of the mother could be identified as an independent factor.
A last remarkable result was the high amount of trans respondents identifying as gender queer (33.1%). This gave us the possibility to compare gender identity groups, although we could not find specific protective or risk factors for this group, in comparison for the group of trans men or trans women.

Levels of anxiety and depression in transgender people accessing services: A large matched control study.

Thursday, 6th April - 14:00 - Mental Health I: Mental & Sexual Health and Outcomes in Transgender Health - Baltic

Dr. Gemma Witcomb [1], ***Dr. Walter Pierre Bouman*** [2], ***Prof. Laurence Claes*** [3], ***Mrs. Nicola Brewin*** [2], ***Prof. John Crawford*** [4], ***Prof. Jon Arcelus*** [2]

1. Loughborough University, 2. Nottingham Center for Transgender Health, 3. University of Leuven, 4. university of aberdeen

Background

Anxiety and depression are serious disorders which significantly impact upon a person's wellbeing and quality of life. The transgender population is reported to be at an increased risk for such disorders, with symptoms often associated with other difficulties such as discrimination in employment, abuse and harassment, and lack of gender confirming treatment. While studies that have sought to investigate the prevalence of these disorders in the transgender population have offered valuable insight, the data are often limited by small sample sizes, the lack of control for known factors that affect symptomology (age and gender), and the selection of non-homogenous groups of transgender people; that is, those at varying points in their treatment.

Aim(s)

Given these limitations, the first aim of the study was to explore differences in anxiety and depressive symptomology between a large sample of non-treated, transgender individuals attending a national transgender health service in the UK who were matched by age and experienced gender with a general population sample. The second aim of the study was to investigate, in the transgender individuals, the predictive role of specific variables on levels of anxiety and depressive symptomology and any differences in such symptomology between those on cross-sex hormone treatment and those not. The third and final aim was to assess the prevalence of anxiety and depressive symptomology between treated and non-treated transgender individuals.

Methods

During a three-year period, from 2012-2015, all transgender individuals (n=937) attending a transgender health service in the UK were invited to participate in the study. Of these, 24 did not agree, leaving a final sample of 913 transgender individuals to be matched with a general population sample. Anxiety and depression were measured in both the transgender and cisgender populations using the Hospital Anxiety and Depression Scale (HADS-A and HADS-D). Transgender participants also completed measures of self-esteem (Rosenberg Self-Esteem Scale, RSE), victimization (Experiences of Transgenderphobia Scale, ETS), social support (Multidimensional Scale of Perceived Social Support, MSPSS), and interpersonal function (Inventory of Interpersonal Problems, IIP-32). Information regarding the use of treatment (cross-sex hormones (CHT) pre-assessment) was also collected.

Main Outcome Measures

The main outcome measures were anxiety and depressive symptomology. For both anxiety and depression scores, individuals were categorized as either no disorder, possible disorder, or probable disorder based on cut-offs recommended in the literature. The additional questionnaires were scored and used as predictor variables for these two main outcome measures.

Results

Of the 913 transgender individuals, 259 were on CHT and 640 were not. Data was missing for 14 individuals and so they were excluded from further analysis. For Aim 1, the 640 individuals not on CHT were matched with individuals from the general population by age and experienced gender. Due to insufficient numbers for cer-

tain age groups (n=64), only 576 individuals could be matched. Analysis revealed that transgender individuals were significantly more prevalent in the categories of possible and probable anxiety disorder and possible and probable depressive disorder compared to cisgender individuals who were more prevalent in the no disorder categories (all $p<.01$). This pattern of results was consistent when comparing within identified genders also, e.g. cis men compared to trans men (all $p<0.01$) In relation to Aim 2, within the whole transgender group (both treated and non-treated; n=889), low self-esteem and interpersonal function significantly predicted both anxiety and depressive symptoms, while less social support also predicted the latter. The analysis for Aim 3 also found that the use of cross-sex hormones was associated with lower levels of anxiety and depressive symptoms in transgender individuals.

Conclusion

This large scale, matched control study confirms that non-treated transgender individuals are at an increased risk of disorders that impact upon their wellbeing. This risk is predicted by other factors indicative of reduced quality of life, such as low self-esteem, poor interpersonal skills and lack of social support. Interventions aimed at developing interpersonal skills, increasing self-esteem and improving social support may prepare the individual for a more successful transition.

Gender congruence and psychiatric morbidity after gender-confirming health care: Relation to childhood adversities and adult stressful life events

Thursday, 6th April - 14:00 - Mental Health I: Mental & Sexual Health and Outcomes in Transgender Health - Baltic

Dr. Cecilia Dhejne [1]***, Ms. Katarina Görts Öberg*** [1]***, Prof. Stefan Arver*** [1]***, Mr. Mathias Kardell*** [2]***, Prof. Sigbritt Werner*** [3]***, Prof. Mikael Landén*** [2]

1. ANOVA, Karolinska University Hospital and Karolinska Institutet, 2. Institute of Neuroscience and Physiology, Sahlgrenska University Hospital, Gothenburg, 3. Department of Medicine/Huddinge, Karolinska Institutet

Background

Studies have reported a high risk of psychiatric morbidity after gender-confirming health care, but there is a dearth of studies evaluating gender congruence after these interventions.

Aim(s)

The aims were to study gender congruence after gender-confirming health care and to evaluate whether childhood adversities or adult stressful life events predict psychiatric morbidity post transition.

Methods

In a cross sectional setting, sixty-five individuals (16 men assigned female at birth, and 49 women assigned male at birth) were evaluated after gender-confirming health care. The mean (SD) follow-up time was 7.2 (7.3) years with a median of 4.3 (range 0.75–30.5) years.

Statistics

Descriptive data are expressed as means (SD) and medians (range) for continuous variables, and as numbers (percentages) for categorical variables. We used the Mann-Whitney U test for group comparisons of continuous or ordinal variables since the data did not meet the assumptions of a normal distribution according to the Kolmogorov-Smirnov test. For group comparisons of categorical variables, Fisher's exact test and chi-square were used as appropriate. A logistic regression analysis was performed to test which variables were associated with a current psychiatric illness, see Results. A p-value <0.05 was regarded as significant. Missing internal data due to incomplete questionnaires are shown as differing numbers in the results. Percentages were calculated based on those who completed the respective questions. The statistic calculations were done using IBM SPSS Statistics 22 (SPSS, Chicago, IL, USA).

The study was approved by the Regional Ethical Review Board in Stockholm (2005/418-31/3; 2006/1237-32; 2015/2158-32; 2015/2158-32).

Main Outcome Measures

Gender congruence was assessed with the question: "Do you, after your gender reassignment, feel that your body matches your identity?" (Yes/No).

Requests for retransition were measured by the question: "Would you like to return to your natal sex?" (Yes/No).

Clinical Global Impression Improvement Scale (CGI-I), graded from 0 ('very much worse') to 6 ('very much improved') was used to measure overall mprovement after gender-confirming medical interventions.

Psychiatric morbidity was measured with MINI interviews and traits of ADHD and autistic traits with ASRS and AQ respectivly.

Childhood adversities were divided into childhood sexual abuse, childhood maltreatment (defined as at least one experience of physical or emotional abuse), or being bullied during childhood (before 18 y). The questions

read “Have you experienced any sexual abuse during childhood?”, “Have you experienced any childhood maltreatment such as physical or emotional abuse during childhood.?” and “Have you been bullied during your childhood?”, respectively. Respons options (YES/NO).
Adult Stressful life events were explored in four categories: (1) being discriminated against and/or harassed; (2) victim of a crime related to a trans background; (3) not always being accepted in the assigned;(4) being sexually abused as an adult.

Results
All 16 men felt gender congruent post transition as compared with 41 out of 46 (89.1%) women. The median GCI-I score was 6 (equals “much improved”), with no significant gender difference. No subject wished to retransition. In men and women combined, 23 out of 64 (35.9%) had made a suicide attempt prior to transition, and 8 out of 64 (12.5%) made a suicide attempt post transition. Sixteen out of 65 (24.6%) subjects met criteria for any current psychiatric diagnosis, and 27 out of 65 (41.5%) subjects met criteria for any lifetime psychiatric diagnosis. Fifty-nine out of 65 (90.8%) reported at least one childhood adversity and/or adult stressful life event. Predictors (OR [95% CI]) of current psychiatric morbidity were being born abroad (18.3 [1.9–176]), childhood maltreatment and/or childhood sexual abuse (12.3 [2.0–78]), and not being accepted in the assigned gender (9.0 [1.5–52]).

Conclusion
The findings support the view that gender-confirming health care improve gender dysphoria, and gender incongruence. Childhood adversities and adult stressful life events were common. Born abroad, childhood maltreatment or childhood sexual abuse, and not being accepted in the assigned gender by at least one party predicted current psychiatric morbidity. This stress the importance of continued access to psychiatric care after gender-confirming health care for those in need.

Sexual health in 42 individuals post gender confirming treatment

Thursday, 6th April - 14:00 - Mental Health I: Mental & Sexual Health and Outcomes in Transgender Health - Baltic

Dr. Annika Johansson [1], *Dr. Owe Bodlund* [2], *Dr. Torvald Höjerback* [3], *Dr. Katarina Görts-Öberg* [4]

1. ANOVA Transgender Medicine Karolinska University Hospital, 2. Department of Clinical Sciences, Division of Psychiatry, University of Umeå, Umeå, 3. Sexology clinic Karlskona, 4. ANOVA Andrology Sexual MedicineTransgender Medicine Karolinska University Hospital, Stockholm

Background

Introduction: Individuals who have undergone gender confirming treatment (GCT) in follow-up studies have been shown to experience improvement in several areas of life. In a Swedish clinical study of Individuals undergoing GCT various outcomes were explored and the aim in this report is a description of sexual satisfaction, sexual function and sexual orientation post GCT.

Aim(s)

The aim in this report is a description of sexual satisfaction, sexual function and sexual orientation post GCT.

Methods

Methods: Data was collected in 25 women and 17 men through interviews conducted by their gender clinic psychiatrist. Various outcomes of sexual health were explored 4 -16 years after treatment.

Main Outcome Measures

Sexual Health was measured by a structured interview-questionnaire based on the sexual response model covering the areas of sexual desire, arousal, orgasm, and global sexual satisfaction. Further, the interview contained questions on sexual activity, partner status and sexual orientation.

Results

Results: The follow-up mean time was 9 y. Mean age at follow-up interview was 46 y (range 25-69y) in women and in men 39 y (range: 28-53y). Among women 52% defined themselves as androphilic and 94% of the men were gynophilic. In the whole group, 44% had been sexually active at least twice/week, with an increased frequency of intercourse post-GCT. Moderate orgasm dysfunction was identified in 22,5% of the individuals and a severe (never reaching orgasm) dysfunction in 10% of the individuals. In women, a quarter (26%) had a low sexual desire. A significantly lower level of sexual desire and arousal was reported by women compared to men and they less frequently engaged in masturbation. Further, a relationship between a lower masturbation frequency and hormonal therapy onset was established. Among men, a significant correlation between a gynophilic orientation and improved global sexual satisfaction was found. The global outcome on satisfaction with sex-life showed that 70% were content and rated an improvement in their sexual life post-GCT.

Conclusion

Conclusion: Although a majority on a global level demonstrated higher levels of sexual satisfaction post-GCT, it is important to address different areas of sexual functioning since non-negligible sexual problems were found.

The Gender Dissonance Severity Scale (GDSS): Development of a new questionnaire to evaluate treatment outcomes

Thursday, 6th April - 14:00 - Mental Health I: Mental & Sexual Health and Outcomes in Transgender Health - Baltic

Ms. Beth Jones [1], ***Dr. Walter Pierre Bouman*** [1], ***Dr. Emma Haycraft*** [2], ***Dr. Cecilia Dhejne*** [3], ***Dr. Griet Decuypere*** [4], ***Dr. Helen Greener*** [5], ***Prof. Jon Arcelus*** [1]

1. *Nottingham Center for Gender Dysphoria,* ***2.*** *Loughborough University,* ***3.*** *karolinska Institutet,* ***4.*** *Ghent University,* ***5.*** *Northern Region Gender Dysphoria Service*

Background

Tailored treatment choices are vital for effective transgender healthcare. In order to improve transgender health services, gender confirming medical treatments need to be evaluated. Although tools that assess gender dysphoria, gender incongruence, body dissatisfaction, mental well-being and quality of life are available, there is currently no measure available that assesses these constructs simultaneously and has been developed specifically for, and in collaboration with, the transgender population. Such a measure is vital for effectively evaluating gender confirming medical treatments.

Aim(s)

To design, in collaboration with the transgender population, a health outcome questionnaire. This measure will assess the severity of gender dissonance as well as associated mental well-being and general quality of life, at different stages of the transitional process and is independent of gender assigned at birth.

Methods

First, an in-depth literature review was conducted to determine the limitations of the outcome measures that are currently available. Second, a qualitative study was conducted at a national transgender health service in the United Kingdom (UK). The finding from this study (and our knowledge of the literature) facilitated the first draft of the questionnaire. Third, the questionnaire was given to 25 transgender people on a patient advisory board at a national transgender health service in the UK for feedback. Finally, feedback was sought from 12 senior transgender healthcare clinicians (UK (n=10), Sweden (n=1) and Belgium (n=1)), which allowed us to develop a final draft.

Main Outcome Measures

Gender dissonance severity, associated mental well-being and quality of life.

Results

A questionnaire with 42 items was developed which aimed to assess the severity of gender dissonance, associated mental well-being and general quality of life, within the transgender population. Factor analysis revealed 7 subscales (1. genitalia, 2. chest, 3. other secondary sex characteristics, 4. social gender role recognition, 5. physical and emotional intimacy, 6. psychological difficulties, and 7. life satisfaction). The GDSS was found to have good reliability and validity and is capable of distinguishing between groups of interest (e.g., cross-sex hormones vs. no cross-sex hormones).

Conclusion

The GDSS is a robust measure that can be used to assess treatment outcomes within the transgender population. It is hoped that the measures will help clinicians make informed and tailored treatment choices in close collaboration with transgender patients and be able to effectivily evaluate the treatment offered. The challenges of developing the questionnaire will be discussed, and the final validated tool will be presented.

The relevance of measuring satisfaction with gender affirming surgery: Who will be (dis)satisfied and how does it impact quality of life? A follow-up study.

Thursday, 6th April - 14:00 - Mental Health I: Mental & Sexual Health and Outcomes in Transgender Health - Baltic

Mr. Tim van de Grift [1], ***Dr. Els Elaut*** [2], ***Dr. Susanne Cerwenka*** [3], ***Prof. Peggy Cohen-Kettenis*** [1], ***Dr. Baudewijntje Kreukels*** [1]

1. VUMC, 2. ugent, 3. University Medical Center Hamburg-Eppendorf

Background

Quality of life (QoL) after gender affirming surgery (GAS) of people diagnosed with gender dysphoria may be related to complications and satisfaction with treatment outcome. More knowledge on this relationship can improve preoperative information and postoperative support.

Aim(s)

To describe complications and satisfaction with the outcomes of GAS five years after clinical admission, and to assess the impact of satisfaction on different measures of QoL.

Methods

Data was collected via a follow-up survey as part of the European Network for the Investigation of Gender Incongruence. All individuals with gender dysphoria who applied for medical interventions from 2007 until 2009 were invited to participate. Of all respondents (38% of the invited), the 135 who had received a GAS procedure (either genital, chest, facial, vocal cord and/or Adam's apple surgery) were included in this study.

Main Outcome Measures

Information on the GAS procedures performed was retrieved from medical records. Self-reported complications and satisfaction were recorded on a self-constructed questionnaire. QoL was measured by means of three instruments (Satisfaction With Life Scale, Subjective Happiness Scale, Cantril Ladder). Furthermore, gender dysphoria (Utrecht Gender Dysphoria Scale), and psychological symptoms (Symptom Checklist-90) were assessed.

Results

Satisfaction with GAS procedures was 94 to 100%. Dissatisfaction was reported by eight respondents and associated with more psychological symptoms and lower life satisfaction at baseline, and with self-reported complications at follow-up (OR = 6.07). QoL of satisfied respondents was similar to control samples from the literature, whereas the dissatisfied group had less positive scores on all measures (on significant and trend-level).

Conclusion

Satisfaction with GAS was associated with preoperative psychological functioning and experienced complications at follow-up. As dissatisfaction can be viewed as an indicator of less favorable outcomes (including lowered QoL), we recommend the involvement of mental health professionals in surgical care when needed, including during follow-up.

Gender dysphoria in children and adolescents: A description of a newly established multidisciplinary public health service in Western Australia.

Thursday, 6th April - 14:00 - Children & Adolescents I: Caring for Transgender Youth in Various Countries - Atlantic 2

***Mrs. Liz Saunders* [1], *Dr. Julie Moore* [1], *Mr. Hans-willem van Hall* [1], *Mrs. Sarah Robinson* [1], *Dr. Colette Halpin* [1], *Ms. Roxanne Buktenica* [1]**

1. Gender Diversity Service, Princess Margaret Hospital for Children

Background

Across the world, increasing numbers of children and adolescents are presenting with gender dysphoria, which can be defined as distress related to a marked incongruence between the birth assigned sex, and the person's experienced/expressed gender identity. Although some limited research has been conducted in this area, there is limited literature on how public health services operate for children/ adolescents with gender dysphoria.

The Gender Diversity Service (GDS) located at Princess Margaret Hospital for Children in Perth, Western Australia is a newly funded dedicated tertiary service working with transgender children/adolescents, and their families. The GDS is an evidence-based best-practice tertiary Tier-4 clinical service, encouraging a shift in emphasis from problem focused, to a perspective of building child/family uniqueness, strengths and resilience. The service also supports families and services in the community and provides consultation, liaison and advocacy for families, schools and the wider community. The GDS is a multidisciplinary service, including expert clinicians in Psychology, Psychiatry, Mental-Health Nurse Specialists, Endocrinologists, Speech Pathologist, Fertility specialists and dedicated research assistant. This service is unique in that it is funded by Child and Adolescent Mental-Health, compared to many other services worldwide that are primarily funded by Adolescent Health or Paediatric Endocrinology Services.

Aim(s)

Given minimal research has been conducted in the Clinical Paediatric Setting; this service aims to contribute to the body of knowledge regarding best practice and positive outcomes for transgender children/adolescents and their families. Additionally, in the literature this group of young people have also been identified as being at an elevated risk for poorer mental-health and increased suicide risk, it is therefore clinically important to manage this risk.

This presentation has three aims, firstly to describe the GDS service and its role in the public health service in Western Australia. Secondly, to elicit and encourage feedback from a wide variety of services worldwide on current best-practice methods of service in a tertiary clinical setting to facilitate ongoing service improvement. Lastly, we aim to build international working relationships to encourage information sharing and transfer of knowledge to improve the clinical skills, education, rights and training in transgender health.

Methods

Children/Adolescents can be referred from a variety of sources including but not limited to General Practitioners, Paediatrician, other Child and Adolescent Mental-Health Service professionals, and Non-Government community-based clinicians. The service has close links with community youth based support services for lesbian, gay, bisexual, trans, intersex, queer, questioning and otherwise diverse in their sexuality and/or gender(LGBTIQ).

Assessment includes an initial assessment by a mental-health nurse followed by a full mental health assessment

and ongoing review by a multidisciplinary team. Each young person is assigned a primary case manager and also receives a second mental health opinion within the GDS. Young people are assessed using WPATH guidelines to determine if they are suitable for gender affirming treatment. Stage-1 puberty suppressing treatment may be prescribed from Tanner Stage 2–3. Stage-2 estrogen or testosterone treatment may be prescribed from age 16 and requires approval from the Family Court of Western Australia, which is a publicly funded, no-cost, non-adversarial process requiring two psychologist or psychiatrist opinions, and one endocrinologist opinion. Young people can access speech pathology and communication therapy, which is provided in a group setting or individually. Further services include endocrinology assessment and treatment, fertility and sexual health counselling and parent support groups.

Main Outcome Measures

The GDS strives to provide assessment, information, and access to gender affirming treatments, according to WPATH international guidelines and support for children/adolescents and their families accessing the service. Families attending the service complete a set of empirically validated assessments including behavioural problems, behaviour and peer relationships, child physical, psychological and psychosocial functioning, child psychological, gender dysphoria and body image/body dissatisfaction. The information gathered from these assessments is used for both clinical and research purposes.

The service is funded to improve the psychological wellbeing of transgender and gender diverse young people. We aim to reduce the barriers to access for young people and their families to receive both assessment and gender affirming endocrinology treatment.

This clinical service focuses on building on the strengths and resilience of our young people and embracing diversity. The service has a role in supporting families and services in the community and provides consultation, liaison and advocacy for families, schools and the wider community to improve the wellbeing of transgender young people in our community.

Results

Currently, the GDS has over 138 families with an active referral. Of these, 31 percent identify as male to female and 69 percent female to male.

The service has discharged 60 families as they have transitioned to adulthood.

Parents and children of the service complete an qualitative Experience of Service Questionnaire, and positive reports include that “their worries and views were taken seriously”, “people at the service were easy to talk to”, “if a friend needed help, I would recommend that they come here” and “the people at the service were working together to help”.

Conclusion

The GDS is the only public health service in Western Australia for families with children with gender dysphoria. This service aims to operate in the most current. evidence-based approach to facilitate the safety of the children, young people and their families and barriers to accessing treatment and support are minimised.

We would like to acknowledge the hard work and dedication of the entire GDS multidisciplinary team, which includes the authors above and Bruce, T.; Bufacchi, T., Ganti, U., Guaia, E., Hunter, T., Imms, C., Mitchinson, A., Murray, S., Robinson, S., Siafarikas, Thomas, C., A. and Van Hall, H-W.

Service pathway for older adolescents in the gender identity development service (GIDS) (UK)

Thursday, 6th April - 14:00 - Children & Adolescents I: Caring for Transgender Youth in Various Countries - Atlantic 2

Dr. Laura Charlton [1], *Dr. Jo Charsley* [1], *Ms. Amelia Taylor* [1]

1. Gender Identity Development Service, The Tavistock and Portman NHS Foundation Trust

Background

The GID service is a nationally commissioned service for gender diverse young people up to the age of 18 years old.

Media attention (both national and social) has increased awareness of gender services and momentum in the development of societal norms in respect to gender. As such, the rapidly developing context around gender may have contributed to an unprecedented and rapid increase in referrals, which has outstripped workforce capacity and created a wait exceeding the National Health Service guidelines of 18 weeks.

Demands from increased referrals and the specific needs of older adolescents referred to the GID service provided the impetus from clinicians to develop a number of innovations to meet the growing needs of this client group.

One of the challenges presented by this scenario was to provide a service of value to the client, with a limited time-frame available, in the context of ensuring a secure and seamless transfer to the adult service chosen by the young person. Consequently an 'older adolescent' pathway was developed in response to this service need.

Aim(s)

The aim was to provide 17 year olds with: quicker access to the service, provide an assessment in a limited time-frame, to facilitate decision-making and create progression to adult services and to provide support and opportunities for young people and parents to connect with other families.

This presentation will describe the innovations developed to meet these demands. We aim to present the impact on waiting lists, waiting times, and evaluate service users' and clinicians' feedback.

Methods

The service developments were evaluated by service users and clinicians within GIDS by a semi-structured questionnaire.

Data on the impact on service performance in relation to waiting times was drawn from standard service information.

Main Outcome Measures

A feedback questionnaire was created for both the young people and parents to complete at the end of the group. The first part of the questionnaire consists of 8 comments relating to group experience, which they are asked to rate on a 5-point Likert scale. The second part of the questionnaire asks three open-ended questions regarding their experience of the service.

Results

The new pathway was developed to meet the unique needs of older adolescents referred to the service. The pathway consists of three stages which allow young people to be introduced to gender services:

1. The first consisted of a self-report pre-assessment using the 'All About Me' booklet, which asked for a number of statements around the history, development and experience of the young person's gender. A battery of standardised questionnaires was included exploring general wellbeing, social responsiveness, early and more

recent gender history and body image.

2. The young people are invited to a group consisting of a presentation meeting for families exploring topics on gender, service pathways and decision-making, and following a break, a young people's and parent's discussion groups.

3. The option of a one-to-one follow-up appointment with a clinician is offered to discuss individual needs which may include further work with GIDS or referral to adult services.

A reduction in the waiting list and waiting times were observed within GIDS. Feedback demonstrated that the majority of young people were satisfied with and valued the presentations and discussion groups. An exploration of the results in the context of clinician feedback and socio-cultural context will be presented.

Conclusion

The development of the Older Adolescent pathway has utilised a number of innovations that has provided a valued service to older adolescents and their families. Although contact with the GID service may be brief, the families are provided with specialist advice and information, assessment, support and opportunities to develop social networks within the transgender community. These innovations led to reduced waiting times for older adolescents and greater movement through gender service pathways within the United Kingdom.

Baseline psychosocial characteristics of children and adolescents with gender dysphoria referred to the Hamburg Gender Identity Service

Thursday, 6th April - 14:00 - Children & Adolescents I: Caring for Transgender Youth in Various Countries - Atlantic 2

Ms. Inga Becker [1], ***Mrs. Saskia Fahrenkrug*** [1], ***Mrs. Julia Schweitzer*** [1], ***Dr. Birgit Möller*** [2], ***Dr. Timo O. Nieder*** [1], ***Dr. Wilhelm Preuss*** [1], ***Prof. Peer Briken*** [1], ***Prof. Hertha Richter-Appelt*** [1], ***Prof. Michael Schulte-Markwort*** [1]

1. *University Medical Center Hamburg-Eppendorf,* ***2.*** *University Medical Center Münster*

Background

Youth with gender dysphoria (GD) who apply for treatment often experience a marked increase in distress when entering puberty, often accompanied by internalizing mental health issues and poor peer relations. The interdisciplinary Gender Identity Service in Hamburg offers specialized diagnostics, psychosocial, and medical treatment for youth with gender dysphoria from Germany since 2006. While referral numbers are increasing, the clinical presentations remain diverse.

Aim(s)

The aim of the present study was to describe the clinical presentation of the referred youth (e.g. gender identification, gender dysphoria diagnosis, psychosocial well-being and associated mental health problems), as well as to provide a brief overview over treatment approaches at our department.

Methods

All 340 families who attended our service since 2013 were invited to conclude a set of self- and parent-report questionnaires comparable to established international research protocols. Complete youth self-, parent- and clinicians-report data of n=150 families (with children and adolescents aged 5 to 18 years) with initial visits between September 2013 and October 2016 were included in the analyses. Data were analysed using descriptive statistics, comparing transfemale and transmale participants.

Main Outcome Measures

Main descriptive measures included the following parameters: socio-demographic characteristics, gender identification, emotional and behavioral problems (YSR, CBCL), and diagnosis (according to DSM-5 criteria).

Results

The majority of the youth identified as transmale (female sex assigned at birth). Almost all of the adolescents reported a highly incongruent identification. Internalizing problems as well as self-harm and suicidality were highly present in both transmales and transfemales.

Conclusion

At the Hamburg department, gender dysphoric youth present quite a vulnerable group. Thus, providing appropriate treatment and counselling options in order to contribute to overall well-being in the long-term seems important. Findings will be discussed with regard to challenges as well as with regard to their contribution to transgender youth health care.

Clinical management of children and adolescents with gender dysphoria in Israel

Thursday, 6th April - 14:00 - Children & Adolescents I: Caring for Transgender Youth in Various Countries - Atlantic 2

Dr. Asaf Oren [1], ***Dr. Anat Segev-becker*** [1], ***Dr. Galit Israeli*** [1], ***Dr. Gal Biran*** [2], ***Prof. Naomi Weintrob*** [1]

1. Pediatric Endocrinology and Diabetes Unit, Dana-Dwek Children Hospital, Tel Aviv Sourasky Medical Center; 2Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, 2. Pediatric Endocrinology and Diabetes Unit, Dana-Dwek Children Hospital,

Aim(s)

To describe characteristics at presentation and treatment of children and adolescents with gender dysphoria in Israel.

Methods

A retrospective chart review of 40 children and adolescents (< 18 years) with the diagnosis of gender dysphoria followed at a tertiary children hospital from February 2013 to September 2016.

Main Outcome Measures

The gender dysphoria referrals rate increased since the establishment of the clinic by 8 folds. No severe side effects were recorded in patients treated with Gonadotropin-releasing hormone analog and testosterone or estrogen.

Results

Of the 40 patients, 11 (28%) identified as female-to-male (FtM), 29 (72%) as male-to-female (MtF). The gender dysphoria population increased since the establishment of the clinic from 1-2 new referrals to 16 new referrals per 6 months. Median age at referral was 14.9±3.1 years (range 4.58-18.3 years). At time of referral, 78% have completed their sexual maturation in their biological gender. Gonadotropin-releasing hormone analog treatment was initiated in 29 (73%) patients at a mean age of 16.1±1.5 years. Cross-sex hormones were initiated in 19 (48%) patients at a mean age of 16.8±1.1 years. No severe side effects were recorded in patients treated with Gonadotropin-releasing hormone analog and testosterone or estrogen. One MtF patient underwent genital sex reassignment surgery at age 18.16 years. One FtM patient underwent mastectomy at age 18.25 years.

Conclusion

After establishment of a multidisciplinary childhood and adolescent gender dysphoria clinic, referral rate to the clinic increased fivefold. Treatment with gonadotropin-releasing hormone analog and/or cross-sex hormones, in collaboration with transgender-competent mental health professionals, is an intervention that appears to be appropriate in carefully selected youth with gender dysphoria. Long-term follow-up studies are needed to determine the safety and efficiency of these treatments in this age group.

Clinical presentation of gender dysphoria across developmental age in Italy: preliminary data from the Italian network of gender clinics for children and adolescents

Thursday, 6th April - 14:00 - Children & Adolescents I: Caring for Transgender Youth in Various Countries - Atlantic 2

Dr. Angela Caldarera [1]***, Dr. Chiara Baietto*** [2]***, Dr. Alessandra Delli Veneri*** [3]***, Mr. Gabriele Di Mario*** [4]***, Dr. Maddalena Mosconi*** [4]***, Dr. Daniela Nadalin*** [5]***, Dr. Luca Palleschi*** [4]***, Dr. Immacolata Parisi*** [3]***, Dr. Anna Paola Sanfelici*** [5]***, Dr. Fabiana Santamaria*** [3]***, Dr. Damiana Massara*** [6]

1. *University of Torino - Dept. of Psychology,* ***2.*** *Pediatric Sciences Dept - Section of Child and Adolescent Neuropsychiatry, Regina Margherita Children Hospital, Torino, Italy,* ***3.*** *Unità operativa complessa di Psicologia, Azienda Ospedaliera Universitaria Federico II Napoli.,* ***4.*** *SAIFIP Area Minori - Azienda Ospedaliera San Camillo Forlanini.,* ***5.*** *Health Centre Gender Dysphoria at Movement for Transsexual Identity - Agreement with Local Healthcare Unit, City of Bologna,* ***6.*** *Centro Interdipartimentale Disturbi Identità di Genere Molinette (C.I.D.I.Ge.M)/Torino A.O.U. Città della Salute e della Scienza Torino*

Background

A national network of the Italian clinical centers specifically dealing with gender dysphoria in childhood and adolescence was established in 2012, within the Italian ONIG (Osservatorio Nazionale sull'Identità di Genere). In order to overcome the heterogeneity of Centers, a shared protocol of assessment and care was provided, in line with international guidelines, such as the Standards of Care – v. 7 of WPATH, and according to the indications of DSM-5 by APA (2013). Similarly to what happened in other countries, in recent years the clinics specialized in gender identity issues received an increasing number of contacts by adolescents and families of gender variant children.

Aim(s)

To present the preliminary results of a muticentric study set to systematically collect national data regarding the characteristics of Italian gender dysphoric children and adolescents

Methods

In order to make available a data set of the national sample, a common assessment protocol was administered to all the adolescents and families of children consecutively referred to the gender clinics of Torino, Roma, Bologna and Napoli. The assessment protocol is broad and comprehensive, so, for the present study, we took into consideration the socio-demographic data sheet and the psychological case history form which were filled out by the professionals working in each participating gender clinic. Demographic characteristics of the group of participants and association between variables were tested through descriptive and multivariate statistics.

Main Outcome Measures

Through the socio-demographic data sheet and the psychological case history form it was possible to measure several variables. In addition to the demographic and social data, we analysed information about: history of gender identity development (such as preference for cross-gender toys and activities in childhood, presence of gender-dysphoric feelings and cross-gender identification, age of onset); feelings and developmental trajectories across puberty; education; perceived quality of family relations and of peer relations; associated psychological difficulties and medical conditions; expectations about a possible, future, transition process.

Results

We collected the data about a total sample of 114 children and adolescents, aged 3 to 18. Our preliminary analysis show that: the mean age of the group is 12.78 (SD=4.27), but 59% of the group is aged 13-18; participants' assigned sex at birth was female for 54.2% of the group; participants attended the clinics for a mean period of

12.79 months (SD=12.75). Moreover our preliminary results outlined a progressive increase across years of the number of referrals. We will present additional data related to gender identity development history, family and peer relations as well as the above mentioned variables.

Conclusion

The increasing number of referrals to the Italian clinics indicates the need of continuing with this systematic analysis in order to increase the knowledge about clinical presentation of gender dysphoria in children and adolescents of our country, which will make it possible to gain more indications about the factors that can support the wellbeing of Italian gender variant children and adolescents. With such view it will be important, in the future, to compare our data with those of other countries and cultural contexts.

Testosterone therapy does not always induce amenorrhea in female to male transgender subjects.

Thursday, 6th April - 14:00 - Endocrinology I - Atlantic 3

Dr. Giovanna Motta [1], ***Ms. Chiara Crespi*** [2], ***Ms. Valentina Mineccia*** [2], ***Mrs. Anna Gualerzi*** [2], ***Mr. Fabio Lanfranco*** [1], ***Prof. Chiara Manieri*** [2]

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Background

Transgender men are persons assigned female at birth but who identify themselves as men.
Cross sex testosterone therapy is the milestone of medical treatment for transgender men; its aim is to achieve serum testosterone concentrations in the physiological male reference range in order to develop male secondary sex characteristics and to induce the regression of female ones.
One of the most desired effects is the suppression of menses for the high symbolic negative value attributed to the cyclic menstrual bleeding: however, in some cases testosterone treatment is not sufficient to gain this effect, increasing patients' psychological distress.
In case of persistent bleeding, Endocrine Society guidelines suggest to add a progestational agent or to use GnRH analogs or depot medroxyprogesterone acetate (MAP).

Aim(s)

The aim of our retrospective study was to find differences between Female to Male (FtM) subjects achieving amenorrhea (group 0) and FtM subjects with persistent menses (group 1) after 1 year of continuous testosterone treatment.

Methods

In our gender dysphoria clinic in Turin 50 FtM subjects were retrospectively analysed before (T0) and after 1 year (T1) of continuous testosterone treatment.
At T0 age, BMI, serum testosterone and estradiol levels have been analyzed.
At T1 BMI, serum testosterone and estradiol levels, obtainement of amenorrhea and second line treatment in case of persistent bleedings have been evaluated.
Amenorrhea is defined by the absence of menstrual bleedings for at least 3 consecutive months.

Main Outcome Measures

Achievement of amenorrhea and second line treatment in case of persisting bleedings at T1 were the main outcomes of our study.

Results

After 12 months of continuous testosterone treatment, all patients reached male serum testosterone levels (5,13 [3,78-7,62] ng/ml) and attained a satisfactory body virilization.
64 % of our sample obtained amenorrhea (group 0) and 36 % showed persistent menses (group 1).
There were no differences between the two groups in terms of age, BMI, testosterone and estradiol levels.
Testosterone levels at T1 were divided into quartiles both in group 0 and in group 1: a higher number of subjects with T concentrations in the upper quartiles reached amenorrhea; however no significant differences were found between the two groups.
6 FtM (33,3% in group 1) accepted this condition with no discomfort, while 12 FtM (66,6 % in group 1) desired a second line treatment to stop bleedings.

In 11/12 of these subjects we used progestinic agents, but bleedings persisted or recurred in 8 of them (72,7 %).
In 1/12 anastrozole was used, obtaining amenorrhea.
Finally, we retrospectively considered age, estrogen and testosterone levels in T0, type of treatment (injective or transdermal testosterone preparations or both) and BMI as predictive factors in group 1, but none of them significantly influenced the achievement of amenorrhea.

Conclusion
In conclusion, one year testosterone therapy in FtM transgender subjects lead to a good body virilization and reduces gender dysphoria distress, although more than one third of subjects did not obtain amenorrhea.
Since the persistence of menstrual bleedings is a further cause of discomfort, obtaining amenorrhea is still a matter of concern for transgender men and for all professionals involved in the management of gender dysphoria.

Can oestrogen suppress androgen production in male to female transsexuals

Thursday, 6th April - 14:00 - Endocrinology I - Atlantic 3

Ms. Freya Lawrence [1], ***Dr. David Gerber*** [2]

1. University of Glasgow, 2. Sandyford Initiative

Background

Antiandrogen use in male to female transgender patients is recommended by a variety of guidelines. Some clinics had, prior to these guidelines, not routinely used antiandrogen therapy - and there are some reports of up to 60% not requiring the addition of antiandrogen therapy as oestrogen use itself can suppress androgen production in certain individuals.

Aim(s)

To establish the proportion of male to female transgender patients presenting to the Sandyford Gender Service who suppress androgen production with oestrogen alone.

Methods

A retrospective sample of male to female transgender people referred to the Gender Service in 2011/2012 was used. Their clinical notes were analysed using an Excel database.

Main Outcome Measures

Proportion patients referred in 2011/2012 to the Sandyford Gender Service who suppress testosterone on oestrogen alone.

Results

19.3% of the sample did suppress testosterone on oestrogen alone. This number may have been higher in reality as a proportion of patients were placed on antiandrogens without being given the opportunity to self-suppress on oestrogen alone.

Conclusion

There is a group of patients who will suppress androgen production without the need for antiandrogen use. This may reduce exposure to additional side effects and associated risk. We recommend that male to female transgender patients should be offered a choice around the prescription of antiandrogen therapy after being fully informed of the potential of self-suppression.

Cross-sex hormone treatment and psychobiological changes in transsexual persons: Two-year follow-up data

Thursday, 6th April - 14:00 - Endocrinology I - Atlantic 3

***Dr. Alessandra Fisher** [1], **Dr. Giovanni Castellini** [2], **Dr. Jiska Ristori** [1], **Dr. Helen Casale** [1], **Dr. Emanuele Cassioli** [2], **Dr. Carolina Sensi** [2], **Dr. Egidia Fanni** [1], **Dr. Anna Maria Letizia Amato** [1], **Dr. Eva Bettini** [1], **Dr. Maddalena Mosconi** [3], **Prof. Davide Dèttore** [4], **Prof. Valdo Ricca** [5], **Prof. Mario Maggi** [6]*

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Background

To date, there are few studies investigating the impact of body changes induced by cross-sex hormonal treatment (CHT) on psychobiological well-being in gender-dysphoric persons (GDs).

Aim(s)

The objective of the study was to assess whether CHT-related body changes affect psychobiological well-being in GDs.

Methods

A consecutive series of 359 GDs was considered for a cross-sectional section of the study. In addition, 54 GDs were studied in a 2-year follow-up.

Main Outcome Measures

A physical examination was performed, including body mass index, waist circumference, and hair distribution. We also evaluated breast development and testis volume in male to female subjects and clitoris length in female to male. Subjects were asked to complete several psychometric measures for the assessment of body uneasiness, GD, and psychopathology levels. The evaluation was repeated 2 years prospectively.

Results

The following results were found: 1) GDs undergoing CHT reported significantly lower subjective levels of GD, body uneasiness, and depressive symptoms as compared with those without; 2) CHT-induced body modifications were significantly associated with a better psychological adjustment; 3) during CHT, GDs reported a significant reduction of general psychopathology, depressive symptoms, and subjective GD, whereas social and legal indicators of GD showed a significant increase across time; and 4) among body changes induced by CHT, only breast development and increased body mass index had a significant impact on psychopathology reduction across time in male to female subjects and female to male subjects, respectively.

Conclusion

The aforementioned results support the efficacy of CHT intervention in improving subjective perception of one's own body, which was partially associated with objective changes.

Using liquid chromatography tandem mass spectrometry to measure steroid hormone profiles in gender dysphoria (GD) patients in a multi-Center setting

Thursday, 6th April - 14:00 - Endocrinology I - Atlantic 3

Dr. Florian Josef Schneider [1]***, Dr. Joachim Wistuba*** [1]***, Prof. Michael Zitzmann*** [2]***, Prof. Paul-Martin Holterhus*** [3]***, Dr. Alexandra Kulle*** [3]***, Prof. Stefan Schlatt*** [1]***, Dr. Nina Neuhaus*** [1]

__1.__ Institute of Reproductive and Regenerative Medicine, Center of Reproductive Medicine and Andrology, __2.__ Department of Clinical and Surgical Andrology, Center of Reproductive Medicine and Andrology, __3.__ Hormone Centre for Children and Adolescents, Department of Pediatrics, University Hospital Schleswig-Holstein

Background

Little information is available on cross-sex hormone therapy (CHT) in gender dysphoria (GD) patients on the day of sex-reassignment surgery (SRS). To achieve initial physical adaptation in male-to-female GD patients, anti-androgens are usually given in combination with estrogens. Comparing three treatment regimens, it has been recently demonstrated that only continued CHT results in feminized hormone levels on the day of SRS. The effect of CHT on the adrenal and gonadal steroid profile, however, remained unknown.

Aim(s)

To assess the effects of three different treatment regimens of CHT until SRS on the adrenal and gonadal steroid profile.

Methods

Ethical approval was received for this research prior to study initiation and written informed consent was recieved before study participation. The first 15 patients obtained from three independent clinics were selected. Patients in clinic A and B discontinued CHT 4-6 weeks and 2 weeks before SRS, whereas patients in clinic C continued treatment. Thirteen steroid hormones were measured by liquid-chromatography - tandem mass spectrometry and were divided into 5 functional axes. Healthy males and females served as controls.

Main Outcome Measures

Questionnaires for age, weight, height and intake of medication were collected. Thirteen steroid hormones were evaluated by liquid-chromatography - tandem mass spectrometry, 7 sex hormones by immunofluorometric assays and ELISA and the level of spermatogenesis by the Bergman/Kliesch score.

Results

Mean 11-deoxycorticosterone levels of clinic B (* $p < 0.05$) were decreased compared to clinic A. Mean 21-deoxycortisol was significantly higher in clinic C compared to clinic B (**** $p < 0.00001$). Cortisone levels were significantly lower in clinic A (* $p < 0.05$) than in clinic C. Mean androstenedione of clinic A was significantly higher than in clinic C (** $p < 0.005$). Mean DHEAS of clinic B was significantly lower compared to clinic A (** $p < 0.005$). Total testosterone was still within male ranges and average testosterone level in clinic A was significantly higher compared to in clinic C (** $p < 0.005$).

Conclusion

In this first descriptive study examining the adrenal and gonadal hormone profile in GD patients on the day of SRS, we could demonstrate, that CHT had the most marked effect on the sex-steroid axis. Reduced stress hormone levels were seen in clinic A, indicated by significantly reduced cortisone levels. Best feminized blood serum levels, however, can be achieved if CHT is taken until SRS. These results point to the need for further stud-

ies and psychological evaluation on the day of SRS and beyond. Moreover, it demonstrates that more research is needed to improve CHT of GD patients to deliver the best care possible.

Cross-sex hormonal treatment in transgender persons does not decrease areal bone density; a 2 year follow-up study

Thursday, 6th April - 14:00 - Endocrinology I - Atlantic 3

Dr. Justine Defreyne [1]***, Ms. Josefien Hoedt*** [2]***, Ms. Chantal Wiepjes*** [3]***, Dr. Eva Van Caenegem*** [2]***, Prof. Bruno Lapauw*** [2]***, Dr. Stefan Goemaere*** [2]***, Dr. Hans Zmierczak*** [2]***, Prof. Guy T Sjoen*** [4]

1. Ghent University Hospital, Department of Endocrinology, 2. Ghent University, 3. VU, 4. Ghent University Hospital, Department of Endocrinology and Center for Sexology and Gender, Ghent

Background

* Both first authors have contributed equally to this paper

Given the importance of adequate sex steroid exposure for skeletal health, bone metabolism should be a focus of interest in transgender persons. Previous studies suggested higher prevalence of low bone mass in both trans men and trans women. However, prospective studies investigating bone metabolism during the first two years of cross-sex hormonal treatment are scarce.

Aim(s)

To evaluate areal bone mineral density (aBMD) in transgender persons before initiation of cross-sex hormonal treatment and after one and two years.

Methods

This study is part the endocrine part of the European Network for the Investigation of Gender Incongruence (ENIGI). Belgian data of 148 trans women and 84 trans men were analyzed.

Main Outcome Measures

Before administration of cross-sex hormones and after one and two years, aBMD was assessed by DXA scanning at the lumbar spine and proximal femur.

Results

Trans women were older (32.6 years) than trans men (26.0 years). In trans women, aBMD had increased after one year (baseline: 0.97 ± 0.14 g/cm2, 0.94 ± 0.14 g/cm2 and 0.81 ± 0.13 g/cm2 at lumbar spine, total hip and femoral neck, respectively; compared to year 1: 1.02 ± 0.14 g/cm2 (P < 0.001), 0.95 ± 0.14 g/cm2 (P=0.002) and 0.82 ± 0.14 g/cm2(P<0.001)). No significant changes in aBMD were observed between year 1 and 2.

In trans men, aBMD had increased at the total hip after 1 year (0.94 ± 0.13 g/cm2 at baseline to 0.95 ± 0.13 g/cm2 (P=0.026) at year 1), remaining stable thereafter. At the lumbar spine, aBMD had increased after 2 years of treatment (1.02 ± 0.11 g/cm2 at baseline to 1.03 ± 0.11 g/cm2 at year 2 (P = 0.023). No significant changes in aBMD at the femoral neck were found.

Conclusion

We present for the first time prospective data on aBMD in a large group of transgender persons after two years of cross-sex hormonal therapy. Our results indicate that cross-sex hormones do not negatively affect bone mass in these patients. On the contrary, small increases in aBMD were observed in both trans men and trans women.

Preservation of bone mineral density after 10 years of cross-sex hormonal treatment in trans persons

Thursday, 6th April - 14:00 - Endocrinology I - Atlantic 3

Ms. Chantal Wiepjes **[1]*, Ms. Mariska Vlot*** **[1]*, Ms. Christel de Blok*** **[1]*, Ms. Nienke Nota*** **[1]*, Ms. Maartje Klaver*** **[1]*, Prof. Martin den Heijer*** **[1]**

1. *VU Medical Center Amsterdam*

Background

Cross-sex hormonal treatment (CHT) in trans persons affects bone mineral density (BMD) on short term. However, long-term follow-up studies investigating the effects of CHT on BMD are lacking.

Aim(s)

The aim of this study is to investigate the change in BMD after 10 years of CHT in both trans women and trans men.

Methods

A retrospective cohort study was performed in adult trans women and trans men treated with cross-sex hormones at the VU University Medical Center Amsterdam (the Netherlands) since 1998. Persons were included for analyses if they had a dual-energy X-ray absorptiometry (DXA) scan at the start of CHT and a follow-up DXA scan after 10 (range 8 to 12) years of treatment.

Main Outcome Measures

Mean change in lumbar spine (LS) BMD expressed as T-score and age-matched Z-scores were analyzed and were stratified for age groups (18 to 30, 31 to 49, and ≥50 years), prior cross-sex hormone use, and the occurrence of gender confirmation surgery (GCS) including gonadectomy.

Results

71 trans women (mean age: 37 years, standard deviation (SD)±10 years) and 38 trans men (mean age: 33 years, SD±8 years) were included. In trans women, baseline mean T-score was -0.67 (SD±1.28) and mean Z-score -0.55 (SD±1.34). After 8 to 12 years, mean T-score was -0.65 (SD±1.50) and Z-score -0.36 (SD±1.58). This reflects no change in T-score (+0.02, 95% confidence interval (CI) -0.16 to 0.20), but an increase in Z-score of +0.19 (95% CI 0.00 to 0.37).

In trans men, baseline mean T-score was +0.10 (SD±1.27) and Z-score +0.26 (SD±1.25). After 8 to 12 years, mean T-score was +0.14 (SD±1.12) and mean Z-score +0.55 (SD±1.15). This reflects no change in T-score of +0.04 (95% CI -0.17 to 0.25), but an increase in Z-score of +0.29 (95% CI 0.05 to 0.52).

In both trans women and trans men stratification for age groups, prior hormone use, or GCS did not affect the change in BMD.

Conclusion

In both trans women and trans men, LS BMD was preserved after 8 to 12 years of CHT. However, as most persons were passed the age of peak bone mass achievement, the natural course of BMD is to decrease. Therefore, unchanged T-scores and increasing Z-scores might indicate that CHT has positive effects on BMD.

"The opportunity to be heard" – Reflections on the participation of gender diverse children and youth in research from a depathologization and human rights perspective

Thursday, 6th April - 14:00 - Social Sciences I: Transgender Health from a Social Science Perspective - Mediterranean

Dr. Amets Suess Schwend [1]***, Prof. Gracia Maroto Navarro*** [2]***, Dr. Alfonso Marquina-Marquez*** [3]***, Prof. Silvia Bustamante Elvira*** [4]***, Prof. Manuela López Doblas*** [4]***, Prof. Ainhoa Ruiz Azarola*** [4]***, Dr. María Isabel Tamayo Velázquez*** [4]***, Prof. Noelia García Toyos*** [4]***, Dr. María J. Escudero Carretero*** [2]***, Dr. Alina Danet Danet*** [2]***, Prof. Paloma Ruiz Román*** [4]

1. *Dr. Amets Suess Schwend, Andalusian School of Public Health; CIBER-ESP, Centre for Biomedical Network Research – Epidemiology and Public Health,* ***2.*** *Andalusian School of Public Health; CIBER-ESP, Centre for Biomedical Network Research – Epidemiology and Public Health,* ***3.*** *Andalusian School of Public Health; Applied Socio-cultural Studies Research Group, Department of Social Anthropology, University of Granada,* ***4.*** *Andalusian School of Public Health*

Background

Over the last few years, gender diversity in childhood and adolescence has achieved an increased visibility. Within a broad bibliography on health care models and educational interventions related to the topic, a relative scarcity of studies that include the perspective of gender diverse children and adolescents can be observed.
Recent analysis on research methodologies and ethics identify different reasons for a lack of participation of children and adolescents in research processes, proposing strategies for promoting their participation. In the Convention on the Rights of the Child, a human rights framework for the recognition of the children's and adolescents' opinions is established that can also be applied to the research context.
The following presentation is based on a qualitative research project conducted in Andalusia (Southern Spain). In the project, individual interviews were conducted with trans adults, gender diverse children and adolescents, their parents, as well as health professionals.
The presentation aims at opening up a space for ethical reflections regarding research practices with gender diverse children and youth, as well as exploring their experience regarding gender transition, forms of support and discrimination and proposals for improvement.

Aim(s)

• To review the conceptualizations of gender diversity in childhood and adolescence in the recent scientific literature.
• To analyze the role of gender diverse children and youth in research processes.
• To review ethical concerns regarding a participation of children and adolescents in research.
• To explore opportunities and challenges for an informed consent process with children and adolescents.
• To explore the experiences of gender diverse children and youth in relation to gender transition processes, including forms of support or discrimination in the family, social, educational, health care and legal context.
• To identify strategies for supporting gender diversity in childhood and adolescence.
• To identify relevant methodological and ethical aspects for a research practice with gender diverse children and youth based on a depathologization and human rights perspective.

Methods

The presentation forms part of a qualitative research project that explores the opinions of trans adults, gender diverse children and adolescents, their parents, as well as health professionals, regarding gender transition processes, forms of discrimination and support and proposals for improvement.

In this presentation, the following methodologies related to the experience of gender diversity in childhood and adolescence are referred to:
• Review of recent literature on gender diversity in childhood and adolescence, including an analysis of the role of children and adolescents in research processes.
• Review of methodological and ethical reflections related to a participation of children and youth in research.
• Informed consent process with gender diverse children and adolescents.
• Individual semistructured interviews with gender diverse children and adolescents.
• Transcription of the interviews.
• Analysis of the experiences of gender diverse children and youth, as well as proposals and strategies for supporting gender diversity in childhood and adolescence.
• Triangulation of the results by different members of the research team.
• Reflection process on methodological and ethical aspects in the research team.

Main Outcome Measures
As main outcome measures, the following items were established:
• Conceptualization of gender diversity in childhood and adolescence in recent scientific literature.
• Participation of gender diverse children and adolescents in research.
• Ethical concerns in the research with children and adolescents.
• Strategies for promoting the participation of children and adolescents in qualitative research.
• Experiences of gender diverse children and adolescents in Andalusia in relation to gender transition processes and forms of support and discrimination in the family, social, educational, health care and legal context.
• Proposals and strategies for supporting gender diversity in childhood and adolescence in the family, social, educational, health care and legal context.
• Principles for a research practice with gender diverse children and adolescents based on a depathologization and human rights perspective.

Results
As result of the literature review, the following aspects can be highlighted:
• Existence of a broad scientific literature on gender diversity in childhood and adolescence.
• Relative lack of research projects that include an exploration of the experiences of gender diverse children and youth.
• Ethical concerns regarding research with children and adolescents.
• Experiences and strategies for promoting participation of children and youth in qualitative research.

As results of the interview process with gender diverse children and youth, the following aspects can be mentioned:
• Ethical aspects in the informed consent and interview process with gender diverse children and youth.
• Experiences of gender diverse children and adolescents regarding gender transition processes, as well as forms of support or discrimination in the family, social, educational, health care and legal context in Andalusia.
• Reflections on non binary gender expressions and identities.
• Proposals and strategies for supporting gender diversity in childhood and adolescence in the family, social, educational, health care and legal context.
• Role of peer groups and associations.
• Relevant aspects for a research practice with gender diverse children and youth based on a depathologization and human rights perspective.

Conclusion
In contrast to a broad literature on gender diversity in childhood and adolescence from clinical and educational

perspectives, a scarcity of research projects can be observed that include the perspective of gender diverse children and youth. As reasons, the lack of recognition of the children's and adolescents' perspective can be mentioned, as well as ethical concerns in research practices with minors. At the same time, the knowledge of their experience and proposals can be identified as a relevant aspect for supporting gender diversity in childhood and adolescence in the family, social, educational, health care and legal context.

Advancing rights based health care in the Netherlands

Thursday, 6th April - 14:00 - Social Sciences I: Transgender Health from a Social Science Perspective - Mediterranean

Mx. vreer verkerke [1]

1. Principle 17

Background

Trans people and health care advocates alike see a big potential for further improved transition related care in the Netherlands. Two surveys have been held in 2016 that show the gaps in existing service and the desires/needs for better engagement.

This paper investigates the progress made and suggests improvements for both clinical care and trans health services in general in the Netherlands, based on human rights and patients rights as laid down in international and national legislation and regulations.

Aim(s)

With this paper we want to give suggestions for improved gender transition related health care service in the Netherlands. As the contemporary state is experienced as inadequate and health care users tell what they do want, we will indicate a way forward. The future lies in rights compliant health care.

Methods

We will highlight some outcomes of the two surveys and relate them to a mapping of existing trans* specific health care needs and facilities

Main Outcome Measures

In case of satisfactory political will we may see clear improvements over the coming years though given the political landscape we keep our expectations lower than our hopes.

Results

Any results will depend on a felt urgency and the effectivity of advocacy, hopefully supported by a growing emancipatory (attitude in?) trans* community

Conclusion

The average level of given health care is relatively good but a lot room for improvement exists.The clinics will have to change their attitude to prevent growing problems with their service users and above all the huge gaps need to be addressed by public and private parties involved.

Health, disability and quality of life among trans people in Sweden – a web-based survey

Thursday, 6th April - 14:00 - Social Sciences I: Transgender Health from a Social Science Perspective - Mediterranean

Mrs. Galit Zeluf [1]***, Dr. Cecilia Dhejne*** [2]***, Ms. Carolina Orre*** [3]***, Dr. Louise Nilunger Mannheimer*** [4]***, Mr. Jonas Höijer*** [5]***, Dr. Charlotte Deogan*** [4]***, Prof. Anna Ekéus Thorson*** [1]

1. *Department of Public Health Sciences, Karolinska Institutet,* ***2.*** *ANOVA, Karolinska University Hospital and Karolinska Institutet,* ***3.*** *The Swedish Federation for LGBTQ Rights (RFSL),* ***4.*** *The Public Health Agency of Sweden and Karolinska Institutet,* ***5.*** *Institute of Environmental Medicine, Karolinska Institutet*

Background

Swedish research concerning the general health of trans people is scarce.

Despite the diversity of the group, most Swedish research has focused on gender dysphoric people seeking medical help for their gender incongruence, or on outcomes after medical gender-confirming interventions.

Aim(s)

This paper examines self-rated health, self-reported disability and quality of life among a diverse group of trans people including trans feminine, trans masculine, and gender nonbinary people as well as people self-identifying as transvestites

Methods

Participants were self-selected anonymously to a web-based survey conducted in 2014. Univariable and multi-variable regression analyses were performed. Three backward selection regression models were conducted in order to identify significant variables for the outcomes self-rated health, self-reported disability and quality of life.

Main Outcome Measures

The main outcomes of the study are self-rated health, self-reported disability and quality of life.

Results

Study participants included 796 individuals, between 15 and 94 years of age who live in Sweden. Respondents represented a heterogeneous group with regards to trans experience, with the majority being gender nonbinary (44%), followed by trans masculine (24%), trans feminine (19%) and transvestites (14%). A fifth of the respondents reported poor self-rated health, 53% reported a disability and 44% reported quality of life scores below the median cut-off value of 6 (out of 10). Nonbinary gender identity (adjusted Odds Ratio (aOR) = 2.19; 95% CI: 1.24, 3.84), negative health care experiences (aOR = 1.92; 95% CI: 1.26, 2.91) and not accessing legal gender recognition (aOR = 3.06; 95% CI: 1.64, 5.72) were significant predictors for self-rated health. Being gender nonbinary (aOR = 2.18; 95% CI: 1.35, 3.54) and history of negative health care experiences (aOR = 2.33; 95% CI: 1.54, 3.52) were, in addition, associated with self-reported disability. Lastly, not accessing legal gender recognition (aOR = 0.32; 95% CI: 0.17, 0.61) and history of negative health care experiences (aOR = 0.56; 95% CI: 0.36, 0.88) were associated with lower quality of life.

Conclusion

The results of this study demonstrate that the general health of trans respondents is related to vulnerabilities that are unique for trans people in addition to other well-known health determinants.

A qualitative situational analysis of transition services for transgender adults in Belgrade, Serbia

Thursday, 6th April - 14:00 - Social Sciences I: Transgender Health from a Social Science Perspective - Mediterranean

Mx. Brogan Luke Geurts [1], ***Dr. Timo O. Nieder*** [2]

1. Charité Universitätsmedizin Berlin, 2. University Medical Center Hamburg-Eppendorf

Background

Transgender (trans) individuals encompass a wide variety of people whose gender expression or identity does not fit society's expectations in relation to the sex and gender role they were assigned at birth. Some may opt for a combination of medical services such as psycho-social support, hormone assistance and/or surgeries in order to change their bodies to more properly fit their identity and experience of gender, while others may opt for no, little or only some types of gender-affirming health care.

Serbia has become a major destination for gender confirming surgeries, as The Belgrade Gender Team of the Belgrade School of Medicine has become known for their number of specialists, technical expertise and relative low costs. At the same time the team is situated in a challenging context comprised of a turbulent history, transitioning economy and varying views on gender and sexuality. As one of the leading recognized and established international medical teams in Europe it is unclear how in the current climate and legal context care practices align with the diverse needs and experiences of trans individuals as well as the current discourses and recommendations in trans health care.

Aim(s)

To describe how 'The Belgrade Gender Team of the Belgrade School of Medicine' provides services to transgender adults in the context of Serbia, standards of care, and dominant themes in trans health discourses.

Methods

A qualitative cross-sectional ethnographic approach used to elicit on gender confirming health care and transition services in Belgrade and current dominant themes in trans healthcare. In-depth interviews are conducted with medical professionals providing gender transition healthcare services, non-medical professional advocates for trans individuals serve as key-informants. Content focused on the Belgrade Gender Team, transition services in Belgrade, standards of care, classification of trans identities, and client profile. In preparation for interviews relevant published literature and policy statements from academia, international and governmental institutions and civil-society organizations were reviewed. Grounded theory, triangulation and content analysis guide the research.

Main Outcome Measures

Congruence between dominant themes in trans health care and practices of the Belgrade Gender Team, including non-binary access to services.

Results

Expected results will assist in improving access to non-surgical transition health services for trans adults in Serbia as well as aligning services with dominant demands of trans advocates. The results identify the historical and future trajectory of trans health services in Serbia including areas of current best practice and challenges among an established medical team. The context in which a medical team exists can highly dictate provision of services. Additionally, medical tourism has a kind of impact or provision of services, neither purely positive or negative.

Conclusion

It is expected trans healthcare in Serbia, as well as other areas in Europe, is not solely comprised of decisions by medical professionals but context and society as well. There remains room for medical professionals and society to expand for trans individuals to have the highest standard of care, self-determination, and autonomy.

From inequality to better practice: Healthcare access in five European countries from the perspectives of trans people and healthcare practitioners. A 2016 TGEU survey.

Thursday, 6th April - 14:00 - Social Sciences I: Transgender Health from a Social Science Perspective - Mediterranean

Mr. Adam Smiley [1], Mr. Arian Kajtezovic [2], Prof. Joz Motmans [3], Ms. Aisa Burgwal [4]

1. Health Officer, Transgender Europe, TGEU, Berlin, 2. TGEU, 3. Ghent University Hospital, Center for Sexology and Gender, Ghent, 4. Ghent University

Background

Trans people across Europe face considerable barriers in accessing healthcare. In order to generate practical solutions to improve the health of trans people in Europe, Transgender Europe, TGEU, conducted a study in 2016 in five European countries on trans people's access to healthcare: Georgia, Poland, Serbia, Spain, and Sweden.

TGEU, the organisation coordinating the study, is a European human rights network of currently more than 100 member organisations in 42 countries working for the equality of all trans people. TGEU combines advocacy work on the European level with work on the national level in partnership with its members and has established itself as a strong voice for the trans community in Europe. The data from this study will inform TGEU's health policy. Five strong member organisations are national partners for the survey: WISG, Trans-Fuzja, Gayten-LGBT, Fundacion Daniela, and RFSL.

Aim(s)

TGEU's research for this project focuses on experiences of trans people when accessing healthcare, with the goal of identifying alternative access models and working towards best practice. This project highlights current deficits in provision while exploring ways to reach and inform healthcare professionals to optimize the quality of healthcare for trans people.

This oral presentation will present preliminary results from the 2016 TGEU study and identify strategies for implementing respectful, non-pathologising access and treatment, while looking towards future research projects.

Methods

TGEU used a largely quantitative approach in two online questionnaires with two target groups: trans people who access healthcare and healthcare practitioners. Research was limited to five European countries (Georgia, Poland, Serbia, Spain, and Sweden) in order to generate comparative data and manageable outcomes over a short period of time. Case studies highlight healthcare situations in these five countries, which were selected to represent variation between countries and healthcare systems in Europe based on preliminary analysis and previous studies.

Main Outcome Measures

The study will be measured by sample size and response, analysed comparatively across the five countries. Training for providers, based on the results of the survey, is being coordinated.

The oral presentation expects to present the study, while providing space for an exchange of experiences in trans healthcare and healthcare provision.

The study's outcomes will be shared through training for providers; a report of the study; and a paper to be published in a peer-reviewed journal.

Results

Preliminary results will be available by April 2017. By surveying healthcare providers in each country, not only trans healthcare users, the study presents experiences from both sides of healthcare: trans people accessing healthcare and practitioners providing treatment. These experiences are being evaluated to create training modules for healthcare professionals across Europe.

Conclusion

By April 2017, TGEU will have a preliminary analysis of trans healthcare provision in the five European countries studied. By also targeting healthcare practitioners, areas will be identified from the professional perspective for specific improvements in trans healthcare. The compared responses in each country, aided by data from previous studies, will highlight areas for improvement, identify alternative access models for trans-specific healthcare and promote best practices which will be compiled to create innovative training modules for healthcare professionals across Europe.

Tackling visibility: towards developing a protocol for voice and communication therapy for trans men from of a pilot study undertaken between Charing Cross Gender Identity Clinic, London and the Laurels Clinic of Gender and Sexual Medicine, Exeter, UK.

Thursday, 6th April - 14:00 - Voice & Communication I - Adriatic

Mr. Matthew Mills [1], *Ms. Gillie Stoneham* [2]

1. Charing Cross Gender Identity Clinic, 2. University of St Mark & St John

Background

A number of studies have documented the effects of masculinising hormones on voice in FtM transsexuals (trans men) (Adler, Constansis, & van Borsel, 2012; Damrose, 2009; Zimman, 2010). Despite evidence that taking androgens lowers the Speaking Fundamental Frequency, trans men often report a difference between habitual pitch and 'passing pitch' (Davies, Papp & Antoni, 2015) and find they continue to be vocally misgendered well into their testosterone treatment (Solderpalm et al., 2004). There is a scarcity of research on voice and communication therapy for trans men, and increasing the clinical evidence base may highlight the potential benefits of accessing voice therapy. A joint project was carried out between two UK Gender Identity Clinics to was offered to a group of 9 trans men within the context of their on-going psychological and investigate the benefits of group therapy within the contexts of ongoing psychological and psycho-social treatment and support. The project consisted of a pilot group workshop and a second programme of two 3-hour workshops, one month apart.

Aim(s)

An initial pilot workshop aimed to explore whether a protocol of voice education, vocal training and practice would impact on the clients' own perception and overall rating of the 'maleness' of their voice and their ability to use a number of voice qualities and parameters. Findings were used to refine a protocol for a second group programme, consisting of two workshops one month apart.

Methods

Speaking and Reading Fundamental Frequencies (SFF and RFF) were gathered at the beginning of the pilot group, and at the beginning and end of the second group. Participants completed a 'Self-Perception of Voice and Communication' questionnaire, which had been developed in consultation with service users prior to the commencement of the workshops. The questionnaire was repeated at the end of the workshops which involved topics of voice education, vocal hygiene, and identity and authenticity. Practical exercises focussed on voice onset and quality, resonance, loudness and intonation, and extended into speaking and conversation.

Main Outcome Measures

Participant perception was rated by a 'Self-Perception of Voice & Communication' questionnaire. The initial questionnaire consisting of 6 questions on the use, function and perception of voice, was refined for the second programme .

Results

All participants reported a positive shift in the self-rating of their voice at the end of the workshop. Following the pilot workshop, 67% of participants reported that their ability to adapt the quality of their voice was less restricted; 33% remained the same. It is hypothesised that final evaluation of the second programme will yield similar encouraging results.

Conclusion

Exploration of voice and communication skills addressing vocal fatigue, voice-body connection, resonance, and pitch and loudness dynamics, contributed to trans men's perception of their voice as being more male. This study contributes to a currently scarce literature suggesting which parameters might need to be included in a voice therapy protocol for trans men to facilitate self-assessment of a more authentic voice perceived as more congruent with their gender identity.

Adler, R. K., Constansis, A. N., & van Borsel, J. (2012). Female-to-male considerations. In R. K. Adler, S. Hirsch, & M. Mordaunt (Eds.), Voice and communication therapy for the transgender/transsexual client:(2nd ed., pp. 153– 187). San Diego, CA: Plural.

Damrose, E. J. (2009). Quantifying the impact of androgen therapy on the female larynx. Auris, Nasus, Larynx, 36(1), 110–112.

Davies, S., Papp, V.G., & Antoni, C. (2015) Voice and Communication for gender nonconforming individuals International Journal of Transgenderism 16 (3),117-159.

Soderpalm, E., Larsson, A., & Almquist, S.A. (2004). Evaluation of a consecutive group of transsexual individuals referred for vocal intervention in the west of Sweden. Logopedics, Phoniatrics, Vocology, 29 (1), 18–30.

Zimman, L. (2010). Female-to-male transsexuals and gay-sounding voices: A pilot study. Colorado Research in Linguistics, 22, 1–21.

Transmasculine people's voice function based on data from 50 participants

Thursday, 6th April - 14:00 - Voice & Communication I - Adriatic

Dr. Ulrika Nygren [1], ***Dr. David Azul*** [2], ***Dr. Maria Sodersten*** [1]

1. Karolinska University Hospital, Functional Area Speech and Language Pathology, SE-171 76 Stockholm, Sweden, *2. Discipline of Speech Pathology, Department of Community and Allied Health, La Trobe Rural Health School, College of Science, Health and Engineering, La Trobe University, Bendigo, VIC, Australia*

Background

In the last 15 years, there has been a steady increase in voice research conducted with transmasculine people assigned female sex at birth but who do not identify with this classification. Most studies have focused on investigating effects of testosterone treatment on transmasculine people's voice pitch and on their vocal gender presentation more generally. There is, however, only a limited number of studies investigating transmasculine people's voice function, i.e. their capacity to produce an efficient vocal output, characterized e.g. by adequate pitch variability, vocal intensity and voice quality.

Aim(s)

To investigate voice function, voice problems and voice satisfaction in transmasculine people during 2 years of testosterone treatment.

Methods

Fifty transmasculine persons (aged 18-64 years) with a confirmed diagnosis of gender dysphoria agreed to participate in the study. Voice data were collected before the start of testosterone treatment and after 3, 6, 12, 18 and 24 months. Voice assessments included self-ratings of voice function and perceived voice problems and digital audio recordings of habitual and loud speaking voice (shown as speech range profiles, SRP), and of the physiological voice range (voice range profile, VRP). Habitual voice was recorded during reading and narrating a picture story and loud voice during reading in 70 dB pink noise presented in head-phones. The software programs Soundswell and Phog (Neovius Data and Signalsystem AB, Lidingö, Sweden) were used for recordings and analyses.

Main Outcome Measures

The following variables were extracted: Participants' self-ratings of satisfaction with voice and voice problems experienced during speech, lowest and highest F0 (from SRP and VRP), habitual speaking range and physiological voice range in Hz and semitones (ST), average sound pressure level, SPL in dB (from SRP), lowest and highest SPL (from SRP and VRP) and VRP area (ST*dB).

Results

Voice satisfaction increased significantly up to 6 months during testosterone treatment. Twenty-four percent of the participants reported voice problems i.e. vocal instability, strained voice and hoarseness. Limited pitch range/variability based on data from VRP's was found for 30 percent of the participants compared to reference data for cisgender male speakers. Average speaking SPL did not change significantly during treatment. Restrictions to vocal power compared to reference values for SRP's and VRP's were found for all participants.

Conclusion

About a fourth of the participants reported problems with their voice function and a majority of the participants had restrictions in the areas pitch variability/ range, and vocal power. Therefore, we strongly recommend

systematic voice assessments for transmasculine people before and during testosterone treatment for at least the first year to detect those who might need voice therapy. More research regarding transmasculine people's voice function is needed.

The effect of hormonal treatment on the voice perception in transgender people

Thursday, 6th April - 14:00 - Voice & Communication I - Adriatic

Ms. Charlotte Bultynck [1], ***Ms. Charlotte Pas*** [1], ***Prof. Guy T Sjoen*** [2], ***Dr. Marjan Cosyns*** [3], ***Dr. Justine Defreyne*** [1]

1. Ghent University, 2. Ghent University Hospital, Department of Endocrinology and Center for Sexology and Gender, Ghent, 3. Ghent University Hospital, Department of Speech, Language and Hearing Sciences, Ghent

Background

The first two authors contributed equally to this work.

As voice is a salient factor in perception of gender by society and has a significant psychosocial impact on transgender persons, it is important to measure a client's perception of voice and its impact on everyday life during clinical follow-up. It has been shown that repeated exposure to androgen concentrations higher than 200 ng/dL results in irreversible virilising changes of the voice. By broadening the vocal cords and strengthening the vocal muscles, the pitch lowers. However, currently, there is no published research about the evolution of voice perception during CSHT in transgender persons.

Aim(s)

The first aim was to examine if voice perception changes occur during cross-sex hormone therapy (CSHT) and if so, when these changes happen. The second aim was to study if a change of testosterone levels (as a result of the CSHT) predicts a change of voice perception and if so, when during follow-up this prediction can be made.

Methods

In this longitudinal prospective study the corresponding Transsexual Voice Questionnaire (TVQ^{c}) was used to evaluate transgender persons' voice perception. This is a questionnaire based on the validated 30 item Transsexual Voice Questionnaire for Male to Female (TVQ^{MtF}). The TVQ^{c}can be divided into 3 factors: 'anxiety and avoidance', 'gender identity' and 'voice quality'. Transgender persons completed the TVQ^{c} at baseline, after 3 months and after 12 months of CSHT. Testosterone levels were checked at baseline (80 trans men and 103 trans women), after 3 months (57 trans men and 74 trans women) and after 12 months of CSHT (52 trans men and 70 trans women). Trans men were treated with 1000 mg testosterone undecanoate injected intramuscularly every 12 weeks. Trans women were treated with 50 mg cyproterone acetate and 4 mg estradiol valerate, orally on a daily basis. Trans women aged 45 years and older were given a transdermal patch E2 (100 µg/24h) instead of the orally estradiol valerate. A student's t-test and simple linear regression analysis were performed using the Statistical Package for Social Sciences (SPSS) software, version 22. All transgender persons who got speech therapy or underwent voice surgery, were excluded from this analysis.

Main Outcome Measures

Trans men

Between 0 and 3 months of CSHT an improvement of factor 'anxiety and avoidance' (Mean=-3, p=0.001) and factor 'gender identity' (Mean=-5, p=0.000) was seen. Similar results were described between 0 and 12 months of CSHT, with improvement of factor 'anxiety and avoidance' (Mean=-5, p=0.000) and factor 'gender identity' (Mean=-10, P=0.000). Between 3 and 12 months of CSHT there was improvement of factors 'anxiety and avoidance' (Mean=-4 p=0.002), 'gender identity' (Mean=-6, p=0.000) and 'voice quality' (Mean=-2, p=0.050). During the first 3 months of CSHT the increase of the testosterone level (as a result of the androgen therapy) was a predictor for the improvement of factors 'anxiety and avoidance' (B=-0.008, p=0.031) and 'gender identity' (B=-0.009,

p=0.009).
Trans women
In trans women, there was an improvement of factor ‘gender identity’ (Mean=-2, P=0.003) during the first 3 months of CSHT. Between 0 and 12 months of CSHT an improvement of factors ‘anxiety and avoidance’ (Mean=-2, P=0.003), ‘gender identity’ (Mean=-5, P=0.000) and ‘voice quality’ (Mean=-2, P=0.032) was reported.

Results
Trans men
Between 0 and 3 months of CSHT an improvement of factor ‘anxiety and avoidance’ (Mean=-3, p=0.001) and factor ‘gender identity’ (Mean=-5, p=0.000) was seen. Similar results were described between 0 and 12 months of CSHT, with improvement of factor ‘anxiety and avoidance’ (Mean=-5, p=0.000) and factor ‘gender identity’ (Mean=-10, P=0.000). Between 3 and 12 months of CSHT there was improvement of factors ‘anxiety and avoidance’ (Mean=-4 p=0.002), ‘gender identity’ (Mean=-6, p=0.000) and ‘voice quality’ (Mean=-2, p=0.050). During the first 3 months of CSHT the increase of the testosterone level (as a result of the androgen therapy) was a predictor for the improvement of factors ‘anxiety and avoidance’ (B=-0.008, p=0.031) and ‘gender identity’ (B=-0.009, p=0.009).
Trans women
In trans women, there was an improvement of factor ‘gender identity’ (Mean=-2, P=0.003) during the first 3 months of CSHT. Between 0 and 12 months of CSHT an improvement of factors ‘anxiety and avoidance’ (Mean=-2, P=0.003), ‘gender identity’ (Mean=-5, P=0.000) and ‘voice quality’ (Mean=-2, P=0.032) was reported.

Conclusion
In this prospective study we show that voice perception is improving during CSHT in trans men and in trans women. Even more, in trans men there is a directly predictive linear correlation between the increasing testosterone level and the improving scores of factors ‘anxiety and avoidance’ and ‘gender identity’ during the first 3 months of CSHT. In trans women this directly predictive link does not exist. In conclusion, for trans men this study supports that the change of voice perception on the basis of the hormone therapy already occurs during the first 3 months of therapy. For trans women this study supports first that testosterone has already acted irreversibly virilising to the voice during puberty and second that the effect of estrogen and progesterone therapy on the the voice is not directly noticeable

Keynote: Uterus transplantation, current status and future perspectives

Thursday, 6th April - 14:00 - Surgery I - Exhibition Hall

Dr. Milan Milenkovic [1]

1. Karolinska University Hospital, Stockholm and Sahlgrenska Academy, Gothenburg

Background

The patients with absolute uterine factor infertility (AUFI) are women with the absence of the womb since birth (Mayer-Rokitansky-Küster-Hauser syndrome(MRKH)) and those who underwent hysterectomy due to cancer, myoma or peripartum bleeding. It is estimated that about 200 000 women in Europe suffer from AUFI. Those patients can achive motherhood by adoption, surrogacy or uterus transplantation. After more than ten years of preclinical research into uterine transplantation using step by step developmental method from the rodents to non-human primates, the group of professor Brännström performed nine uterine transplantation from live donors. All patients have undergone IVF and embryo cryopreservation before transplantation. Due to post-operative complications, hysterectomy was performed on two patients. The graft of the other seven patients remained viable with the regular menstruations. We started to perform embryo transfer about one year after the surgery that resulted in six live births, two ongoing pregnancies and two miscarriages. This is the proof of concept that AUFI patients can give birth of own biological child.

Reversal phalloplasty after regretful male to female gender reassignment surgery

Thursday, 6th April - 14:00 - Surgery I - Exhibition Hall

Dr. Marta Bizic [1], *Dr. Borko Stojanovic* [1], *Dr. Vladimir Kojovic* [1], *Dr. Dragana Duisin* [1], *Prof. Miroslav Djordjevic* [1]

1. *Belgrade gender dysphoria team*

Background

Gender reassignment surgery is the last step in the transition procedure, and most transsexuals report satisfaction with its final outcome. Still, some patients regret their decision, requiring reversal surgery.

Aim(s)

We present our results of reversal genital reconstruction in transgenders who underwent male-to-female reassignment surgery elsewhere, and regretted their decision afterwards.

Methods

Eight patients with previous male-to-female transsexual surgery, aged 33 to 53 years (mean age 41 year), underwent reversal surgery at our Center. Preoperatively, complete psychiatric and psychological assessment was done, followed by proper endocrinological evaluation and treatment. Surgical procedure included three steps: removal of female genitalia, total musculocutaneous latissimus dorsi free flap phalloplasty and urethral reconstruction with insertion of testicular implants.

Main Outcome Measures

Final outcome was analyzed based on the esthetic appearance, complication rates, as well as patients' satisfaction.

Results

Follow-up period ranged from 6 to 65 months (mean 26 months). Good postoperative outcome has been achieved in all cases. All surgical steps have been completed in five patients so far, and first and second step in remaining three, including one patient who does not want penile implants. Three cases of urethral fistula and one urethral stricture occurred in postoperative period, and have been successfully repaired 6-12 months after reversal surgery. There were no complications related to neophalloplasty, as well as penile implants. All patients reported satisfaction with the cosmetic outcome and improved psychological condition. They have all remained under continuous multidisciplinary follow-up.

Conclusion

Reversal surgery after regretful male-to-female sex reassignment surgery represents a complex, multistaged procedure with satisfactory outcomes. It is indicated only after proper psychiatric and endocrinological assessment. Multidisciplinary approach and long-term follow-up of these exceptional cases is necessary to improve selection process in persons eligible for gender reassignment surgery.

Surgical techniques in Facial Feminization Surgery

Thursday, 6th April - 14:00 - Surgery I - Exhibition Hall

Dr. Luis Capitán [1], Dr. Daniel Simon [1], Dr. Carlos Bailón [1], Dr. Raúl Jiménez-Bellinga [1], Dr. Javier Gutiérrez-Santamaría [1], Dr. Fermín Capitán-Cañadas [1]

1. FACIALTEAM

Background

Modifying facial gender in the transition protocol is without doubt as important as hormone therapy and genital reconstruction. Facial Feminization Surgery (FFS) encompasses a group of surgical procedures designed to soften and modify facial features perceived as masculine, exaggerated or non-harmonic.

Aim(s)

Our aim is to present the latest advancements in FFS techniques and our clinical analysis after operating 650 transgender male-to-female patients.

Methods

• Forehead reconstruction: to remodel the forehead by combining bone sculpture and frontonasal-orbital reconstruction, including osteotomy and repositioning of the anterior wall of the frontal sinus.
• Lower jaw and chin recontouring: to modify the width and height of the jaw, soften the jawline and modify the size, shape and position of the chin.
• Rhinoplasty: dorsal reduction, tip refinement and narrowing the nasal bones can be performed depending on the individual needs of the patient.
• Adam's apple reduction: to reduce the thyroid cartilage by burring or using a scalpel.

Combined techniques:

• Forehead reconstruction and simultaneous hair transplant: take advantage of the strip of scalp obtained during the forehead reconstruction approach to collect the follicular units and perform the hair transplant in the same surgical time.
• Forehead reconstruction and rhinoplasty: during forehead reconstruction, when the root of the nose is too high or projected, a burr is used to lower the frontonasal transition to the desired position.
• Rhinoplasty and lip lift: an open rhinoplasty is carried out at the level of the superior incision of the lip lift and the columellar skin flap is raised without any other higher incision.

Main Outcome Measures

Description of surgical techniques.

Results

Clinical analysis and evaluation after operating 650 transgender male-to-female patients.

Conclusion

The purpose of FFS is to treat gender dysphoria, helping the patient feel more comfortable in her own body, but also helping her to be perceived by others as the woman she is. Any patient undergoing FFS must have clear, detailed information about the techniques, how they are carried out, the associated postoperative experience and all of the potential risks and complications.

Facial feminization surgery of forehead: combined augmentation and bone reduction technique

Thursday, 6th April - 14:00 - Surgery I - Exhibition Hall

Dr. Kamol Pansritum [1]

1. Kamol Cosmetic Hospital

Background

Forehead surgery for facial feminization is one of the most common procedure in male-to-female transgender. Current surgical procedure techniques including eye brow bone shaving, forehead bone augmentation, forehead bone reconstruction, and hairline lowering. The typical male forehead consisting brow bone bossing and flat instead of round shape in female forehead. Combination of supra orbital ridge reduction and augmentation at the upper part should give better results, and more feminine.

Aim(s)

To describe the author's surgical techniques for forehead feminization surgery consisting forehead bone bossing reduction combined augmentation with expanded polytetrafluoroethylene (ePTFE) sheet, and hairline advancement in male-to-female transgender.

Methods

Between February 2002 and September 2016, there were 1250 cases had been performed forehead feminization surgery in 815 transwomen and 435 biologic women.

There were 720 cases had been performed forehead surgery as a single procedure, and 530 cases were performed with other facial surgical procedures. Supra orbital ridge reduction as a single procedure was performed in 500 cases and combined with forehead augmentation in 750 cases. The ePTFE sheet was carved and fashioned for case by case via frontal hairline or retro hairline incision.

Main Outcome Measures

There were two cases of infection in patients had previous filler material injection. Ten cases complained about visible the edge of the prosthesis. There were two case of minimal folding of the implant. There were three cases of implant malposition.

Results

The majority of patients were satisfied with the results. There were eleven cases requested for cosmetic purpose of revision surgery. Two cases needed implant removal.

Conclusion

Forehead feminization surgery with supra orbital ridge (brow bone) reduction combined with forehead augmentation in selected cases achieve the goal of forehead feminization. The risks, morbidity, and operation time should be less than the invasive technique of forehead bone reconstruction.

Information provision for young people referred to the Northern (UK) Endocrine Transgender Clinic

Thursday, 6th April - 16:30 - E-Posters Endocrinology & Voice & Social Sciences - Baltic

Mr. Paul Carruthers [1]***, Mrs. Jenny Walker*** [1]

1. Leeds Teaching Hospitals

Background

The Leeds Teaching Hospitals Northern Gender Identity Development Clinic is a supra regional centre for young people with a diagnosis of gender dysphoria. The service is jointly run with the Tavistock and Portman NHS Foundation (Tavi Team)and University College London Hospital NHS foundation Trust We provide a highly specialised service for young people (up to 18 years of age) who are experiencing gender dysphoria and who have major concern about their physical development through puberty.

Since 2009 referral rates have increased 50% year on year with a 100% increase in 2016. Following a significant increase in referrals to the service and the waiting list pressures, we felt that the model of practice did not meet the needs of the young people and their families. Furthermore, due to the physical interventions offered by the service and the physical changes these bring to the body; it was felt a strong public health approach was required in order for the young people to be able to make informed decisions about their care. The original model of practice involved an initial 40 minute appointment with a paediatric endocrinologist followed by a two month nurse led telephone consultation review prior to commencing any medical treatment.

Aim(s)

The aim was to change the original model of practice in order to provide a better quality of care through a strategic public health approach. The overall objective was to implement and evaluate a new model where the clinical nurse specialists ran an education session alongside some clinical tests as the initial appointment, followed by a two month review with a paediatric endocrinologist. Nurse led information sessions prior to clinic appointments have been implemented at the London clinic and were positively evaluated. In order to implement change the PDSA change model alongside utilising Lewin's (1951) theory were utilised.

Methods

The nurse led education session provides both the young person and their families' important information on what our service can offer, options for treatment, fertility preservation, reasons for smoking cessation, bone health, sexual health and vitamin D supplementation. It is run jointly with a member of the Tavi team as a group session with an opportunity for questions and answers. We have produced an extensive information pack which is provided for the young people to take away.

Main Outcome Measures

Evaluation questionnaires to the family and young person

Results

Early evaluation results show the new pathway of care is being evaluated as excellent

Conclusion

It is anticipated that the nurse led education session will support young people to make better informed decisions. Preliminary findings from the evaluation process will be available for the poster.

Type 1 diabetes mellitus is more prevalent than expected in transgender patients; a local observation

Thursday, 6th April - 16:30 - E-Posters Endocrinology & Voice & Social Sciences - Baltic

Dr. Justine Defreyne [1], ***Prof. Dirk De Bacquer*** [2], ***Prof. Samyah Shadid*** [2], ***Prof. Bruno Lapauw*** [2], ***Prof. Guy T Sjoen*** [2]

1. Ghent University Hospital, Department of Endocrinology, 2. Ghent University

Background

In Belgium, exact data on prevalence and incidence rates of diabetes mellitus type 1 and 2 are scarce. The International Diabetes Federation (IDF) estimates that approximately 0.4% of the Belgian population is diagnosed with type 1 diabetes mellitus, which is similar to other industrialized countries such as the Netherlands.
Studies investigating the prevalence of transgenderism estimate that 0.6-0.7% of all adults in Western populations is transgender, but this does not necessarily concord with those looking for gender affirming care.

Aim(s)

To evaluate whether there is an association between type 1 diabetes mellitus and transgenderism in the local cohort.

Methods

Medical records of transgender patients were retrospectively analyzed in this study. To investigate whether the difference between the expected and observed numbers of transgender patients presenting with type 1 diabetes mellitus was significant, a Chi-Square statistic test ($(\text{Observed-Expected})^2/\text{Expected}$) was performed.

Results

From January 1st 2007 until October 10th 2016, 1081 transgender patients presented at our service. Nine of these 1081 patients were previously diagnosed with type 1 diabetes mellitus, one was previously diagnosed with latent auto-immune diabetes in adults (LADA). Of these patients, eight were trans women, two were trans men. The expected number of patients previously diagnosed with type 1 diabetes mellitus and later on presenting for transgender care was 4.32 (1081 * 0.4%). The calculated Chi-Square statistic of 7.47 ($P = 0.006$) indicated that the higher prevalence in transgender patients was highly significant.(2.3 times higher)

Conclusion

Type 1 diabetes mellitus seems more prevalent in transgender patients than one would expect from population prevalences. This may be a spurious result, as a causal relationship seems unlikely, but our finding may encourage other centers to investigate this putative association.

"The right to self-determination" – Exploring the experience of different stakeholders with models of trans health care in Andalusia

Thursday, 6th April - 16:30 - E-Posters Endocrinology & Voice & Social Sciences - Baltic

Dr. Amets Suess Schwend [1]***, Prof. Gracia Maroto Navarro*** [1]***, Dr. Alfonso Marquina-Marquez*** [2]***, Prof. Silvia Bustamante Elvira*** [3]***, Prof. Manuela López Doblas*** [3]***, Prof. Ainhoa Ruiz Azarola*** [3]***, Dr. María Isabel Tamayo Velázquez*** [3]***, Prof. Noelia García Toyos*** [3]***, Dr. María J. Escudero Carretero*** [1]***, Dr. Alina Danet Danet*** [4]***, Prof. Paloma Ruiz Román*** [3]

1. Andalusian School of Public Health; CIBER-ESP, Centre for Biomedical Network Research – Epidemiology and Public Health, 2. Andalusian School of Public Health; Applied Socio-cultural Studies Research Group, Department of Social Anthropology, University of Granada, 3. Andalusian School of Public Health, 4. Andalusian School of Public Health; CIBER-ESP, Centre for Biomedical Network Research – Epidemiology and Public Health, Spain

Background

In Andalusia, Spain, access to state-funded trans health care was established in 1999, by means of the creation of a specialized Unit in the Public Hospital of Malaga.

Over the last few years, the trans depathologization movement demanded the change of the trans health care model, from an assessment model towards an approach focused on information, optional counseling and informed consent, as well as a decentralization of trans health care.

In 2014, a law for protection from discrimination on grounds of gender identity was passed in Andalusia, based on a depathologization perspective and the "right to self-determination". In the implementation process, a change in the organization of trans health care in Andalusia was introduced. Instead of a specialized Unit in Malaga, multidiscplinary teams were established in Hospitals of the eight Andalusian provinces, decentralizing the access to trans health care. Furthermore, a protocol for trans health care has developed, based on an informed consent approach.

The presentation summarizes the results of a qualitative research project that explores the experience of different stakeholders (adult trans people, gender diverse children and youth, their parents, as well as health professionals) with the process of modifying trans health care in Andalusia, Southern Spain.

Aim(s)

• To explore the historical process of establishing state-funded trans health care in Andalusia and Spain.
• To review the critiques of the depathologization movement regarding the assessment model applied in the trans health care provided in different Spanish autonomous regions.
• To review the experience of different stakeholders (adult trans people, gender diverse children and youth, their parents, as well as health professionals) with the model of trans health care applied over the last decades in Andalusia.
• To explore the experience of different stakeholders (adult trans people, gender diverse children and youth, their parents, as well as health professionals) with the recent changes in the trans health care model in Andalusia.
• To explore the experience with the process of health care and referral of trans adults and gender diverse children and adolescents in Primary Care and Community Mental Health Services in Andalusia.
• To explore proposals of improvement contributed by different stakeholders (adult trans people, gender diverse

children and youth, their parents, as well as health professionals).

Methods

The presentation forms part of a qualitative research project that explores the perspectives of trans adults, gender diverse children and adolescents, their parents and health professionals regarding gender transition processes, experiences of support and discrimination in the family, social, education and health care context in Andalusia, as well as proposals for improvement, by means of the following methodologies:

• Review of recent scientific literature on gender transition processes and trans health care.
• Review of the demands and proposals contributed by trans depathologization activism.
• Individual semistructured interviews with adult trans people, gender diverse children and youth, their parents, as well as health professionals in Andalusia.
• Transcription of the interviews.
• Analysis of the discourses of adult trans people, gender diverse children and youth, their parents, as well as health professionals.
• Result triangulation by different members of the research team.

Main Outcome Measures

As main outcome measures, the following items were established:

• Conceptualization of gender transition processes and models of trans health care in the recent scientific literature.
• Demands and proposals of trans depathologization activism.
• Experiences of different stakeholders (adult trans people, gender diverse children and youth, their parents, as well as health professionals) with the trans health care model applied over the last decades in Andalusia.
• Experiences of different stakeholders (adult trans people, gender diverse children and youth, their parents, as well as health professionals) with recent changes in the trans health care model.
• Experiences of different stakeholders (adult trans people, gender diverse children and youth, their parents, as well as health professionals) with the process of health care and referral of trans and gender diverse people in Primary Care and Community Mental Health Services.
• Role of non binary gender expressions and identities in trans health care.
• Proposals for improvement contributed by the interviewed stakeholders.

Results

As result of the literature review, the following aspects can be highlighted:

• Existence of a broad scientific literature on gender transition processes and trans health care models.
• Relative lack of research on the perspective of trans people with informed consent models.
• Questioning of the assessment model by trans depathologization activism and demand of introduction of an approach based on information, optional counseling and informed consent.

As results of the interview process with different stakeholders (adult trans people, gender diverse children and youth, their parents, as well as health professionals), the following aspects can be mentioned:

• Critique of the assessment model.
• Frequent lack of information and difficulties in the assistance and referral process in Primary Care and Community Mental Health Care.
• Complementary services provided by Social Services and psychologists in private practice.
• Expectations regarding the new trans health care model.
• Role of non binary gender expressions and identities in current trans health care.
• Needs and suggestions of professionals involved in the new multidisciplinary teams, as well as professionals in Primary Care and Community Mental Health Services.

• Proposals for improvement contributed by the interviewed stakeholders.

Conclusion

Trans activists and allied health professionals criticized the assessment model established in trans health care for not respecting the trans people's right to self-determination and capacity for informed decision making. The recent modification process of the trans health care model in Andalusia opens up the opportunity for establishing a Best Practice model based on a depathologization and human rights perspective in the Andalusian Public Health System. The interviewed stakeholders identify different areas for improvement in order to facilitate the implementation process of the new trans health care model and guarantee a fulfillment of the principles established in the legal framework.

The story of the Romanian trans community told by an young and inexperinced endocrinologist

Thursday, 6th April - 16:30 - E-Posters Endocrinology & Voice & Social Sciences - Baltic

Dr. Adriana Gogoi [1]

1. *Privat medical system Bucharest and Pitesti*

Background

In Romania, like in many other countries, the visibility and transparency of the trans people has increased in the recent years with the public acces to the information regarding this delicate topic. Even so, the lack of specialized doctors for the medical transition process, the incomplete and contradictory informations offered by the competent authorities and institutions, and the vague and difficult process for the legal identity recognition, are making the situation harder for the trans people.

Before 2013, a Romanian NGO that is promoting and defending LGBT rights, received in 5 years the request for support from 70 trans persons. Now, another NGO called TransForm, founded in 2013, has 115 members and the unofficial data they collected till now, indicates almost 500 trans people that have started their transition.

Aim(s)

It is with the help of TransForm that I, an endocrinologist with interest in the field of transgender health but without any experience after all my years as an intern, chose to start my first analysis of the trans community in Romania.

Methods

I collected data using an online questionnaire distributed with the help of the founding member of TransForm. I used 19 questions and 45 answers were gathered.

Main Outcome Measures

I aimed to find out from the simple issues like the gender identity of the person, age, level of education, their medical insurance situation, to the more complex aspects of the medical (hormonal treatment, medical surveillance, surgical interventions,) and legal transitions. The last question was referring to what each one would improve about their medical team and the answers varied from "everything" to " nothing, everything it's perfect".

Results

It is maybe that, because of the media involvement of the transmale members of the community, most people who answered are transmales (75 %), 49 % are between 18 and 30 of age, and even though the majority of them have a batchlor degree, only 11% have a monthly salary of more than 700 euro.

Only one of them succeded with the legal transition, and when it comes to the medical transition, almost 70 % started HRT, but 64 % are not under periodic endocrine surveilance, 51.6 % prefer to have HRT without consulting a doctor, and 70% choose the privat medical system when it comes to medical evaluation.

The main source for the hormonal treatment is for 63.33 % of the persons who answered is the "black market".

Conclusion

The situation of the trans people in Romania is far from being perfect, and the fact that even as a doctor with interest in the persons with a gender dysphoria diagnosis, you don't have acces to the experience of a gender team or practical information and the medical system support regarding aspects useful in managering the medical transition, shows there is a long way ahead for improving things.

What the 2016 free event on practicing actual transgender health and human rights (FREE PATHH) has taught us

Thursday, 6th April - 16:30 - E-Posters Endocrinology & Voice & Social Sciences - Baltic

Mx. Frederique Retsema [1], ***Mr. Jochem Verdonk*** [2]

1. Verkeerde Aannames Transgenderzorg, 2. FREE PATHH

Background

FREE PATHH was a symposium on healthcare for trans people and their human rights, held at the 18th of June 2016. It was set up as a parallel symposium to the WPATH sympoium in Amsterdam, as a protest against the exceptionally high entrance fees. For with such fees, transgender people are effectively shut out, which is a rather unfortunate course of action for a symposium on transgender healthcare.

At the FREE PATHH symposium the transgender perspective was front and centre. The high quality programme focussed on trans healthcare and human rights issues that are relevant to transgender people, but which often get insufficient attention. Naturally, the starting point of FREE PATHH was self-determination: having full control over any medical treatment (if one wishes medical treatment in the first place).

All speakers, panelists and workshop leaders who contributed to the programme of FREE PATHH were experts in their own field. All of them also spoke from personal experience as a healthcare user. This just shows that both go very well together, and in fact are an added value to their expertise.

Aim(s)

The Free Event on Practicing Actual Transgender Health and Human Rights (FREE PATHH) offered a high quality programme, and focussed on trans healthcare and human rights issues that are relevant to transgender people, but which often get insufficient attention.

FREE PATHH aimed to:
– gather and to exchange available information on trans health care and human rights.
– discuss the state of the art of trans health care and human rights.
– discuss the point of view of health care users and human rights users, on both the current situation and the wishes for the future situation.
– be an accessible event for anyone who wished to participate (f.e. no entrance fee, wheel chair accessible, bilingual).

And all other issues that did come forward from FREE PATHH.

Methods

Giving the limitations in time, buget and number of volunteers, FREE PATHH was decided to be a one day symposium.

According to the organising team it was essential that FREE PATHH symposium should be accessible for anyone who wished to participate without external limitations to participate. Therefore, as a matter of principle FREE PATHH:
– had free entrance.
– was accessible to wheelchair users (including an accessible toilet).
– was bilingual (Dutch and English).

FREE PATHH offered a series of (plenairy) lectures in the morning (with simultaneous translation into English), a series of parallel workshops in the afternoon (each session participants could choose between an English and a Dutch workshop) and the day closed with a (plenairy) panel that looked back at both the WPATH and the FREE PATHH symposia.

Main Outcome Measures
The outcomes of FREE PATHH have been measured by:
– the number of participants attending the FREE PATHH symposium.
– questions, reactions and feedback of participants at the lectures, workshops and panels of FREE PATHH.
– questions, reactions and feedback of participants in personal communications during the breaks and after the formal programme of the day.

Results
FREE PATHH provided us with a lot of results, as all lectures, workshops and panel offered new and interesting insights. The information, experiences and new insights were gained both via the official programme as via personal discussions at informal moments.

The most striking and significant results of FREE PATHH are:
– People are very sick of the lust for protocols of the gender teams in the Netherlands, especially of the VUmc genderteam in Amsterdam.
– People have a great need for self-determination within medical care: choosing what treatment they want, in what order they want it, if they want it at all.
– People have a dire need for information, f.e. on alternative options and pathways, next to the strict protocols at the gender teams.
– People want to be taken seriously, as a person and as transgender client, f.e. to be addressed properly by medical professionals and by society in general.
– People want wider acceptance in society and better job opportunities.

Conclusion
The main conclusions that can be learned from FREE PATHH are:
– FREE PATHH delivered a far-reaching signal that can't be ignored, despite the limited time, resources and volunteers. Both individual trans activists, as organisations like GATE and TGEU, as participants of the WPATH symposium supported FREE PATHH.
– The difference in scale and number of visitors between FREE PATHH and WPATH is very large. This shows a important difference in resources and power, that has emerged since the beginning of trans health care, and still exists today.
– Essential knowledge about trans health care and human rights is only known in a limited group. There is a great need for objective and critical information from users, for and by transgender people.
– At FREE PATHH many important topics have been discussed. Many other important subjects didn't fit into the programme. In short, a lot is wrong in trans health care. And many other issues simply can be (and should be) much better.
– With 80 to 100 participants FREE PATHH clearly fills a need. That's why international trans activists have decided that other FREE PATHH's will be organised next to the EPATH symposium (2017) and to the WPATH (2018).

Propsychotic effects of the treatment with androgens in gender dysphoric women: A case presentation

Thursday, 6th April - 16:30 - E-Posters Endocrinology & Voice & Social Sciences - Baltic

Ms. Justyna Holka-Pokorska [1], *Mr. Adam Woźniak* [1]

1. Institute of Psychiatry and Neurology

Background

According to International Classification of Diseases ICD-10, the diagnosis of transsexualism requires the exclusion of severe mental disorders (e.g., psychotic disorders). The majority of the psychotic patients presenting the coexisting gender dysphoric symptoms are not diagnosed with gender dysphoria but rather as being delusional with respect to their gender identity. The World Professional Association for Transgender Health suggests that psychotropic medication for severe mental disorders should be optimally managed prior to or concurrent with treatment of gender dysphoria. According to the WPATH standards of care, psychotropic medications facilitate both the resolution of gender dysphoria, and the making of informed decisions about medical interventions towards possible changes in gender role.

Methods

A case presentation.

Results

The case presentation is dedicated to the analysis of the determinants of treatment of a 28-years old female patient treated for paranoid schizophrenia and gender dysphoria. The literature describes only a few cases concerning the hormonal treatment of transgender people suffering from psychotic disorders. The treatment of gender dysphoria with comorbid psychotic features still raises a lot of controversy. The psychoneuroendocrinological determinants of treatment of gender dysphoria and comorbid psychotic symptoms are discussed in the light of the primary hypogonadism and primary hyperprolactinemia in schizophrenia. The discussion also covers the topics of the sex steroids augmentation of antipsychotic treatment in schizophrenia.

Conclusion

A number of questions raise concerning the safety and effectiveness of the sex hormones used in this group of patients due to the CNS effect of both estradiol and testosterone. Particular difficulties are associated with the treatment with androgens due to their pro-psychotic effects.

General evaluation of sensitivity courses for police officers on specific needs of transsexual persons in Serbia

Thursday, 6th April - 16:30 - E-Posters Endocrinology & Voice & Social Sciences - Baltic

Dr. Dusica Markovic Zigic [1], ***Mrs. Ljiljana Kicanovic*** [1], ***Ms. Aleksandra Gavrilovic*** [2]

1. Department of Psychiatry, Clinical/Hospital Center "Dr Dragisa Misovic", Belgrade, 2. Non-government Organisation for Lesbian Human Rights "LABRIS", Belgrade

Background

Members of the expert team on mental health of trans individuals from the Counselling Service for Persons Diagnosed with Gender Dysphoria (Department of Psychiatry, CHC"Dr D. Misovic) took part in sensitivity training for police officers. It was a joined project organised by LABRIS (NGO for Lesbian Human Rights) and the Ministry of Internal Affairs named "Same-sex Orientation and Gender Identity in Police Work" .

Aim(s)

The aim of this course was to support reducing trans and homophobia as well as discrimination and bad practice on an institutional level.

Methods

The sensitivity training consisted of 10 two day courses from October 2014.till December 2015. Various educational methods were used: 1. ex cathedra lectures defining terminology, etiology, special characteristics, general needs and problems of transgender and transsexual individuals throughout life and process of transition; 2. interactive discussion on individual experience, current legal procedures of practice and their possible future modification in dealing with trans-persons as either victims of violence or perpetrators; 3. simulation of real situations; 4. live chat with a transsexual person.

Main Outcome Measures

Thus resulted in nomination of 8 Liaison Officers with the LGBT community in 4 major cities in Serbia and encouraged reporting acts of violence.

Results

236 police officers from 27 police departments from various regions of Republic of Serbia attended the courses and learned that gender incongruence is not a mental disorder, choice, cannot be changed... Since trained officers were obliged to educate colleagues in their local police stations, additional 2000 police officers were informed on understanding what raising sensitivity for specific needs, problems on day to day basis, development of communication skills with this marginalized population, adequate reaction in situations of violence and discrimination and creating a climate of acceptance, respect and tolerance of differences means.

Conclusion

These courses were the latest in the line of similar courses performed for medical doctors, psychologists, social workers, elementary and high school teachers. Future plans are directed towards creating a wider network of collaboration between various sectors of society in promoting respect, safety and well-being of transgender, transsexual, gender variant and LGB community.

Sport and physical activity participation among young transgender adults: The facilitators and barriers

Thursday, 6th April - 16:30 - E-Posters Mental Health (1) - Exhibition Hall

Ms. Beth Jones [1], *Prof. Jon Arcelus* [1], *Dr. Walter Pierre Bouman* [1], *Dr. Emma Haycraft* [2]

1. Nottingham Center for Gender Dysphoria, 2. Loughborough University

Background

Transgender people, in comparison to cisgender people, have been found to engage in low levels of sport and physical activity. This is concerning given the physical and mental health benefits that physical activity has been found to have within the cisgender population.

Aim(s)

This study aimed to explore the experiences that young transgender adults have when engaging in physical activity and sport. It also aimed to determine the role of cross-sex hormones and gender confirming surgery in physical activity and sport engagement.

Methods

A qualitative methodology was employed. Semi-structured interviews were conducted with 14 young transgender adults (mean age 23 years, range 18-36) who were attending a national clinic for transgender health in the United Kingdom, and had been accepted onto the treatment programme.

Main Outcome Measures

Physical activity and sport engagement.

Results

Two main themes were identified: (1) barriers to physical activity and sport; and, (2) facilitators of physical activity and sport. Young transgender adults experienced a range of internal (e.g., body dissatisfaction, perceived lack of gender congruence) and external barriers (e.g., changing facilities, sport-related clothing, team sport). Despite this, they were motivated to engage in physical activity and sport to increase their body satisfaction and gender congruence. However, the lack of safe and comfortable environments (e.g., gyms, leisure centres) to engage in their desired amount of physical activity and sport was felt to be an important barrier.

Conclusion

Young transgender adults experience a range of different barriers when engaging (or attempting to engage) in physical activity and sport. However, there are several facilitators to their participation (e.g., body satisfaction). Awareness and acceptability of transgender people needs to be increased in sport (e.g., public campaigns, education, sport policies). Additionally, leisure centres and sport organisations need to consider ways in which they can make their spaces more accessible and comfortable for transgender people (e.g., gender neutral changing facilities).

Attachment patterns and complex trauma in a sample of adults diagnosed with gender dysphoria

Thursday, 6th April - 16:30 - E-Posters Mental Health (1) - Exhibition Hall

Dr. Guido Giovanardi [1]***, Dr. Carola Maggiora Vergano*** [1]***, Dr. Alexandro Fortunato*** [1]***, Prof. Roberto Vitelli*** [2]***, Prof. Anna Maria Speranza*** [1]***, Prof. Vittorio Lingiardi*** [3]

1. *Department of Dynamic and Clinical Psychology, Faculty of Medicine and Psychology, Sapienza University of Rome, Rome,* ***2.*** *Neurosciences Department, University of Naples Federico II,* ***3.*** *3Department of Dynamic and Clinical Psychology, Faculty of Medicine and Psychology, Sapienza University of Rome, Rome*

Background

In recent years, people diagnosed with Gender Dysphoria (GD) were object to various psychological evaluations from several different perspectives. Occurrence of early relational traumas is a recurring finding in GD literature, showing how trans children were victims of different forms of maltreatment within the caregiving contest (Kersting et al., 2003; Veale et al., 2010, 2016). Similarly, on the social level, studies highlighted discrimination and isolation at school and within peer groups, implying a harmful impact on trans youth's physical and psychological health (Clements-Nolle et al., 2006; Grant et al., 2011). In contrast, a loving caregiving was considered as a protective factor against discriminations. A recent study of our group (Lingiardi et al., submitted) confirmed, in an Italian sample, the elevated frequency of early traumatic experiences, along with a high prevalence of disorganized mental states with regard to attachment. However, the literature on attachment among transsexual individuals is still limited. It is noteworthy that the choice to explore attachment and trauma is not motivated by an etiopathological quest, rather it is an attempt to describe the intrapsychic and relational aspects of the stigmatization to which trans children can be exposed.

Aim(s)

I. To explore the distribution of mental representations with regard to attachment in a group of adults diagnosed with gender dysphoria and to confront it with a cisgender group;

II. To explore and evaluate trauma history among our participants and to confront the results with the cisgender group, with regard to: (a) Occurrence of multiple forms of maltreatment, and (b) Intensity and frequency of traumatic experiences;

III. To explore the frequency of loving caregiving in the two groups;

IV. To confront subgroups: (a) Trans men with cisgender males and females, and (b) Trans women with cisgender males and females, with regard to attachment and early relational trauma;

V. To confront trans women and trans men subgroups with regard to attachment and early relational trauma.

Methods

Ninety-five adults diagnosed with gender dysphoria (74 trans women; 21 trans men) were compared with eighty-seven cisgender adults. The Adult Attachment Interview (AAI) was administered to both samples for the assessment of current state of mind. The Complex Trauma Questionnaire (ComplexTQ) was completed by clinicians in order to evaluate early relational trauma.

Main Outcome Measures

The Adult Attachment Interview (AAI) is a semi-structured interview which explores adult's mental representations of attachment while discussing childhood experiences. AAI scoring system is based on the participant's ability to produce coherent narratives regarding childhood experiences with caregivers, thus classifying interviewee as Secure/Autonomous (F), Dismissing (Ds), Preoccupied with respect to attachment (E), or "Cannot classify" category (CC) when a global breakdown in the organization of discourse arises. An interview may

also be assigned an Unresolved/disorganized state of mind (Ud) concerning past abuse or loss in association with a best- fitting primary classification.

The Complex Trauma Questionnaire (ComplexTQ) is a 70-item scale for the retrospective assessment of multi-type maltreatment, measuring lack of care (physical and emotional neglect), abuse (psychological, physical, and sexual abuse), and other traumatic experiences, such as rejection, role reversal, exposure to domestic violence, separations, and losses. The questionnaire assesses adverse experiences from childhood to usage of 14 years separately involving maternal, paternal, and other attachment figures. The clinician version requires approximately 15–20min to complete and scores for presence and frequency of traumatic experiences in each domain are automatically provided by the software.

Results
Data revealed significant differences regarding the distribution of attachment patterns between trans people and the cisgender sample. The two samples also differentiated regarding the exposure to complex trauma in childhood and the intensity of multi-type maltreatment experienced. Finally, within the trans sample, we did not find significant differences between trans women and trans men, neither with respect to attachment nor to early relational trauma.

Conclusion
Our findings underline the traumatic history and the disorganization of attachment which characterise the experiences of our trans sample, both in trans women and trans men participants. These results highlight the need for intervening in reduce the stigma and discrimination among gender non-conforming people, both in families and in social groups, and particularly helping trans youth to overcome traumatic experiences which could lead to dangerous outcomes (e.g. self-harm and suicidality).

Psychiatric comorbidities in gender dysphoria subjects after MtF Sex Reassignment Surgery: post surgery outcome.

Thursday, 6th April - 16:30 - E-Posters Mental Health (1) - Exhibition Hall

Dr. Gualerzi Anna [1], ***Ms. Claudia Schettini*** [1], ***Dr. Donato Munno*** [1], ***Ms. Flavia Capirone*** [1]

1. Centro Interdipartimentale Disturbi Identità di Genere Molinette (C.I.D.I.Ge.M)/Torino A.O.U. Città della Salute e della Scienza Torino

Background

In according with other authors, we regard the gender Dysphoria (GD) as a nosological entity and we think that psychiatric coexisting problems, when present, are a consequence of the persistent gender dysphoria and of the concomitant psychosocial distress. In a previous study, we investigated the presence of psychiatric issues in subjects attending the programme for Sex Reassignment Surgery, at the C.I.D.I.Ge.M – a Public Health Service for GD people in Turin, Italy. In this sample, considering the period from January 2005 to October 2015, we found a higher levels of coexisting psychiatric disorders than the general population. Specifically, in according to literature, our data confirm the significant presence of anxiety, depression and personality disorders. Despite being recognized as an important prognostic factor for the outcome in gender dysphoria subjects, the coexistence of psychiatric disorders has rarely been assessed by means of standardized diagnostic instruments (Hepp, Kraemer, Schnyder, N., & Delsignore, 2005). Therefore, our study aims to increase the knowledge about this subject, starting from the CIDIGeM's data, collected in ten years's work.

Aim(s)

This study focuses on understanding how psychiatric coexisting disorders can change after sex reassignment surgery (SRS) in Transgender women. It is also intended to discover how psychiatric issues can affect sex life, relationships, patients' quality of life and postoperative complications.

Methods

The sample examined was composed by 71 Transgender women. All the subjects met the diagnostic criteria for gender dysphoria according to DSM-IV-TR and DSM 5, and had undergone SRS surgery at the CIDIGeM in a period from Janury 2005 to October 2015. 33 out of 71 subjects decided to participate in the study giving their informed consent. The psychiatric evaluation consisted of two phases: in the first phase a structured clinical interview was conducted by a medical staff member, then participants were asked to rate themselves on psychology questionnaires. The interview included : demographic characteristics, subject's medical history, family and relationship situation, psychosexual development and postoperative complications. The questionnaires used were: Body Uneasiness Test A (BUT-A), Body Uneasiness Test B (BUT-B), SCL-90-R, Beck Depression Inventory-II, Visual Analog Gender Dysphoria Scale, SF-36, Visual Analog General Satisfaction Scale, Liebowitz Social Anxiety Scale Test, Humiliation Inventory, Visual Analog Sexual Orientation Scale, Relationship, Visual Analog Sexual Satisfaction Scale, Female Sexual Distress Scale Revised (FDSD-R),Female Sexual Function Index (FSFI).

Main Outcome Measures

For the assessment of postoperative outcomes, all the following factors were considered: changes in psychiatric comorbidities after SRS, incidence of post surgical complications, hormonal therapy compliance, subjective improvement in gender dysphoria, sex and relationship life and patients' quality of life.

Results

The study showed a lower rate of Axis I disorders after the surgery: before MtF SRS, 19 people suffered from

anxiety (n=7), depression (n=4), anxiety associated with depression (n=5) and more diagnosis (n=2) but after MtF SRS, only 12 people suffer from anxiety (n=3), depression (n=5) and anxiety associated with depression (n=4). The co-existence of psychiatric disorders persists in about 30% of subjects ($p<0{,}06$) but it doesn't seem to be associated with an increased risk of postoperative complications ($p<0{,}4$). According to the data, no statistically significant difference has been found between subjects with and without psychiatric disorders.

Conclusion

According to our results, GD is a clinical condition not associated with a severe psycopathology and it can be considered independent. For us, the co-existence of psychiatric disorders is often a psycological reaction to GD condition, and rarely a problem for SRS' success if the patient is under a good psychopathological control. This is also confirmed by the guidelines of WPATH International Standards of Care which state: "when mental health concerns are present, they must be well controlled before hormone and surgery therapy". The presence of past mental health concerns did not adversely affect postoperative outcomes in 33 gender dysphoria subjects who underwent MtF SRS surgery at the CIDIGeM in a period from January 2005 to October 2015. However these coexisting conditions should be optimally managed prior to, or concurrent with, treatment of gender dysphoria. Obviously sample size is the main shortcoming of the study, nevertheless this has been a significant opportunity to assess postoperative outcomes and the importance of long-term psychiatric and somatic care after MtF SRS surgery. Our sample does not represent all transsexual persons, but only the GD subjects seeking for professional treatment, according to standards of care.

Working with families and relatives of LGBTs: Experience with family groups in Turkey

Thursday, 6th April - 16:30 - E-Posters Mental Health (1) - Exhibition Hall

Dr. Seven Kaptan [1]***, Dr. Koray Başar*** [2]***, Prof. Sahika Yuksel*** [3]***, Dr. Nesrin Yetkin*** [4]

1. p, 2. Hacettepe University, Faculty of Medicine, Department of Psychiatry, 3. CETAD, 4. Sexual Education, Treatment and Research Association (CETAD)

Aim(s)

Prevailing and persisting heteronormative and cisnormative values, which still prevail and persist in the societal sphere in Turkey, interfere with the processes of self-acceptance for LGBTs, and toughen the process of coming to terms with this situation for their families and relatives. The rate of hate crimes targeting LGBTs seems to increase; 43 trans people have been murdered in the past eight years in Istanbul. These difficulties result in the isolation of these individuals, and increase their risk of experiencing mental and psychological problems. Family relations are considered deeply important in Turkey. Within this context, transgender people of all ages care about their families' approval, as well as their material and emotional support.

Methods

Founded in 2008, LISTAG (Families of LGBT in Istanbul Association) organizes monthly group meetings These meetings aim to enable families and relatives of LGBTs to access correct information, as well as to support them in overcoming the isolation imposed by society, coming to accept their LGBT loved ones as they are, through meeting family members with similar experiences. Volunteer therapists also regularly attend to these meetings. These therapists are members of CETAD (The Association for Sexual Education, Treatment and Research)– an important professional organization that has been providing education in the field of sexuality to mental health professionals in Turkey last 18 years.

Group meetings are held each month in the office of CETAD, which is considered neutral territory by most families. Meetings are only open to LGBT family members and relatives. However, they have been designed as open groups, so that new members may also join.

Main Outcome Measures

Since 2008, 81 group meetings were held, with a total of 1195 people attending these meetings. Attendance in meetings has increased every year, especially following the release of the documentary 'My Child' ('Benim Çocuğum') filmed in 2012. In this documentary, which raised public awareness on this issue, 6 parents – founding members of the association – speak of their own experiences as well as LISTAG's work.

In 2010, hoping to extend this experience to other cities in Turkey, a training focused on the needs and means of support to families and relatives of LGBTs was provided by CETAD & LISTAG to volunteer therapists in different cities who have earlier received sexual therapy courses in CETAD. Subsequently, regular meetings moderated by expert therapists have been organized in two other large cities – namely Ankara and İzmir – since 2010. Lately, similar experiences followed a similar model in smaller cities. These developments increased accesibility of the family groups in different regions of the country. The increase in number of families attending to these meetings, the rise in public awareness on the difficulties experienced by LGBTs and families promoted efforts for collaboration from LGBT and non-LGBT organizations.

Results

CONCLUSION: In a society where varience in gender and sexuality is brushed under the carpet, never talked about, and even ignored, the only way to normalize LGBT identities is to become more organized and work on raising awareness. Great responsibility falls on mental health professionals in terms of raising awareness in

the society and providing the necessary mental support, either individually or in groups. Our experience with the family group meetings suggest that healing is indeed possible. It is planned to continue on-the-job training sessions, as well as keep extending the group work carried out, in order to reach more and more people in the future.

Conclusion

In a society where varience in gender and sexuality is brushed under the carpet, never talked about, and even ignored, the only way to normalize LGBT identities is to become more organized and work on raising awareness. Great responsibility falls on mental health professionals in terms of raising awareness in the society and providing the necessary mental support, either individually or in groups. Our experience with the family group meetings suggest that healing is indeed possible. It is planned to continue on-the-job training sessions, as well as keep extending the group work carried out, in order to reach more and more people in the future.

Trans and non-binary assessment of forensic patients

Thursday, 6th April - 16:30 - E-Posters Mental Health (1) - Exhibition Hall

Dr. Christina Richards [1], ***Dr. Sarah Murjan*** [1]

1. *Nottingham Center for Gender Dysphoria*

Background

Increasing numbers of people within forensic histories, including those in the community and those in prisons and secure hospitals, are requesting assistance for trans (in the widest sense) related matters. As trans becomes more known and accepted socially, staff who work with these groups who previously may have dismissed such requests are now seeking assistance for them.

Consequently clinicians in specialist gender services are increasingly receiving enquiries and referrals from the forensic sector concerning physical treatments; differentiating mental health issues from trans issues; and differentiating offending issues from trans issues - as well as requests for basic advice on accommodation, name changes, and other trans-related education.

In order to deal with such matters, and to develop appropriate protocols, since 2013 The Nottingham Center for Gender Dysphoria has run a specialist clinic for people with forensic histories. This is a collaboration between a Gender specialist psychologist and psychiatrist and a forensic psychiatrist. This practice-based presentation will outline our work in this area to date.

Aim(s)

To review the source of referral, type of offences, and treatment types of 22 people (21 natal male, 1 natal female) with offending histories referred to the Nottingham Center for Gender Dysphoria.

To consider the implications for treatment of offending for this population.

To consider the implications for assistance with gender for this population.

Methods

A clinical notes review was undertaken in August 2016 as a form of audit to give descriptive statistics of the people with forensic histories who were referred to the Nottingham Center for Gender Dysphoria since 2013.

Clinical review discussions between the clinicians involved in the service derived a series of considerations and recommendations for working with this group.

Main Outcome Measures

Descriptive statistics of the offender demographics.

Clinical implications drawn from the work.

Results

Of the 22 people seen in the forensic clinic referrals came from: Prison (n=11); Hospital/low secure (n=6); Internal (n=4); Other Gender Clinic (n=1). Offending consisted of: Sexual offences (n=13) violence (n=7) (ABH/GBH/attempted murder/wounding); murder (n=1); arson (n=2); robbery (n=2); burglary (n=2); possession of explosive substances (n=1); none – violence/aggression and self-harm in hospital – never been to court (n=1). Outcomes were as follows: Discharge with no treatment (n=7); Ongoing assessment (n=6); Hormones

recommended (N=3 [2 community, 1 low secure]); Surgery recommended (n=2 [1 orchiectomy hospital, 1 breast augmentation prison]); Hormones in process (n=2 [1 community and 1 low secure]); Opinion given to another clinic (n=1).

Clinical considerations consist of determining whether gender dysphoria has led to offending behavior (ie shoplifting female clothing due to embarrassment) or vice versa (ie. escape from recognising oneself as a sex offender because 'women don't do that'). In addition, matters such as secondary gain in the prison estate; the violation of trans prisoners rights (and need for professional advocacy); integration of trans elements into the Sex Offenders Treatment Programme; and non-binary/genderqueer people in the binary prison and secure hospital estate must be managed. A full list of assessment considerations is outlined.

Conclusion
Trans people should have timely assistance whether they have forensic histories or not; however the assessment process for those with forensic histories can have significant added complexity due to the possible interplay between the offence and the gender dysphoria.

In addition, some people with significant sexual offending histories have complex reasons for being troubled about their gender which may not be the same as those people who do not have such histories. These reasons include, but are not limited to, seeking secondary gain from presenting as trans while serving very long sentences.

The Nottingham Center for Gender Dysphoria forensic service are developing theory and protocol from clinical experience in order to aid these various groups to live the best lives their circumstances allow.

The development of an evidence-based education resource for families of transgender young people in the Republic of Ireland: A PhD study

Thursday, 6th April - 16:30 - E-Posters Mental Health (1) - Exhibition Hall

Ms. Danika Sharek [1], Dr. Edward McCann [1], Ms. Sylvia Huntley-Moore [1]

1. Trinity College Dublin School of Nursing & Midwifery

Background

Within the Republic of Ireland (ROI), the importance of addressing the needs of transgender people is highlighted in several recent reports and policy developments. Furthermore, recent research within the ROI has demonstrated that transgender young people are at an increased risk of a number of challenges to their mental health and wellbeing, including depression, stress, anxiety, and self-harm and suicide attempts. Support or rejection of a transgender young person by their family has also been shown to impact on their mental health and wellbeing, with supportive family behaviours linked to better outcomes and rejecting behaviours linked to poorer outcomes for these youth. Evidence suggests that family support or rejection of a transgender family member is related to their acceptance of their transgender family member, with family acceptance closely tied to their understanding of transgender people and issues. This highlights the importance of education and information for families of people who are transgender in their understanding, acceptance, and, ultimately, their support of their transgender family member.

However, there are no studies that explore the education needs of these families in the ROI.

Aim(s)

Therefore, this PhD study aims to address this gap in the research by exploring the education needs of families of transgender young people in the ROI and how to best address these needs. The objectives are:

1. to identify the education needs of family members of transgender young people in the Republic of Ireland;
2. to design and develop an education programme for these families which takes into account these needs;
3. to evaluate the education programme; and
4. to make recommendations for developing the programme, future research, policy and practice.

Methods

This study is guided by Community Based Participatory Research (CBPR), a research approach that emphasises partnerships between the researcher and stakeholders in the community. Within this study, partner organisations have supported the research from its conception and are acting as active participants in the research process. The study relies on a gender affirmative approach, which emphasises that families can promote a young person's wellbeing by affirming and supporting their gender identity.

The study has three primary phases: Consultation; Design and Development; and Evaluation. The consultation phase involved a needs analysis consultation with stakeholders in the ROI, including interviews with professionals, families, and transgender young people (n=8) and surveys (n=18: family members / n=14: transgender young people). The phase of design and development was focused on the design and development of the education programme. It involved a qualitative survey evaluation of the education programme design by professionals, families, and transgender young people. The aim of the evaluation phase is to conduct a mixed methods, convergent parallel design evaluation of the education programme.

Main Outcome Measures

N/A

Results

The consultation phase underscored the importance of education and information for families of transgender young people in the ROI. It highlighted the role that education plays in a family's ability to make sense of, understand, and support a transgender family member. It also highlighted a gap in educational opportunities for these families in the ROI, with all stakeholders agreeing that there were not enough educational resources available. The surveys highlighted important areas of educational concern for family members and transgender young people in the ROI. These findings were used to design the education programme content. The proposed education programme design consisted of eight modules on various topics related to transgender young people and their families. While the results from the evaluation of the module design were overall very positive, a number of suggestions to modify certain areas were recommended, including around content, language and tone. The content was revised based on the findings of this evaluation. The programme is currently in the final stages of development, with a mixed methods evaluation planned for Spring/Summer 2017.

Conclusion

This PhD study aims to explore and address the education needs of families of transgender young people in the ROI. To date, the study's findings have demonstrated the importance of education for families of transgender young people in the ROI. It has also shown a critical lack of service provision in this area, as evidenced by statements from families and professionals alike. The CBPR methodology and inclusion of stakeholders throughout the research process has ensured that the design and development of the education programme is needs-based and reflects the views and concerns of professionals, families, and transgender young people themselves. The partner organisations also play a crucial role in the future implementation and dissemination of the education programme nationally, so their ongoing involvement and support of the education programme is essential. It is hoped that by providing a needs-based, gender affirmative resource for families of transgender young people in the ROI, this education programme can help equip families with the information and tools to support themselves and, in turn, their transgender family member.

Perceived barriers to transition in male-female transgender adolescents

Thursday, 6th April - 16:30 - E-Posters Mental Health (1) - Exhibition Hall

Dr. Heather Wood [1]

1. *Gender Identity Development Service, The Tavistock Portman NHS Foundation Trust*

Background

The factors associated with the persistence and desistence of childhood gender dysphoria have been explored. (Steensma, et al 2013). They identified the intensity of childhood gender dysphoria as a predictor of persistence as well as noting a higher incidence of persistence amongst natal females. However, within the literature there is an acknowledgement that further research is required to explore different developmental pathways for young people presenting to gender identity services.

It is a clinical observation within the GIDS service that there can be a perceived barrier to social transition is some adolescents assigned male at birth and who are transitioning to female. Particularly those in their later teenage years who may have undergone male puberty. Often these young people will present to services with a strong sense of a female gender identity and yet there is resistance to moving forward with the social exploration of gender expression, gender roles or gender fluidity. This can sometimes be interpreted as an ambivalence towards making a change of social gender, however there may be many factors underlying these barriers to transition. To better understand what factors influence the process of social transition in this cohort, the experiences of transgender adolescents were explored.

Aim(s)

Aims

To explore the perceived Barriers to transition in Male-Female Transgender Adolescents

Methods

An Interpretative Phenomenological Analysis methodology was employed to provide a methodological framework for the collection and analysis of data. Semi-structured, in-depth interviews were carried out with 3 transgender youths for this pilot study. An iterative process of analysis to identify the Subordinate Themes and Subthemes was carried out using the transcribed data. (Smith, Jarman & Osborne 1999)

Main Outcome Measures

Emergent Themes from the IPA analysis are presented

Results

Three convergent themes emerged from the data. The first theme was Relationships. There was an acknowledgement from young people that their transition would impact on other people in their life. Young people valued the support they got from parents but the fear of social isolation and transphobia was something they had to overcome and they encountered in their day to day life. The second theme related to Medical Intervention. All participants experienced body dysmorphia and some stated that the physical limitations of a male body was a barrier to their transition. The third theme was Passing. For some young people this encompassed elements of social transition and medical transition, but it emerged as an important goal for all of the participants. However, there were idiographic differences that emerged in the value prescribed to each of the themes. Two of the participants expressed that medical transition was the most important aspect for them and were keen to progress quickly and believed that this would facilitate their aim of passing as a girl. Another young person described how social transition was most important to them and they most valued the social validation they

received in new and developing relationships within their family.

Conclusion

The participants were encouraged to explore their feelings around barriers to social transition. The emergent themes of Relationships, Medical and Passing highlighted the complexity of young peoples' lives. Steensma et al (2013) emphasised the need to think about different pathways for transgender youth. Our exploration of barriers to transition also highlights the idiographic nature of young peoples' experience. And the need for this to be reflected in the services we provide to them. The different values prescribed to medical and social transition should guide the supportive environment we provide to young people and their families. For example Family Therapy may be indicated when transition impacts upon family relationships that are such a key source of support. Whereas for other young people where medical support is valued and issues of distress and dysmorphia can dominate life, then other sources of support may be required. We provide social and psychological support within our service to help manage such distress. Additional interventions may be required when this becomes unbearable and often we liaise with local CAMHS services to provide this support.

The activities of the Self and Mutual Help Group for Transgender People of Transgender counseling of Torre del Lago (Italy) from 2008 to present

Thursday, 6th April - 16:30 - E-Posters Mental Health (2) - Mediterranean

Dr. Massimo Lavaggi [1], *Dr. Chiara Dalle Luche* [1], *Mrs. Regina Satariano* [1]

1. Associazione Consultorio Transgenere

Background

The present contribution describes the activities of nine years (since 2008) of the Self and Mutual Help Group performed at the Consultorio Transgenere in Torre del Lago Puccini (Lucca, Italy).

The group was open to transgender people, their relatives, partners and friends. The method of operation of the group, participant characteristics, most common topics of discussion, benefits perceived from the meetings are discussed. Furthermore, the contribution analyzes the dynamics of homo-transphobia operating in the cultural context detected by the participants, and how these are addressed.

The work also illustrates the collaborations over the years that have occurred between the group of self and mutual help and various professionals (psychologists, doctors, journalists, artists) who have carried out research and work on the issue of gender identity.

Aim(s)

Purpose of the research is to evaluate the positive effects of the meetings of Self and Mutual Help Group for transgender people on their lives in terms of improved well-being, growing awareness of gender identity, greater knowledge of therapeutic options for Gender Dysphoria, increase of social support, development of skills in fighting homo-transphobia and social stigma.

Methods

The research is made by the analysis of statistical data on the participation of the group in the years, on different parameters: participant characteristics, transition type (MtF, FtM or other), duration of the group path, participation in the group of family, partners and significant others. They are also analyzed questionnaires and interviews made with participants and conductor of the Self and Mutual Help Group.

Main Outcome Measures

The main outcome of group activity is measured by submitting to the participants specific questionnaires on the outcome about psychological well-being, gender identity and internalized transphobia, and by the qualitative analysis of structured interviews administered to the participants and to the conductors.

Results

Results of our analyzes show a significant improvement in psychological well-being of transgender people that follow the Self Help and Mutual Group activities, with a greater awareness of their gender identity and a better understanding of treatment options. The social support received by the group is essential for life in the role of desired gender, and helps people in fighting homo-transphobia and social stigma.

Conclusion

The Self and Mutual Help Group activity, that continues for nine years, is a crucial time to support transgender people in our area. As well as improve psychological well-being, it is useful to transgender people and families in contrast to homo-transphobia and in building a strong social network. The activity of the group improve dialogue and collaboration between transgender people and professionals, and it has positive impact on the

community promoting knowledge and good culture on the transgender issues.

Amongst labeling and self-ascription: Doing transgender in identity work and interaction.

Thursday, 6th April - 16:30 - E-Posters Mental Health (2) - Mediterranean

***Mr. Lasse Peschka* [1], *Dr. David Garcia* [2]**

1. University of Bamberg, 2. Universitätsspital Basel

Aim(s)

Stoller introduced the Core Identity, which understands gender as given at birth and not variable over time. His essentialist view is challenged by concepts that conceive gender as also fixed, but instead of stable since birth as achieved through socialization. The Doing Gender theory shifts such notions from gender as a fixed status to gender as an everyday recurring achievement. The conceptualization of gender as dynamic and even fluid dimension has crucial implications for transgender persons. As transgender identities are often questioned (e.g. in events of discrimination), but also reinforced (e.g. through medical interventions) during the transition process, it is of essential importance to understand, which strategies transgender persons use in daily interaction to perform their own gender

Methods

This study applies an inductive qualitative content analysis (Mayring) on 30 in depth interviews with transgender participant.

Main Outcome Measures

The qualitative content analysis provides a data driven coding system, which will be interpreted.

Results

The coding system is organized into two main categories: (a) the social, which is classified as actual events occurring outside of the person, and (b) the personal, defined as events happening in the participant's mind. The social (a) is subdivided in events in which the participants are seen as cis or non-cis by the interacting partners and in events that facilitate or not facilitate to the current status of gender. The personal (b) contains three codes: (1) perception as a reaction to a social event, (2) gender concept as the various opinions on gender stated by the participants and (3) identity work as processes that maintain one's gender identity. Strategies found to maintain, display and construct one's gender identity are verbal construction, personal appearance, setting and props and association with others. As transgender identities are exposed to a high level of stigmatization, identity work is strongly influenced by social events. Those are facilitating or non-facilitating to the current status of the participant's gender and contain stigmatization as well as support.

Conclusion

The findings provide a first understanding of the various types of strategies used by the participants to achieve their own gender. Such processes of identity work in transgender persons are strongly influenced by stigmatization and, thus, closely related to social events. The identity work introduced in this study is conceptualized as an achievement of the own gender in social interaction between labeling processes and self-ascription. To be and to be seen as transgender is rather the result of a complex social negotiation than an essential individual statement. The findings suggest a Doing Transgender that focuses on simultaneously displaying concordance and discordance between sex, sex categories and gender. The strategies found in this study expand on the Doing Gender theory by providing a more precise picture of Doing Transgender, that gives a deeper insight of transgender identities in social interactions. The findings are discussed with identity work in symbolic interactionism and doing gender theory. Both theories are integrated and applied on the transgender sample suggesting a dif-

ferentiation of the personal and social (gender) identity that refers independently to the sex, sex category and gender depending on the situation.

A metric treatment score as an alternative to predefined treatment stages - How to acknowledge individual treatment requests in research with trans individuals in need of transition related medical interventions

Thursday, 6th April - 16:30 - E-Posters Mental Health (2) - Mediterranean

Mr. Andreas Koehler [1], ***Ms. Jana Eyssel*** [1], ***Dr. Timo O. Nieder*** [1]

1. University Medical Center Hamburg-Eppendorf

Background

To date, the majority of research with trans individuals in need of transition -related medical interventions (TRMI) assumes a pre-defined clinical pathway, starting with mental health counseling and concluding with genital reconstructive surgery (GRS). Therefore, previous research primarily investigated effects of hormonal treatment (White Hughto & Reisner, 2016) and GRS (Murad et al., 2010) on various mental health and quality of life outcomes. However, both empirical and clinical evidence suggests that individual intentions to undergo TRMI are more diverse than previously assumed (e.g. Beek et al, 2015; Eyssel et al., submitted). Some individuals only require few interventions to consider their transition complete, and therefore would be inconsistent with a predefined treatment path ending with GRS. The reasons for varying numbers of requested treatments per individual appear to be manifold. Besides non-binary gender identifications, poor aesthetic outcomes and a high risk of medical complications, especially in GRS, have been identified as important factors (Loos et al., 2016). Moreover, for some trans individuals, few TRMI might be sufficient to significantly reduce gender dysphoria and ensure an improvement in mental health and quality of life. This might be especially true for non-binary individuals.

Aim(s)

Even though a majority of trans individuals in need of TRMI might require both hormonal treatment and genital surgery, a generalization of this understanding seems to be an inadequate reflection of the heterogeneous treatment needs in the trans population.

Methods

Therefore, a newly developed metric score illustrating the individual treatment progress could be superior to the traditionally used pre-defined treatment phases.

Main Outcome Measures

The individual treatment progress score (ITS) is calculated based on the number of undergone interventions standardized with the total number of planned interventions (already undergone interventions+ future interventions).

Results

The ITS has already been used in recent studies and achieved good results (Eyssel et al., submitted; Koehler et al., in prep.). It has been shown that the ITS explained a significant amount of variance and was superior to analysis based on predefined treatment stages.

Conclusion

Since the ITS does not assume a pre-defined end of TRMI, it opens up the possibility to examine individual requests with regard to transition-related care in a comparable way. As it does not need preconceptions of a hypothetical treatment progress, the ITS provides additional information on the diversity of the sample and

therefore might be more inclusive. To make the ITS more comprehensive, additional information (e.g. treatment satisfaction, aesthetical outcome) could be entered in the calculation.

Lifetime history of non-suicidal self-injury in people diagnosed with gender dysphoria: association with psychological features and perceived discrimination

Thursday, 6th April - 16:30 - E-Posters Mental Health (2) - Mediterranean

Dr. Koray Başar [1], ***Dr. Gökhan öZ*** [1]

1. Hacettepe University, Faculty of Medicine, Department of Psychiatry

Background

Trans people were shown to have a higher prevalence of non-suicidal self-injury (NSSI) (1). Lower self-esteem, social support and higher victimization were reported to be associated with self-injury in trans people (2, 3). High rate of suicide attempts was recently reported in a Turkish sample (4).

Aim(s)

The aim of this study was to investigate the prevalence of NSSI in a clinical group of individuals diagnosed with gender dysphoria in Turkey, and assess association with demographic, clinic, psychological features.

Methods

Participants were recruited among individuals diagnosed with gender dysphoria in psychiatry outpatient clinic. History of NSSI and suicide attempt, presence of lifetime and current mental disorders were evaluated with a clinical interview. Perceived discrimination was assessed with Perceived Discrimination Scale (PDS) which was two subscales: personal and group. Hopelessness was evaluated with Beck' Hopelessness Scale (BHS), Beck Depression Inventory (BDI) was used to assess depressive symptoms. Rosenberg Self-esteem Scale was used to assess level of self-esteem. Multidimensional Scale of Perceived Social Support (MSPSS) was used to evaluate social support.

Main Outcome Measures

Participants with and without history of NSSI behavior were compared with respect to their scores in BHS, BDI, PDS and MSPSS, levels of self-esteem according to RSE. In addition, demographic, clinical and transition-related features were compared.

Results

Among 134 individuals diagnosed with gender dysphoria, 74 % were assigned male at birth, mean age was 25. Lifetime history of NSSI was present in 28.4 %, suicide attempt in 23.9 %;12.7 % had both. Current and lifetime diagnosis of mental disorder were 21.6 % and 46.3 %, respectively. Participants with history of NSSI had higher scores indicating higher hopelessness ($p = .002$), and perceived personal discrimination ($p = .01$). Scores of BDI, MSPSS and perceived group discrimination scale were not different. History of NSSI was less frequent in participants with higher level of self-esteem ($p = .003$). There were no age and gender difference between participants with and without NSSI history, however, those with NSSI history had higher rates of lifetime diagnosis with mental disorders, but not current.

Conclusion

Lifetime history of NSSI was associated with persisting hopelessness and higher percevied discrimination, although prevalance of current depression was similar. NSSI merits research interest regarding its prevalance and association with psychological features. Predictors and effective means of prevention of NSSI behavior should be assessed in follow-up studies.

References
1. Marshall E, Claes L, Bouman WP, Witcomb GL, Arcelus J (2016) Non-suicidal self-injury and suicidality in trans people: A systematic review of the literature. Int Rev Psychiatry 28:58-69.
2. Claes L, Bouman WP, witcomb G, Thuston M, Fernandez-Aranda F, Arcelus J (2015) Non-suicidal self-injury in trans people: association with psychological symptoms, victimization, interpersonal functioning, and perceived social support. J Sex Med 12:168-79.

3. Davey A, Arcelus J, Meyer C, Bouman WP (2016) self-injury among trans individuals and matched controls: prevalence and associated factors. Health Soc Care Community 24:485-94.

4. Yüksel Ş, Aslantaş Ertekin B, Öztürk M, Bıkmaz PS, Oğlağu Z (2016) A clinically neglected topic: Risk of suicide in transgender individuals. Arch Neuropschiatry 53: doi: 10.5152/npa.2016.10075.

Sexual life of transgender individuals in Turkey: The effect of sex reassignment surgery

Thursday, 6th April - 16:30 - E-Posters Mental Health (2) - Mediterranean

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Background

A surprisingly small amount of research has examined the sex life of transgender individuals before and after undergoing sex reassignment surgery (SRS). Among transgender individuals, because of the discomfort involved in touching and looking at their congenitally present physical features, genital hiding and covering is very common during sexual activity. These attempts at avoidance can have a negative impact on sexual pleasure. However, after undergoing SRS and being provided with the genitalia corresponding to the gender they identify with, transgender individuals experience improvement in their sexual drives, sexual excitement and orgasms.

Aim(s)

The study aimed to compare transgender individuals sex life before and after sex reassignment surgery.

Methods

Samples:

The study includes two groups – Group I: 50 transgender individuals who had not undergone sex reassignment surgery and Group II: 20 transgender individuals who had undergone sex reassignment surgery.

Measurements:

Arizona Sexual Experiences Scale (ASES), World Health Organization Quality of Life Scale (WHOQOL) and Self-Esteem Scale.

Main Outcome Measures

The absence of complications during surgery had a positive impact on sexual life and was observed to be more significant in the ASES items related to excitement. Negative attitudes against masturbation dropped from 45% to 5% in Group II participants compared to Group I participants.

Results

The study involved 39 transmen and 31 transwomen, with the mean age in Group I being 27.04 ± 7.56 and 32.6 ± 7.16 in Group II. Participants in Group II were more likely to have a regular job and had higher employment rates (75%) compared to participants in Group I (56% employment rate). Furthermore, Group II participants scored lower on the ASES items related to orgasm and satisfaction, so SRS was found to be associated with a better sexual life.

Conclusion

The results of the study are discussed within a cultural and religious context, where it will be shown that transgender individuals in Turkey have experienced a very hard time transforming their private and public identity, particularly considering that Turkey has the highest levels of homophobia and heterosexism among European countries. Turkish transgender individuals often struggle with issues of resistant internalized transphobia, especially when it comes to accepting their own identity and disclosing their gender identity to their partner.

Gender dysphoria and pregnancy

Thursday, 6th April - 16:30 - E-Posters Mental Health (2) - Mediterranean

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Background

Gender dysphoria (DSM V) designates a feeling of dissonance between gender identity and gender assigned at birth, ranging from transient distress to more stable forms that may eventually lead to the seeking of gender affirming surgery. The intensity of gender dysphoria may vary as a function of life events. Among those, the project of childbearing (conception, pregnancy and, in term, birth giving) signifies a time of adjustment in perceived identity in general, as well as in gender roles. These events can also prove to be moments of vulnerability, exacerbating depressive or anxiety symptoms, body image issues or eating disorders, but also generate gender identity oscillation or distress. However, to our knowledge, the fluctuations in gender identity during conception, pregnancy and childbirth have not been sufficiently documented.

Aim(s)

We present the case of a reactivation of gender dysphoria in a 37 year-old female-to- male patient fostering a project for a second child and having already presented acute gender dysphoria during a first pregnancy, three years before. Painful gender identity concerns had appeared abruptly during that first pregnancy, accompanied by severe depression. Pregnancy came to term with gynaeco-obstetrical, psychiatric and family support. Gender dysphoria receded gradually in the months following childbirth, but was re- actualised in the context of a second parental project, leading to the formulation of a wish to undergo sex affirming surgery. At the time of consultation in our gender identity service, clinical features included acute anxiety and depression symptoms, as well as marked ambivalence towards the transition project, viewed by the patient as a very stressful option but also as an inevitable means of relieving gender distress. Moments of impression of physical transformation from female to male, as well as depersonalisation with a feeling of disappearance of gender identity altogether and non-recognition of the self in the mirror were reported in the patient's history; however, those symptoms did not present with the same intensity in the current context.

Methods

Clinical case description, combining psychiatric consultations and psychological testing.

Main Outcome Measures

Clinical case description

Results

Regular consultations in a setting specialising in gender identity and gender dysphoria issues, in synergy with the patient's referring psychiatrist and psychotherapist, allowed for a stabilisation of the anxiety and depression symptoms; the patient's gender non- conformity persists to this day.

Conclusion

The diagnostic and therapeutic considerations raised by this observation allow us to discuss the relatively understudied aspect of gender identity fluctuation following a project to have a child and pregnancy. In a broader perspective, these issues are discussed as they put forth a specific aspect of gender identity: parenthood, filiation, and transmission as a gendered parent.

Narrow neovaginal width in a trans person due to short interramic distance

Thursday, 6th April - 16:30 - E-Posters Surgery (1) - Adriatic

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Background

One of the goals for vaginoplasty for trans people is to provide a functional neovagina.

Regardless of the method used to line the neovagina, the cavity is created in between the pubic rami posterior to the pubic symphysis, and between the prostate and the rectum.

Two different methods can be used to form the cavity: blunt dissection (for example using a finger); sharp dissection, from the apex of the prostate anterior to Denonvillier's fascia.

A finger or a stent can be inserted in the rectum to facilitate the plane exposure. A urethral sound or retractor can be inserted through the urethra into the bladder, and used to push the prostate anteriorly into the perineum.

The interramic distance (ID) constitutes an important limiting factor for the width of the neovagina. The mean ID, 3 cm below the lower border of bony structure of the symphysis pubis, is reported to be significantly shorter in biological males than in biological females, being 3.95 (± 0.25) cm and 5.2 (± 0.36) cm respectively in Taiwanese males and females.

Aim(s)

To report a case of a trans person, in which an exceptionally short ID caused difficulties in cavity dissection and required a smaller-than-usual stent at dilation.

Methods

A 32-year-old trans person underwent vaginoplasty by penile skin inversion at the Department of Plastic Surgery at Sahlgrenska University Hospital (Gothenburg, Sweden) in April 2016. The patient had previously gone through psychological assessment and hormonal treatment as according to WPATH Standards of Care.

At preoperative examination the penile skin amount was judged as adequate: no skin graft or scrotal flap was required. Patient's height was 158 cm.

At surgery the cavity dissection was performed by sharp dissection to the plane of Denonvillier at the apex of the prostate. This dissection was noted to be more difficult than usual, due to a short ID.

Main Outcome Measures

Both surgery and the post-operative period were uneventful. However, when starting the dilation regimen, the insertion of the usual stent was impossible. In fact, the standard stents (2.5 cm, 3.0 cm) used after vaginoplasty could not be inserted in the neovaginal cavity. In spite of sufficient depth of the cavity (11.5 cm) the width was restricted ventrolaterally by the pubic rami.

A CT scan of the pelvis was performed to measure pubis symphysis proportions.

Results

Although the proportions of the pelvis were normal for a biological male; the angle between the inferior pubic rami at the most caudal level was 51°; the ID, at 3.0 cm below the lower border of bony structure of the symphysis pubis, was only 3.2 cm, which is shorter than the average reported in the literature. The patient could successfully perform dilation using a stent with a diameter of 2.0 cm.

Conclusion

A short ID can cause a restriction of width of the neovagina after vaginoplasty in trans persons. If a biological male patient presents with a short stature, a short ID may be anticipated. Radiological imaging can be considered to measure the ID preoperatively. It is important to inform the patient of this possible limitation in the creation of the neovagina, and to be equipped with appropriately sized stents.

The state of general health and post-surgical care for transgender people in the U.S. prison system who have had Gender Affirming Surgery (GAS): Where are we and what challenges do we face?

Thursday, 6th April - 16:30 - E-Posters Surgery (1) - Adriatic

Dr. Maurice Garcia [1], ***Mx. Penny Goldbold, JD.*** [2]

1. University of California San Francisco, 2. Prison Law Center

Background

The need for, and right to, medical and surgical care as treatment for gender dysphoria is increasingly recognized in the U.S. This is reflected in Federal, state, and commercial health policies that have eliminated exclusionary riders that historically excluded transgender people from benefits covering transgender-specific medical and surgical care.

The Prison System in the U.S. (both Federal and for most for most State Prison Systems) and in other countries around the world is an important domain of our society where the call for recognition and equal access to population-specific healthcare needs for transgender people has seen little progress. The act of removing people from society and placing them in prison takes from people their ability to care for their own basic needs such as food, water, shelter, and access to medical care. The Supreme Court of the United States has long recognized that this act creates a great responsibility on the part of government.

Aim(s)

1. We review the challenges that transgender people entering the prison face, and examine the current policies of the U.S. Federal and State prison systems that guide how transgender people are housed and cared for under the prison health system.

2. We discuss transgender people's GCS surgery-related needs after they complete masculinizing and feminizing surgery – specific care needs and the rationale for each, and common-practice care regimens.

3. And we conclude by offering practical approaches to providing the needed care we describe within the prison environment.

Methods

Review of Federal and State prison legal and procedural policies governing the housing and care of transgender people.

Review of common care practices related to transgender care in general and pre and post-genital gender affirming surgery.

Interviews with prison administrators.

Main Outcome Measures

Policy and practices review, and interviews.

Results

Currently, in the U.S., there is no formal policy governing the assignment of trans people to gender congruent

prisons. Trans people are assigned to prisons based on the presence or absence of a penis (specifically). Active use of gender congruent hormones, and past history of other gender surgeries such as orchiectomy, vaginectomy, and chest surgery have no bearing on assignment to a prison of a specific gender.

We found that to date, in the U.S. prison system, while there appears to be genuine interest within the U.S. Federal Prison system for providing more humane care for transgender inmates, there is no formal policy at all governing their care with respect to pre and post-genital surgery needs.

The primary barrier appears to simply be lack of education and teaching about the transgender population as a whole, and trans people's specific needs.

Prison policies governing the assignment of transgender people to gender-congruent prisons, and their care after admission, from other countries is difficult to access (similar to as how it is in the USA).

Conclusion

Within the U.S., and presumably a majority of other countries, there is no provision for assignment of inmates to a gender congruent prison.

In addition to the negative effect such policies have on trans inmates basic dignity, this fact also serves to compound the personal safety challenges and health care challenges that transgender people face within prison.
These "challenges" are in fact in line with violation of commonly respected human rights within the prison system.

As the visibility of transgender people increases in the U.S. and around the world, and as more rights-abuse cases are argued successfully in courts, the (U.S.) prison system is more motivated than in the past to better accommodate transgender people in prison.

Our findings suggest that a key barrier to advancing better policies is simply lack of education and teaching. Another chief barrier is the practicality of proposed policy changes within the restrictions of the prison system.

We conclude that the most fruitful starting point to address such complex and challenging questions is education and dialogue between administrators of the prison system and people expert in transgender healthcare, health policy and and human rights law.

How big is too big? Functional dimensions of bestselling insertive sex toys to guide maximal neophallus dimensions

Thursday, 6th April - 16:30 - E-Posters Surgery (1) - Adriatic

Dr. Maurice Garcia [1], ***Dr. Lia Banie*** [1], ***Mr. James Bellringer*** [2], ***Dr. Philip Thomas*** [3]

1. University of California San Francisco, 2. Department of Gender Surgery, Parkside Hospital, 3. NHS/Neuffeld, London, UK

Background

In our practice we have encountered multiple female-to-male transgender patients seeking neophallus revision surgery for excessive girth which precludes penetrative intercourse.
There is little evidence available to guide transitioning patients or their surgeons regarding suitable neophallus dimensions, and poor evidence on receptive size preference overall.
In this study, we assess the dimensions of sex toys designed for insertive marketed by leading U.S. vendors. As a proxy for mean and maximal neophallus dimensions, we assess the mean and upper-limit dimensions of insertive sex toys for sale to the U.S. public by these leading vendors.

Aim(s)

We aim to assess the length and circumference of bestselling realistic dildos, and then compare these to published erect cis-gender penile dimensions, for the following purposes: 1. To see how the mean length and girth of best-selling insertable sex toys compares to cis-gender erect penile dimensions; and 2. To use the upper-limit of best-selling insertable sex toy dimensions as a proxy to define maximal “upper limit” for neophallus girth compatible with insertive intercourse for cis-gender receptive sexual partners.

Methods

We collected reported measurements for “realistic dildos” designated as bestsellers for the top five Alexa.com-rated online adult retailers in the United States and for Amazon.com. We compared these with in-person measurements of dildos available at Good Vibrations in San Francisco (USA).

Main Outcome Measures

Main outcome measures: Average length and circumference of overall bestselling and top-three largest best-selling realistic dildos as reported on top websites and measured in person by investigators.

Results

While the insertive length of all of these compiled sex toys is one standard deviation greater than functional erect penile length as reported in the literature, their average circumference was quite close to mean reported natal girth.

Conclusion

We suggest that a reasonable maximal neophallus girth after insertion of an inflatable penile prosthesis is 15.1 cm in circumference (=2 standard deviations greater than the mean reported natal erect penile girth (11.5 cm [SD=1.7] to 12.3 cm [12.3].
Girth greater than this could lead to difficulty in penetrative intercourse for many sexual partners. A more conservative guideline is 13-14 cm, or 0.5-1.5 SD greater than natal girth.

Anterolateral thigh phalloplasty: Prefabricating urethra technique

Thursday, 6th April - 16:30 - E-Posters Surgery (1) - Adriatic

Dr. Kamol Pansritum [1]

1. *Kamol Hospital*

Background

The radial forearm free flap has been considered the best procedure for neophallus reconstruction for many years, but other flaps have been attempted to minimize donor site morbidity and optimize outcome. The pedicled anterolateral thigh flap is considered to be reliable and to decrease the risks of total flap failure.

Aim(s)

To describe the surgical procedure of pedicled ALT (anterolateral thigh) flap phalloplasty in female-to-male transsexuals.

Methods

We report successful total phallic reconstruction in a female-to-male transsexual patient using an island pedicled anterolateral thigh (ALT) flap. The procedure involved 2 stages operation; the first stage consisting of total vaginectomy, urethral lengthening, and prefabricating urethra. The second stage consisted pedicled ALT flap, nerves anastomosis, and urethral anastomosis.

Main Outcome Measures

Between April 2013 and April 2016, there were 23 cases of female-to-male performed at our hospital. Five cases were performed with two flaps technique (Free Radial forearm flap with ALT flaps), Eighteen cases were performed with prefabricating urethra.

Results

The neophallus shows aesthetically appealing results. The operative time was approximately 6-8 hours.
Hospitalization time was 14 days. The urine catheter was retained in 3 weeks postoperatively.
The patient was able to urinate without urethral fistula.

Conclusion

We consider this technique for phalloplasty concerning effort, complications, donor site morbidity and aesthetic result as an appropriate alternative to established methods in selected patients. Additionally the shortened operating time and the lack of possible complications of microvascular anastomoses bear advantages. The pedicled ALT flap may be a reliable option to avoid visible scarring at the donor site on exposed body parts.

One-stage gender reassignment surgery in female-to-male transsexuals

Thursday, 6th April - 16:30 - E-Posters Surgery (1) - Adriatic

Dr. Borko Stojanovic [1], *Dr. Marta Bizic* [1], *Dr. Vladimir Kojovic* [1], *Prof. Miroslav Djordjevic* [1]

1. Belgrade gender dysphoria team

Background

Gender confirmation surgery (GCS) for female-to-male transsexuals includes removal of breasts and female genitalia, as well as complete genital and urethral reconstruction. Simultaneous multidisciplinary approach enabled us to perform all these procedures in a single stage, and offer these patients time and cost saving solution, as well as possibility to avoid multiple surgeries.

Aim(s)

Our aim is to present our results in one-stage female-to-male gender confirmation surgery.

Methods

Between January 2008 and March 2016, totally 473 female transsexuals, aged 18–56 years (mean age 31.5) underwent metoidioplasty. Out of the total number, 137 patients (29%) underwent simultaneous hysterectomy, while 79 patients (16.7%) had bilateral mastectomy and hysterectomy performed at the same stage with metoidiplasty. Simultaneous approach of gynecology team and gender surgeons team was necessary for a single-stage procedure. All patients were required to fulfill all criteria according to WPATH Standards of Care prior to surgery.

Main Outcome Measures

Outcomes are defined according to surgery time, postoperative hospital stay, as well as complication rates.

Results

The mean follow-up was 40 months (ranged from 16 to 94). Mean surgery time was 260 minutes (range 215-325). Mean postoperative hospital stay was 4 days (3-6 days). Complications occurred in 23 out of 79 patients (29.1%). There were 8 cases (10%) with complications related to mastectomy: one patient had revision surgery due to the breast hematoma, 3 patients experienced partial nipple graft necrosis and 4 patients developed hypertrophied scars. Two patients underwent conversion of transvaginal hysterectomy to abdominal approach. One patient received blood transfusion due to excessive bleeding caused by the newly discovered Von Willebrand disease. There were 9 complications (11.4%) related to urethroplasty, including 5 fistulas, 3 strictures and 1 diverticulum. Rejection and dislocation of testicular implant occurred in two and one patient, respectively. In the group of patients who experienced urethral and testicular implants complications, 5 patients required minor revision surgery.

Conclusion

With simultaneous multidisciplinary approach of experienced teams, single-stage gender confirmation surgery presents a viable, time and cost saving procedure. Complication rates do not differ from reported rates in multi-staged surgeries.

Ethical framework for penile transplantation surgery for trans-people

Thursday, 6th April - 16:30 - E-Posters Surgery (1) - Adriatic

Dr. Gennaro Selvaggi [1]

1. Sahlgrenska University Hospital, at Gothennburg University

Background

Medical science has made tremendous advancements during the last decades. A milestone was the first report of successful transplantation of a solid organ, the kidney, which was later followed by successful transplantations of other organs whose aim was to enhance quality of life (QoL) as hand, abdominal wall, larix, face, uterus transplantation and, in 2006, penis transplantation (PT) for a cis-man following traumatic penis amputation. None of the three penile transplantations reported so far in the literature were performed for the purpose of gender confirmation surgery.

Aim(s)

To identify the main ethical issues that are likely to be associated with the development of PT for trans people, and eventually to develop prima facie ethical guidelines to allow this research, discussing, for example, body donation for anatomical studies, the use of cadaver vs living donors, and the ethics of research on PT for trans people.

Methods

Analysis of the ethical issues, and application of the Emmanuel's et al. (2000) ethical requirements for research, on the feasibility of innovative PT surgery for trans people.
Term paper for the MA in Bioethics, New York Univesity, USA.

Main Outcome Measures

1) There is no specific ethical issue that could be raised up in merit of body donation for anatomical study when developing PT for trans people.
2) I argue that many people might have different attitudes towards donation of specific organs such as face and penis, vs organs such as kidney and liver; I assume, in fact, that people might give special value to some organs rather than others.
Given the importance to the bond of a person with organs such penis (or face, for example), it appears important to inform donors that penis is one of the organs that could be transplanted, when that person is deceased.
3) Regarding the issue of living donor, I argue that in clinical research setting, without having a guarantee that neither the recipients neither the hypothetical living donors will benefit of the research, using a cadaver donor is ethically plausible, while using a living donor is not ethically plausible for the time being. According to the Declaration of Helsinki, in fact, in research settings "measures to minimize the risks must be implemented".

Results

Emanuel et al. (2000) previously proposed a framework of seven clinical requirements for clinical research, as scientific and social value, scientific validity, fair subject selection, favorable risk-benefit ratio (I hereby take a libertarian view - seeking to highlight autonomy and freedom of choice, emphasizing the primacy of individual judgment), independent review, informed consent, respect for enrolled research participants. All these are applicable and can be implemented when planning PT.
Finally, I argue that, when the clinician is proposing all different techniques available (no surgery, metaidoioplasty, epithesis, local flap, free flap, and PT) with a fair approach (using an unbiased communication model in

order not to persuade the patient toward one technique rather than another), the patient's vulnerability would not constitute anymore an ethical issue specific to the PT study.

Conclusion

There is no ethical issue that would make research on PT unjustified in the specific subgroup of trans people. The same ethical framework guiding other non-life threatening transplantations (e.g. face and hands) can be adapted to the trans people group. Correct and complete information should be given to both potential donors and recipients; emphasis must be given to patient's autonomy when self-assessing QoL, and foreseeable benefits vs possible risks; when selecting patients to be enrolled in research / innovative surgery, priority should be given to patients whose improvement in QoL is foreseeable.

Surgical indications and outcomes of mastectomy in transmen: A prospective study of technical and self-reported outcome measures.

Thursday, 6th April - 16:30 - E-Posters Surgery (2) - Aegean

Mr. Tim van de Grift [1], Ms. Lian Elfering [1], Dr. Mark-Bram Bouman [1], Ms. Müjde Özer [1], Dr. Marlon Buncamper [1], Mr. Jan Maerten Smit [1], Dr. Margriet Mullender [1]

1. VUMC

Background

Although transgender surgery constitutes a growing field within plastic surgery, prospective studies on masculinizing mastectomies are lacking

Aim(s)

The objective of the present study was to prospectively follow a cohort of transmen undergoing mastectomy and assessing technical and self-reported outcomes, as well as to evaluate surgical decision-making.

Methods

Fifty-four transmen were recruited during a 10-month period at the Department of Plastic Surgery of a Centre of Expertise on Gender Dysphoria. Preoperative assessment included standardized chest examination. Six months postoperatively, participants rated their satisfaction with surgery, and 12 months postoperative surgical outcomes were reviewed independently.

Main Outcome Measures

Surgical decision-making was evaluated by comparing indications and outcomes per technique, and assessing the clinical validity of the most-used decision-aid (using Cohen's kappa).

Results

One periareolar mastectomy, 26 concentric circular mastectomies and 22 inframammary skin resections with free nipple graft were performed in our cohort. Five participants were still to be operated. Concentric circular mastectomy was performed in smaller or medium-size breasts with low ptosis-grade and good elasticity, whereas the inframammary skin resection group showed a wider range of physical characteristics. Despite being performed in better-quality breasts, concentric circular mastectomy was associated with more secondary corrections (38.5%), dehiscence, seroma, and lower postoperative satisfaction compared to inframammary skin resections. Clinical decision-making was generally in line with the published decision-aid.

Conclusion

Compared to inframammary skin resections, concentric circular mastectomy – despite being performed in favourable breast types – appears to produce poorer technical and self-reported outcomes. Surgical indications and preoperative counselling regarding secondary corrections may therefore be subject to improvement.

Transgender Top Surgery & the hybrid nipple flap: A retrospective review of data on surgical outcomes and patient-reported satisfaction at NYU Langone Medical Center, Hansjörg Wyss Department of Plastic Surgery

Thursday, 6th April - 16:30 - E-Posters Surgery (2) - Aegean

Ms. Grace Poudrier [1], *Ms. Whitney Saia* [1], *Dr. Jessie Yu* [1], *Dr. Alexes Hazen* [1]

1. Hansjörg Wyss Department of Plastic Surgery, NYU Langone Medical Center, New York, NY

Background

Top surgery is the most frequently performed transition-related procedure sought by trans men, initiated by patients who wish to align their physical body (chest wall) with a preferred gender identity. Technical goals of this procedure include the removal of breast tissue and excess skin, proper repositioning and reshaping of the nipple-areola complex (NAC), and the minimization of chest wall scars.

Despite the immense practical importance of top surgery for trans men in daily life, literature on long term patient satisfaction with surgical outcomes is scarce. In particular, the degree to which top surgery—independent of other gender confirming surgeries (GCS)—improves quality of life (QOL) for trans men is not well documented in the medical literature. As a result, patients considering this surgery and the medical personnel tasked with guiding them often have minimal reliable information to share regarding post-op patient reported satisfaction and QOL associated with different surgical techniques, and funding for this procedure is too often disputed.

Aim(s)

In this presentation, the author recounts her groups' recent experience with their preferred surgical technique— referred to as the Hybrid Nipple Flap—and reviews retrospective patient data on associated primary and secondary outcome metrics, in terms of both surgical results and post-operative patient satisfaction (patient-reported survey data).

Methods

A retrospective chart review was undertaken of 50 top surgery cases overseen by a single surgeon (Alexes Hazen MD) during a twelve month period at NYU Langone Medical Center (March 2015-March 2016, Hansjörg Wyss Department of Plastic Surgery, New York, NY). The electronic medical records of individual subjects were reviewed for data on patient characteristics, surgical technique, and postoperative results.

In addition, an original survey—designed to gauge post-op quality of life and satisfaction with top surgery outcomes —was distributed to 250 of Dr. Hazen's former patients via email and US Mail as part of an ancillary research study. Completion of the survey was completely voluntary, subjects did not receive compensation for participating, and responses were anonymous. All survey participants were at least three months post-operative.

Main Outcome Measures

In our chart review, data from fifty electronic medical charts was retrospectively analyzed for demographics (patient age, sex, medical history, hormone therapy regimen, length of hospital stay), pre and post op photographs (if available), complications (hematoma, infection, seroma, fistula, or partial necrosis of nipple-areola complex), characteristics of operation (description of reconstruction/technique, operative time), and need for subsequent interventions, aesthetic corrections, or re-operation.

In our survey study, qualitative data on patient attitudes and experiences undergoing top surgery was collected in the following domains: 1) patient-reported satisfaction with the functional and aesthetic outcomes of their top surgery; 2) barriers encountered (if any) in the surgical decision making process; 3) pre and post op Quality of Life; and 4) long term satisfaction with decision to have top surgery.

Results

In transgender men, the Hybrid Nipple Flap technique is a reliable, reproducible, and effective top surgery technique. The majority of patients who responded to our survey reported a general sense of satisfaction with surgical outcome (aesthetic and functional), coupled with notable improvements in post-operative quality of life, sexual satisfaction, and mental health (to varying degrees).

Conclusion

As funding for bilateral mastectomy and associated chest re-contouring for trans men is continually disputed throughout the United States and elsewhere, our findings contribute to a much-needed body of evidence that top surgery improves the daily lives and functioning of trans men to a marked extent.

Video : Post phalloplasty urethral fistula correcting by Martius' Flap

Thursday, 6th April - 16:30 - E-Posters Surgery (2) - Aegean

***Dr. Maxime Deslandes* [1], *Dr. Romain Weigert* [1], *Prof. vincent casoli* [1], *Dr. Mathieu Bondaz* [1], *Dr. Sophie Boulon* [1], *Dr. Grégoire Capon* [1]**

1. University hospital Bordeaux

Background

Urethral fistula are a common but dreaded postoperative complication of the phalloplasty for sex reassignment surgery (F to M).

Aim(s)

Present a surgical technique to correct urethral fistula with a Martius's flap

Methods

A 6-minutes of the surgical technique in a case of a F ot M transgender patient

Results

There was no post operative complication and there is no reccurence in thiis case at this day.

Conclusion

It is an interresting surgical technique in the managment of the urethral fistula for F to M transgender patient

Delivery of a truly patient-centred service for chest reconstruction in trans gender persons

Thursday, 6th April - 16:30 - E-Posters Surgery (2) - Aegean

Ms. Chloe Wright [1], Ms. Kate Williams [1], Ms. Grit Dabritz [1]

1. Department of Surgery, Pennine Acute Hospitals Trust

Background

Persons diagnosed with gender dysphoria generally experience distress due to the dissonance between their birth-assigned and experienced gender. The goal of medical and surgical interventions is to align the physical characteristics with the experienced gender. The World Professional Association for Transgender Health (WPATH) recommend that medical transition be managed in an interdisciplinary setting.

North Manchester General Hospital has a dedicated chest reconstruction service for Trans gender persons, receiving approximately 70 referrals for surgery each year. The service has been developed over the last 10 years and is delivered by two Consultant Oncoplastic Breast Surgeons, at team of clinical nurse specialists, and a clinical psychologist.

Aim(s)

To represent our service for Trans gender persons undergoing chest reconstruction, we describe the pertinent features of the care that we deliver for Trans male persons referred for chest contouring surgery. A service which we believe to be a unique in the UK. It is a truly patient-centred and individualised model of care.

Methods

The full process of care for Trans male persons having chest reconstruction at North Manchester General Hospital is presented, with particular reference to selection of surgical technique.

At our institution, five different mastectomy techniques for chest reconstruction in Trans male persons are available:

1. Liposuction: Suitable for small, predominantly fatty breasts with very little glandular tissue. This technique retains full nipple sensation

2. Techniques which maintain the nipples' own blood supply and retain sensation in >70% of cases:

I. Periareolar incision and Gortex closure: Suitable for small breasts where only a small amount of tissue and skin need be excised. A Gortex suture is utilised to prevent stretching of the scars

II. Inferior dermal flap: Suitable for the majority of patients with medium to large breasts (approximately 200 to 600g excision)

III. Bipedicled flap: Suitable for medium-sized breasts with naturally high-sitting nipples where it is not possible to place the double incision scars low. This technique results in nipples within horizontal scars

3. Free full thickness nipple graft: Suitable for large breasts or patients with medical conditions which preclude a longer anaesthetic-time or use of flap techniques

Main Outcome Measures

To present what we believe to be a reliable, thorough and reproducible model of patient-care which adheres to and exceeds the WPATH standards.

Results

Prior to referral for surgery, all patients have been fully assessed by a Gender Identity clinic and have made a social gender role transition. At initial consultation for chest reconstruction surgery, a thorough history and chest examination is performed, taking in to account the shape of chest wall, and the amount of tissue and skin

to be removed. The patients' goals for surgery with respect to the importance of nipple-sensation and regarding scar placement are explored.
Multidisciplinary care is provided. There is assessment by a clinical psychologist, who assesses all patients who have healthy tissue removed, to ensure psychological robustness to deal with major surgery and its potential complications. Clinical nurse specialists are involved in exploring and informing the patient's understanding of the procedure with use of counselling and viewing the unit's bank of pre and post-operative photographs. Medical photography is employed to document and reference with the patient the chest-appearance at each stage. All patients over forty years have mammographic assessment.
To ensure high quality and respectful delivery of care, the unit delivers education and training sessions for clinic, ward, theatre and medical staff.
To safeguard best practice, the unit has an active programme of audit, governance and research.

Conclusion

Patient-involvement in the surgical decision-making process is central to our model of care. We have a range of reconstruction techniques which may be employed, each with its own strengths and weaknesses. The success of each technique is hinged upon a both detailed and holistic understanding of the patients' goals, and their baseline physical and emotional health.

Sexuality after male to female gender confirming surgery

Thursday, 6th April - 16:30 - E-Posters Surgery (3) - Danube

Dr. Jochen Hess [1]***, Mrs. Isabella Kurth*** [1]***, Mr. Alexander Henkel*** [1]***, Dr. Leo Panic*** [1]***, Prof. Herbert Rübben*** [1]***, Dr. Roberto Rossi Neto*** [2]***, Dr. Yasmine Hess-Busch*** [1]

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Background

Male to female (MtF) gender confirming surgery (GCS) comprises resection of the corpora cavernosa and the testicles with creation of a functional and asthetic perineogenital complex. However little is known about the long-term impact of surgery on the sexuality.

Aim(s)

This study aimed to evaluate the long-term effect of GCS on sexuality.

Methods

We retrospectively surveyed 254 consecutive MtF transsexual patients who had undergone GCS with penile inversion vaginoplasty at our department between 2004 and 2010. In total, we received 119 completed questionnaires (response rate 46.9%) after a median 5.05 years (standard deviation: 1.6 years; range: 1 to 7 years) since surgery.

Main Outcome Measures

We asked the women to self-identify their sexual orientation related to their perceived gender. Furthermore we inquired information about the ability to and the modality as to how achieve orgasms and about the satisfaction with the clitoral sensibility, with the vaginal depth, about the ease of sexual stimulation and the pleasure of sexual activity.

Results

Study participants reported in 33.7% a herterosexual orientation, in 37.6% a lesbian and in 22.8% a bisexual orientation. Approximately two thirds of the patients hadn´t encountered sexual intercourse after this time. Those who had sexual intercourse rated their orgasms in 55.8% to be more intensive compared to preoperatively, with 20.8% who felt no difference. Most patients were satisfied with the sensitivity of the neoclitoris (66.5%) and with the depth of the neovaginal canal (67.1%). However, the self-estimated pleasure of sexual activity was significantly correlated with the sensitivity of the neoclitoris ($\rho=0.508$, $p=0.01$) but not with the depth of the neovaginal canal ($\rho=0.198$, $p=0.079$). There was a significant correlation between the ease with which patients were able to become sexually aroused and their ability to achieve an orgasm ($\rho=0.616$, $p=0.01$).

Conclusion

Meticulous preservation of genital nerval anatomy is a prerequisite for future orgasms in transgender individuals - the brain, however, seems to play the key role for overall orgasmic experience.

Effects on patients' quality of life, satisfaction and psychosocial status after Female to Male Sex Reassignment Surgery

Thursday, 6th April - 16:30 - E-Posters Surgery (3) - Danube

Prof. Nikolaos A. Papadopulos [1]***, Dr. Benjamin Ehrenberger*** [2]

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Background

Referring to the world literature there are only a few studies which deal with the topic of quality of life and satisfaction after sex reassignment surgery from female to male (FtM).

Aim(s)

We designed a survey to evaluate the influence of surgery on quality of life, self-esteem, psyche and emotional stability of operated FtM transsexuals.

Methods

The present study includes 32 FtM transsexuals who have undergone gender reassignment surgery.

Main Outcome Measures

The used testing instrument consists of a self-developed questionnaire with questions on personal data, the situation before and after the operations and postoperative occurred complications. In addition to that, the testing instrument includes a four-item measure of depression and anxiety (PHQ-4), a test on life satisfaction (FLZM), the Rosenberg Self Esteem Questionnaire (RES) and the Freiburg Personality Inventory (FPI-R). The latter four are frequently used and standardized testing instruments, which can be compared to norm data.

Results

Statistic significant values can be found in some items of the FLZM: "Mobility" (p=0,000), "Vision/Hearing" (p=0,04), "Freedom from Anxiety" (p=0,002), "Independence from Assistance"(p=0,000) and the sum-score within the module "Satisfaction with Health" (p=0,01). Within the module "External Appearance" they can been found in the three items "Eyes" (p=0,002), "Chest/Breast" (p=0,000) and "Thigh" (p=0,01). The PHQ-4 questionnaire evaluates the patients' psyche as a "normal psyche". Furthermore, the results of the RES and the FPI-R validate a very high self-esteem and a very balanced emotional stability. 88% were extremely satisfied with the aesthetic result, further 72 % were very satisfied with the sexual function, and 81% have a strong improvement of quality of life. Finally, 91% would undergo the same treatment again, and 84% would recommend gender reassignment surgery to others.

Conclusion

With our study, we could proof that gender reassignment surgery improves the quality of life in transsexual men in most aspects of life and has a positive influence on the patients' psyche and self-esteem.

Quality of life survey to assess the psychosocial benefits of gender affirming surgery in female-to-male transgender patients

Thursday, 6th April - 16:30 - E-Posters Surgery (3) - Danube

Dr. Andre Alcon [1], ***Dr. Eric Wang*** [1], ***Dr. Rachel Lentz*** [1], ***Mr. Natnaelle Admassu*** [1], ***Ms. Kelsey B Loeliger*** [2], ***Dr. Merisa Piper*** [1], ***Dr. Esther Kim*** [1]

1. University of California San Francisco, 2. Yale School of Public Health

Background

While a number of public health studies focus on mental health and HIV in transgender populations, there is a disproportionately smaller number of investigations into the benefits of surgery. Various psychometric instruments have been developed (e.g. WHOQOL-100, Short Form [36] Health Survey) to measure patient reported quality of life. However, a major limitation of these studies is that they rely on instruments designed for the general population that do not address the unique psychosocial stressors confronting transgender patients. Chest reconstruction for female-to-male (FTM) transgender patients involves bilateral simple mastectomies to remove female breast tissue combined with free nipple grafting to resize and reposition the nipples to fit the typical male aesthetic dimensions. Alteration of the chest can have large implications for how transgender patients perceive themselves, how they dress, and how they interact with those around them. Thus, there is an urgent need for a tool that can be used to evaluate psychosocial outcomes and quality of life as they relate to surgical outcomes and the post-operative experience.

Aim(s)

To design and validate a quantitative survey that specifically assesses issues important to FTM patients before and after chest reconstruction surgery.

Methods

FTM transgender patients at the University of California, San Francisco (UCSF) Center for Excellence in Transgender Care and San Francisco General Hospital community health center who had and had not undergone chest reconstruction surgery were qualitatively interviewed individually and in focus groups to guide construction of quantitative pre- and post-operative surveys based on a five-point Likert scale. A preliminary quantitative survey was administered to patients. The survey was then further modified based on structured interviews eliciting feedback from a multidisciplinary team of patients, primary care and mental health providers, and plastic surgeons. The final surveys were administered to all FTM transgender patients who met the WPATH criteria for gender affirming surgery and elected to have chest reconstruction performed at UCSF. A validated WHO Quality of Life (WHOQOL-BREF) survey was administered simultaneously for comparison. Wilcoxon signed-rank tests were used to test for significant differences in the median pre- and post-operative scores for each section of the surveys. Cronbach's alpha and Pearson Correlation Coefficients were calculated to assess internal reliability and convergent/discriminant validity, respectively, within and between each section of the survey.

Main Outcome Measures

The final versions of the newly designed pre- and post-operative quality of life surveys had 29-items, consisting of three sections measuring patients' satisfaction and perception of masculinity, confidence around others, and overall aesthetic as it relates to their chest. The brief version of the WHO Quality of Life survey consisted of four sections measuring physical health, psychological well being, social relationships, and patients' interactions with their environment.

Results

Among the 11 FTM transgender patients surveyed thus far, 70% were Caucasian and the median age was 32.5 (range 22-50) years. All patients underwent bilateral simple mastectomy with free nipple grafting. Only one patient (9%) experienced a major complication, i.e. readmission and return to the operating room for hematoma evacuation. Ultimately, the patient was pleased with his results and reported a significant improvement in his quality of life after surgery. The survey detected statistically significant median quality of life improvements in all three sections of our survey ($p<0.005$). While comparable statistically significant improvements were found using the WHO Quality of Life survey ($p<0.05$), qualitative feedback revealed that patients perceived the WHO survey as an inappropriate, sometimes offensive tool for evaluating topics important to them. The median time to complete the pre- and post-operative surveys was 10 minutes. Calculation of Cronbach's α (0.67-0.81) and the Pearson Correlation Coefficient for each section revealed excellent internal validity.

Conclusion

This newly constructed quality of life survey appears to be feasible and valid for FTM transgender patients undergoing gender affirming surgery via chest reconstruction. Although this evaluation is based on a small sample size thus far, these findings lay the foundation for larger, multicenter studies that can more thoroughly investigate the psychosocial benefits and unmet needs regarding gender affirming surgery. The use of more pertinent quality of life measures such as this one can be expected to help better establish the many benefits of gender affirming surgery and influence public policy to broaden access to a larger population of transgender individuals.

The “LUTS-QoL T Test” a reliable tool to evaluate symptoms of lower urinary tract in male-to-female transsexuals

Thursday, 6th April - 16:30 - E-Posters Surgery (3) - Danube

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1. Gender Team, 2. University of Torino - Division of Urology, 3. University of Palermo - Plastic and Reconstructive Surgery Unit

Background

Patient-reported experience is often used as a measure for quality of care, but no reports on patient satisfaction after Male-to-Female gender reassignment surgery exist.

Lower Urinary Tract Symptoms (LUTS) manifest multiple domains of clinical symptoms. LUTS can significantly reduce patients’ quality of life and may point to serious pathology of the urogenital tract. The etiologies of LUTS in aged men are well understood and guidelines suggest that its pathogenesis is multifactorial and can include one or several diagnoses.

Although it is known that in MTF transsexuals, urethral stenosis, infections, disorders of the urinary stream and incontinence have been reported, little research effort has been devoted to studying all the LUTS in this patient cohort, manly young men.

Aim(s)

The aim of this study is to evaluate the surgical outcome in patients who underwent surgical gender reassignment (Male-to-Female), to investigate if they have an increased risk to develop micturition disorders with LUTS and to assess their quality of life including sexual concerns.

Methods

We conducted an observational study in an unselected cohort of 40 adult transsexuals who underwent to Male-To-Female sex reassignment surgery between 2012 and 2015, in different hospitals by different surgeons.

We administered a new 21 questions survey (prior to surgery and at 1, 3, 6 and 12 months follow up), named LUTS-QoL T Test, to investigate LUTS and their impact in patients’ QoL (including sexual quality of life).

Main Outcome Measures

The items we analyzed were: involuntary urine leakage, urge and stress incontinence, frequency, stream alterations, straining to urinate, retention, presence of pelvic pain or discomfort (with or without the need of an analgesic therapy) and cystitis (with or without the need of an antibiotics therapy).

The validity of the new questionnaire has been compared with the results obtained by other validated questionnaires.

Results

In our cohort, frequency, weakness of the urinary stream, urge incontinence and nocturia are common problems. Pelvic pain has been reported in 40% of patients in the 1st month but decreased significantly over time. Although more than half of the participants experienced one or more postoperative complications or discomfort, 79% of the patients were completely satisfied with their surgical outcome.

Conclusion

Results showed an increased risk for the development of LUTS that should lead the surgeon to investigate the relationship between these disorders and the surgical procedure.

Micturition is a problem after surgery operations, and patients who consider sex reassignment should be in-

formed about these side effects preoperatively.
The data obtained from the administration of the LUTS-QoL T Test seem to be encouraging. A comparative analysis of the responses and the scores, enabled us to establish, preliminarily, that the new questionnaire may be a reliable tool for the assessment of symptoms in MTF patients.

Modified preparation technique of the neurovascular bundle in male to female gender confirming surgery

Thursday, 6th April - 16:30 - E-Posters Surgery (3) - Danube

Dr. Jochen Hess [1], ***Mr. Alexander Henkel*** [1], ***Mrs. Isabella Kurth*** [1], ***Dr. Leo Panic*** [1], ***Prof. Herbert Rübben*** [1], ***Dr. Roberto Rossi Neto*** [2], ***Dr. Yasmine Hess-Busch*** [1]

1. Department of Urology, University Hospital Essen, 2. Clinica Urologia, General Hospital Ernesto Simoes Filho, Salvador

Background

Main objective of gender confirming surgery (GCS) in male to female (MtF) transgender people is to create a functional and aesthetic vagino-clitoral complex.

Aim(s)

Here we report on a modified preparation of the neurovascular bundle (NVB). Furthermore we present our data on a semiquantative score testing clitoral sensitivity in the early postoperative period as a predictive tool for the ability to achieve orgasms intermediate-term.

Methods

Between May 2011 and September 2014 96 consecutive MtF transgender patients underwent GCS at our department. Sensitivity of the clitoris was surveyed and medical records were browsed for documentation. Correlation analysis was done by Spearman Rho test. Results were compared with a historical cohort from our department (2004 - 2010, n = 119) in which perioperative treatment was the same except of the preparation of the NVB.

Main Outcome Measures

Sensitivity of the clitoris was assessed using a customary brush for superficial tactile sensitivity and a tuning fork according to Mattes Rydel-Seifer to quantify pallaesthesia. A semiquantitative score (no - impaired - full sensitivity) was build.

Results

In 92 (95.8%) and 78 (81.2%) patients information on neoclitoral sensitivity was available and in 79 (82.3%) and 69 (71.9%) sensitivity was tested semiquantatively after first and second stage procedure respectively. The semiquantitative grading system correlated significantly with intermediate-term ability to achieve orgasms (p=0.036). The modification led to a reduction in operating time by averaged 61 minutes. In total we experienced a comparable rate of specific complications compared to our previous cohort with a higher rate of postoperative local hematoma but with no need for further intervention.

Conclusion

Preparation of the NVB with the modified technique is safe and time-saving both preserving the neoclitoral sensitivity and promoting a preferably feminine aspect of the mons pubis. Semiquantitative testing of sensitivity correlates significantly with intermediate-term capability of achieving orgasms.

The combined vaginoplasty technique: Outcomes after MTF Sex Reassignment Surgery - a prospective study

Thursday, 6th April - 16:30 - E-Posters Surgery (3) - Danube

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1. Democritus University of Thrace, School of Medicine, Dept of Plastic Surgery, Alexandroupoli, Greece, 2. Institute for Reconstructive Surgery, Houston Methodist Hospital, Houston, Texas

Background

Several therapy options exist for male-to-female transsexuals desiring sex reassignment. Surgery includes numerous different procedures. Of those, vaginoplasty is predominant and aims at providing attractive aesthetics and fully functional genitals.

Aim(s)

The goal of this study was to present the surgical results of our newly modified combined vaginoplasty technique that incorporates the penile and scrotal skin, as well as the urethra to form the vagina. Furthermore, in our prospective patient cohort, patients' satisfaction with their surgical results was evaluated.

Methods

The authors post-operatively examined 23 male-to-female transsexuals between September 2012 and January 2014 who underwent their sex reassignment surgery, focusing their assessment on genitalia and breasts.

Main Outcome Measures

Additionally, 40 patients filled out our self-developed indication-specific questionnaire before their first and six months after their final stage of sex reassignment. These questionnaires focused on demographic characteristics, sexuality, and the satisfaction with aesthetic and functional results.

Results

Measured vaginal depth was 11.77 - 14.99 cm depending on dilator size used (25-40mm). Vaginal, clitoral, and labial sensitivity was intact in all examined patients. Femininity and sexual activity increased significantly after surgery ($p < 0.01$). Satisfaction with intercourse and orgasm was high. Patients rated their surgical satisfaction of most items with mean scores above 7 on a 0-10 point scale. No patients regretted having undergone surgery and a large majority would recommend it to other patients.

Conclusion

Functional and physical results, sexuality, as well as satisfaction with the cosmetic outcome reveal positive effects of sex reassignment surgery using the combined technique on transsexuals' everyday life. Nevertheless, these data need to be confirmed by other research groups as well. Therefore, in our opinion, sex reassignment surgery remains an evolving area of development currently aiming to establish a state of the art surgical technique and increase patients' satisfaction in their lives.

Surgical Micro-dissection of the posterior commissure after during vaginoplasty: Observations to explain common post-operative complications and proposed strategies for their prevention

Thursday, 6th April - 16:30 - E-Posters Surgery (3) - Danube

Dr. Maurice Garcia [1]

1. University of California San Francisco

Background

Tearing and stenosis of the posterior commissure of the neovagina are not uncommon after vaginoplasty.

With the most common surgical approach for vaginoplasty, the penile inversion technique, the posterior commissure is comprised of tissue from the base of penile shaft skin and posterior perineal tissue.

Aim(s)

We propose that a combination of anatomic features of the posterior commissure, combined with features of surgical technique, contribute to these complications.

We describe anatomic findings of the tissues of the posterior commissure as they relate to complications.

We review variations in technique that we believe contribute to complications.

Methods

Intra-operative observations from live surgeries and post-operative findings were recorded using photography and video among transgender women undergoing vaginoplasty.

Surgical micro dissection was performed using cadaveric tissues from the posterior commissure from un-embalmed human cadavers after complete vaginoplasty via penile inversion.

Observations were compared and reviewed to generate hypotheses.

Surgical micro-dissection and histologic analysis was performed.

Main Outcome Measures

Recorded intra-operative and post-operative photographs and video

Patient self-reported outcomes

Histologic analysis of posterior commissure tissues (H&E, Trichrome, and others)

Results

Intra-operatve and post-op observations suggest that dense constrictive bands of tissue exist in the base of the penile shaft skin.

Anatomic micro-dissection of the these tissues reveals the presence of a dense semi-ordered network of collagen bundles within the base of the penile shaft skin.

Tissue thickness is limited and thin

Posterior perineal tissue thickness and vascularity is excellent.

Intra-operatively, we observed that thorough ventral transection of these collagen bundles significantly improves the stretchability of the penile posterior commissure skin and decreases the likelihood of post-op stenosis

Tension at the posterior commissure appears to be the greatest at its posterior midline.

We also found that using "U-stitch" suture technique at midline, combined with clear instructions to patients to not attempt exceed vaginal dilation depth early post-op, served to lower the incidence of post-op tearing at the sutures.

Conclusion
Surgical micro-dissecton of the tissues of the posterior commissure after vaginoplasty suggests that dense collagen bundles in the penile skin are at least a contributing factor (if not the principal source) to obstructive stenosis of the neovaginal introitus.

We recommend routinely incising these bundles at the ventral midline, and when needed, elsewhere along the penile skin tube before final insertion into the neovaginal cavity.

We hypothesize that these bundles are derived from the Suspensory Ligament"
of the penis.

Tension at suture entry sites within the posterior commissure tissues can be reduced significantly by placing U-stitch type sutures, as these distribute the net tension of the suture across a wider area.

Patients should be clearly instructed to avoid inserting their dilator overly deeply early during post-op recovery, so as to not place excessive tension on the posterior-commissure sutures.

Belgrade Gender Dysphoria Team – Our first 30 years

Thursday, 6th April - 18:00 - Plenary Session II: Public - Pacific

Prof. Svetlana Vujovic [1]

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Background

Gender dysphoria occurs in all societies and cultures. The prevailing social context has a strong impact on its manifestations as well as applications by individuals with the condition for sex reassignment treatment.

Belgrade gender team was established in December 1989. In that period Belgrade was a capital all Yugoslavia, country with 22 million people. Patients came to Belgrade from all parts of the country. Unfortunately, the country was destroyed in 1992 and NATO bombing occurred in 1999. All these unwanted changes influenced data collected from patients.

Aim(s)

To describe a transsexual population seeking sex reassignment treatment in Serbia.

Results

264 patients were recorded. All subjects were of Caucasian ethnicity, with more than 95% originating from Serbia. 25% of trans women and 32% of trans men were born in Belgrade (population of 2 million). Of the total population, 58.9% trans women and 48.2% trans men were 18-25 years old at the time of first consultation. No karyotype abnormalities were encountered. Another remarkable characteristic of this transsexual population was the current sex ratio which was close to 1:1. Thirty years before the sex ratio was 2:1. In the last year it was 1:1.5.

The educational level attained by applicants was completion of secondary school (79% trans women and 69% trans men) and higher school/faculty in 8% trans women and 3.6% trans men. 16.5% got married after sex reassignment and none expressed regret for their decision. The prevalence of polycystic ovary syndrome among trans men was higher than in general population.

Conclusion

The relatively young age of those applying for sex reassignment and sex ratio distinguish the population in Serbia from others.

Pathologised, underserved: a human rights assessment of trans people's access to healthcare in Europe

Thursday, 6th April - 18:00 - Plenary Session II: Public - Pacific

Mr. Arian Kajtezovic [1]

1. *Transgender Europe, TGEU*

Penile transplantations: Lessons for surgeons in trans care

Thursday, 6th April - 18:00 - Plenary Session II: Public - Pacific

Prof. Andre van der Merwe [1], *Prof. Rafique Moosa* [1], *Dr. Nicola Barsdorf* [2], *Prof. Frank Graewe* [3], *Dr. Alexander Zuhlke* [3], *Dr. Amir Zarrabi* [3]

1. Stellenbosch University, 2. Univeristy of Stellenbosch, 3. university of stellenbosch

Background

Autografts are a less than perfect substitute for a penis. Patients who needs a penis (for example after complete penile loss of trans care) are normally completely healthy and may tolerate the side effects of immune suppression after a penile transplantation very well. Transgender surgery often have multiple operations to create a neo-phallus; often complicated by urethral fistula or penile prostheses extrusions; in those where flap atrophy is minimal.

Aim(s)

We performed a proof of concept study to evaluate the safety and efficacy of penile transplant in a healthy male who lost his pendulous penis.

Methods

We identified males who lost penis after ritual circumcision and after informed consent was taken, evaluated them physically and psychologically, similar to our renal transplant protocol. When a suitable brain dead donor became available we harvested the penis according to a method developed in the cadaver laboratory a few years prior and cooled the penis with Custodial solution intracavernosally. The penis was attached to the recipient using abdominal wall blood vessels. The nerves were anatomically connected. The recipient was commenced on immunosuppression and followed up for complications, mental and physical health using a SF 36 scoring system.

Main Outcome Measures

Tolerance of immune suppression including renal function
Cosmetic acceptability
Erectile function
Sensation

Results

The patient had two complications from which he fully recovered: He had reduction in renal function from tacrolimus and a fungal tissue infection, both reversed on the reduction of tacrolimus dose. Erectile function recovered to enable him to have sex unassisted with a overall IIEF score of 8/10. SF 36 parameters improved dramatically at 6 months compared to pre-operative and levelled at 24 months.

Conclusion

Penile transplantation is feasible and safe at 26 months post operative resulting in a near perfect penis substitute that is fully functional.

Transgender Health Care in Europe: Serbia

Friday, 7th April - 09:00 - Plenary Session III: Transgender Health Care in Europe - Pacific

Dr. Dragana Duisin [1]***, Dr. Borko Stojanović*** [2]***, Dr. Vladimir Kojovic*** [3]***, Dr. Marta Bizic*** [4]***, Prof. Svetlana Vujovic*** [5]***, Prof. Miroslav Djordjevic*** [6]***, Mrs. Jasmina Barisic*** [7]

1. Belgrade gender dysphoria team, 2. University Children's Hospital, 3. Belgrade Gender Team, Mother and Child Health Care Institute of Serbia "Dr Vukan Cupic", 4. Belgrade Gender Team, Urology Department of University Children's Hospital and Belgrade Center for Genital Reconstructive Surgery School of Medicine, University of Belgrade, Serbia, 5. Clinic of endocrinology, diabetes and diseases of metabolism, Clinical Center of Serbia, School of Medicine, University of Belgrade, Serbia, 6. University of Belgrade, 7. Cabinet for Transgender states, Clinic for Psychiatry Clinical Center of Serbia, School of Medicine, University of Belgrade, Serbia.

Background

Multidisciplinary clinical practice in transgender filed in Serbia evolved in 1985 at Belgrade Medical Faculty. From the very beginning it involved psychiatrist, endocrinologist and surgeons. This pioneer's work started in Belgrade, at that time the capital of former Yugoslavia. By the time Belgrade continued to be the main and the only one multidisciplinary center in the field within the Balkan region.

Aim(s)

The aim of this paper is to present comprehensive transgender clinical care according to the WPATH guidelines of Standards of Care provided by the Belgrade Gender Team.

Methods

Comprehensive transgender health care and sex-reassignment surgery (SRS) for medical reasons is covered by health care system in Serbia from 2012. Serbian Ministry of Health has authorised two psychiatric clinics for psychiatric assessment of gender incongruent/gender dysphoric persons and issuing of the recommendation letters for further treatment.

Main Outcome Measures

Number of transgender persons in Serbia that have approached to Belgrade Gender Team have increased in previous years. Each year it increases 50%, while sex ratio also have changed from equal ratio in the mid of 1980-ies to 1,5:1 in favour to FtM which is quite opposite to the data from other countries. Almost all patients in our clinical practise are transsexuals while gender queer and non-binary persons are extremely rare as if they are non-existent.

Results

Beside clinical care of transgender persons /Belgrade Gender Team has close collaboration with Serbian Center for Promotion of LGBT Human Rights (Gayten-LGBT, Egal). Collaboration with European colleagues as external partners within the ENIGI study have resulted in administration of standardised protocols for the assessment of gender dysphoric persons.

Conclusion

One of the main future efforts of our Team will be focus on establishment and incorporation of healthcare for gender incongruent children.

Transgender Health Care in Europe: Russia

Friday, 7th April - 09:00 - Plenary Session III: Transgender Health Care in Europe - Pacific

Dr. Dmitrii Isaev [1]

1. *St Petersburg*

Background

The ability to change registered sex on the basis of transsexualism appeared in Russia only with the adoption of the law in 1997. There are no medical standards regulating the process leading to the issuance of the certificate. Most psychiatrists in Russia don't even know the term transgender and do not understand who are trans-women and trans-men. The first aim of psychiatric treatment is to cure the cross-gender identity feelings and to help the person accept his/her sex of birth. The diagnosis of "transsexualism" are often based on nonobjective criteria and no appropriate psychometric instrumentsare used to measure gender-dysphoric symptoms. In most cases, appearance in accordance with gender stereotypes seems to play an important role in receiving the diagnosis of "Transsexualism", although this depends on the psychiatrist.

Conclusion

The ban on the "propaganda of non-traditional sexual relations" among minors makes it impossible to provide assistance to gender-nonconforming children and adolescents.

There is complete unwillingness of most psychiatrists in Russia to listen to arguments of depathologization. There is very little knowledge of specialists with international experience and an attempt to shake it off. The problem is that by isolating themselves from the global professional community, the Russian psychiatry adheres to the views of 40-year-old. The situation needs to be changed but this is hardly possible in the current political situation.

Transgender Health Care in Europe: Kyrgyzstan

Friday, 7th April - 09:00 - Plenary Session III: Transgender Health Care in Europe - Pacific

***Dr. Irina Karagapolova* [1], *Mr. Sanjar Kurmanov* [2]**

1. Russian Scientific Sexological Society, 2. Labrys, community LGBT organization

Background

There was the process of creating and developing of the partnership with healthcare system (practical professionals and policy makers including specialists from Ministry of Healthcare) in Kyrgyzstan till the year 2010 to promote system of medical care for transgenders of Kyrgyz Republic. A range of results was achieved at that time: working group was made, transsexuals psychiatric evaluation protocol was written, practical physicians providing care services were prepared. Then the process was stopped due to some reasons – connected to the political situation (revolution of the year 2010) and changes in LGBT movement (the changing of the main activists board). For now transadvocacy process is continued, but there are some new unexpected challenges.

Aim(s)

Developing of the medical-social care system for transgender people in Kyrgyzstan and overcoming of new challenges.

Methods

A decision is made to create national Standards of the medical-social care for transgender people in Kyrgyzstan. Promoting of the partnership with policy makers from the Healthcare system, creating of the working group from the number of medical specialists experienced in collaboration with transgender people in designing of national standards of care were chosen as the methods to develop that initiative.

Main Outcome Measures

Recognition of the Standards of care on the Healthcare Ministry experts committee level will be the result of the activity. The implementation of the system which allows transgender people to change the gender marker in their documents on the base of the diagnostic statement will be the result also.

Results

The transadvocacy process is started now. The round table with the participation of WPATH representative, international experts and observers, representatives of the Healthcare ministry, departments of the Medical academy and practical physicians was made. A decision was made to start
the process of working out and implementation of the National Standards of care for transgender people. A group of writers and experts to work on the text of the manual is formed. The process is going under the observation and with participation of transactivists. But there first problems appears – absence of institutional experience in providing hormone therapy, psychological care, children and adolescents care – that complicates making of care protocols and shows that international standards couldn't be realistically adopted sometimes for the local context.

Conclusion

We found that there are more challenges then it was obvious before. Some obstacles appears at the current moment due to the changes in local context. Necessity to adopt international standards without national experience meets such problems as gaps in terminology, absence of adequate institutional approaches and protocols. Professionals often face that necessity as something extraordinary new and even dangerous. Some obstacles could be overcame in close times: creation of a new professional glossary by the combination of already existed

and international terminology, for example. But some are irresistible as a situation with legal registration of the children who were born by transmen. But we see the way forward in further promoting and implementation of the international standards.

Transgender Health Care in Europe: Sweden

Friday, 7th April - 09:00 - Plenary Session III: Transgender Health Care in Europe - Pacific

Prof. Stefan Arver [1]

1. *ANOVA, Karolinska University Hospital and Karolinska Institutet*

Transgender Health Care in Europe: France

Friday, 7th April - 09:00 - Plenary Session III: Transgender Health Care in Europe - Pacific

Prof. Marc Revol [1]

1. Saint Louis Hospital, Paris

Background

In France all the SRS procedures are **free of any charges**, thanks to the state-funded national health insurance. A new law (nov 18, 2016) allows transgender people to change their identity without any medical prerequisite.

Results

There are **4 complete and fully experienced medical teams** which supports transgender health care in France from the late 1970s. All these teams work in university public hospitals : Paris, Lyon, Bordeaux, Marseille. Today they perform grossly between 500 and 600 surgical procedures a year.

Bringing together these roughly 40 persons, a medical society was created in 2010, **the SoFECT** ("Société Française d'Etudes et de prise en Charge du Transsexualisme"). This society published a charter, a formal document describing the principles of the organization of the clinical practices for transgender health care in France. All the professional members of SoFECT commit themselves to respect it. Largely inspired by the 7th version of the WPATH standards of care, this document was revised in 2015, taking in account children and adolescents. Its main goal is to standardize the care path in the country.

Conclusion

With four universities, the SoFECT organizes a multidisciplinary **university diploma** for formation for transgender healthcare. This diploma is a very powerful and effective tool to get gradually more and more medical teams involved in the network of the SoFECT. It is more than necessary, because as everywhere in the world, the number of transgender people seeking medical care is dramatically increasing in France.

Autistic Spectrum Disorders in a transgender population attending transgender health services: A comparative study between a large group of transgender and cisgender people.

Friday, 7th April - 11:00 - Mental Health II: Autistic Spectrum Symptomatology and Non-binary Genders - Baltic

Ms. Anna Nobili [1], *Prof. Cris Glazebrook* [1], *Prof. Simon Baron-Cohen* [2], *Dr. Walter Pierre Bouman* [3], *Ms. Paula Smith* [2], *Dr. Derek Glidden* [4], *Prof. Jon Arcelus* [5]

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Background

Studies and clinical reports suggest that there might be an over-representation of Autism Spectrum Disorders (ASD) and ASD traits among the Transgender population attending Transgender Health Services. These studies are limited by inadequate methodology, small numbers and lack of matched controls.

Aim(s)

The aims of the study were to 1) investigate rates of ASD clinical caseness (described as features suggesting ASD diagnosis), as measured by the AQ-28, in the Transgender population and to compare these to a matched (by assigned gender at birth and age) control Cisgender group from the general population; 2) compare the subscales of the AQ-28 between the Cisgender and Transgender groups; 3) test for differences in ASD scores between at birth assigned males and at birth assigned females in both groups.

Methods

In this case-control study participants in the Transgender group were selected from the database of a National Transgender Heath Service in the UK (total n=1020). Participants were selected for inclusion if they consented to participate in the study and had complete data for a measure of autistic traits (the ASQ-28). The comparison group was selected from survey data from a non-clinical, community population from which Transgender people were removed (total n=3414). The 660 eligible participants in the Transgender group were matched 1:1 by age and assigned gender at birth to 656 Cisgender non-clinical participants from the community survey (total n=1312). Overall assigned males at birth represented 60.4% of the total sample, whilst assigned females at birth were 39.6%. Assigned gender at birth was used as 19.63% of the Transgender sample identified as non-binary.

Main Outcome Measures

Socio-demographic variables such as assigned gender at birth, employment status, and age were collected. The Autism Spectrum Quotient (AQ-28) (Hoekstra et al., 2011) was used. This is a 28 items questionnaire assessing traits of ASD. The AQ-28 has 6 subscales that measure autistic traits; "Social Skills", "Routine", "Switching", "Imagination", "Numbers and Patterns" and "Social Interactions". The AQ-28 subscales and total scores were utilised for this study. The clinical cut-off utilised for the AQ-28 is >70, which suggests the presence of clinically significant ASD traits, and presence of a possible ASD diagnosis.

Results

People in the Transgender group were more likely to score above the cut-off for possibly clinically significant ASD traits (17.1%) compared to Cisgender people (14.2%) (OR=1.31; CI=1.04-1.66). Cisgender participants scored

higher (p<.05) than the Transgender sample on total AQ-28 scores as well as on the "Imagination" and "Numbers-Patterns" subscales, whilst the Transgender sample scored higher on the remaining subscales. For both the "Imaginations" and "Numbers-Patterns" subscales, the Cisgender group had more difficulties than the Transgender group. For those assigned female at birth, participants in the Transgender group were twice as likely to score above the cut-off for possible clinically significant ASD traits (OR=2.2; CI=1.51-3.2). Birth assigned females in the Transgender group had higher total AQ28 and subscale scores (p<.001) except for the "Imagination" and "Numbers-Patterns" subscales were the Cisgender participants displayed more difficulties. For participants assigned male at birth there was no increase in the likelihood of scoring above the cut-off for clinically significant ASD traits (OR=0.92; CI=0.68-1.25). Those in the Transgender group assigned male at birth did score higher for problems on the "Routine" and "Attention Switching" subscales (p<.005) compared to Cisgender males but had fewer difficulties on the "Imagination" and "Numbers-Patterns" subscales (p<.001).

Conclusion

A Transgender population attending Transgender Health Services was more likely than matched Cisgender controls to have levels of ASD traits in the clinically significant range suggesting possible ASD. Although Cisgender people presented with higher difficulties in the total AQ28, "Imagination" and "Numbers-Patterns" subscales, the Transgender group had higher scores for all other subscales. The increased risk of ASD traits in the Transgender group seemed mainly accounted for by those assigned female at birth. They were twice more likely than their matched controls to get an AQ28 score in the clinically significant range. For Transgender assigned males at birth there was no increased risk but their higher scores for "Social Skills", "Routine" and "Attention Switching" suggest potential social difficulties. The overall clinical impression that Transgender people report more ASD traits than the Cisgender population is correct when investigating assigned females at birth. Further study needs to be undertaken to confirm if this increase in ASD traits means an increased prevalence of ASD in the Transgender population. Findings that Transgender assigned females at birth report similar AQ28 total scores to Cisgender males and higher scores than Cisgender females and Transgender assigned males at birth are of clinical interest and require further research.

Autistic symptoms in adults with gender dysphoria: Are we observing reality?

Friday, 7th April - 11:00 - Mental Health II: Autistic Spectrum Symptomatology and Non-binary Genders - Baltic

Ms. Anna van der Miesen [1], ***Ms. Lieke Vermaat*** [1], ***Dr. Annelou de Vries*** [1], ***Dr. Baudewijntje Kreukels*** [1]

1. VUMC

Background

There is an increasing clinical and research interest in co-occurring gender dysphoria (GD) and autism spectrum disorder (ASD). Only a few studies have investigated the co-occurrence of GD and symptoms of ASD in adults, and a study in a large non-internet sample of adults with GD is lacking.

Aim(s)

This study aimed to investigate symptoms of ASD in a sample of adults referred for GD compared to a norm population, to provide a comparison between males assigned at birth (MAB) and females assigned at birth (FAB) with GD regarding symptoms of ASD, and to investigate if there was a correlation between the level of symptoms of ASD and the level of symptoms of GD.

Methods

Score patterns for symptoms of ASD of 326 adults referred for GD (191 MAB and 135 FAB) were compared to a norm population (454 males and 386 females).

Main Outcome Measures

The Autism-Spectrum Quotient (AQ) was used to measure symptoms of ASD. The Utrecht Gender Dysphoria Scale (UGDS) was used to measure the severity of GD in the population referred for GD.

Results

The prevalence of symptoms of ASD consistent with a cut-off score for a clinical diagnosis was 2.11%, significantly different from the AQ mean score in the norm population ($p < .005$). FAB showed increased symptom levels of ASD compared to MAB ($p < .005$). No significant correlation was found between the AQ total mean score and the total UGDS score ($p = .091$). Using the cut-off of the UGDS for a diagnosis of GD, a positive correlation between AQ total mean score and total UGDS score was found ($p = .042$).

Conclusion

Although we found increased symptoms of ASD compared to the norm population, these symptom levels were lower compared to the previous studies in adults with GD. One of the possible reasons for the lower AQ scores reported might be that individuals have been worried that it could influence their eligibility for gender reassignment. The differences in total score for FAB and MAB on the AQ could be in line with the extreme male brain (EMB) theory but evidence for this hypothesis varies in the literature. From the perspective of the gender identity clinic, we sometimes see that individuals with both GD and ASD have a more extreme presentation of GD, which might be caused by rigid thinking. This could be a possible explanation for the positive correlation found between the increased symptom level of ASD and the severity of GD symptoms. All our conclusions along with other explanations will be discussed. Do our findings reflect reality or are we observing a non-existent phenomenon?

Autistic gender identity differences – Resisting the social schema?

Friday, 7th April - 11:00 - Mental Health II: Autistic Spectrum Symptomatology and Non-binary Genders - Baltic

Mx. Reubs Walsh [1] *, Prof. Sander Begeer* [1] *, Prof. Lydia Krabbendam* [2]

1. Vrije Universiteit Amsterdam, Department of Clinical, Neuro- and Developmental Psychology, 2. Vrije Universtiet Amsterdam, Department of Clinical, Neuro- and Developmental Psychology

Background

The relationship between gender identities incongruent with assigned sex, and autism spectrum conditions (referred to collectively here as 'ASC') has predominantly been investigated by recruiting samples of gender variant and transgender individuals through gender identity clinics (Pasterski et al, 2014; de Vries et al, 2010; Skagerberg, Di Ceglie & Carmichael, 2015) or the internet (Kristensen & Broome 2016, Jones et al, 2012). Numerous hypotheses intended to explain this correlation have been posited, from the controversial proposal of Williams, Allard and Sears (1996) that sensory differences and restricted and repetitive interests may lead males with autism to become preoccupied with a range of things which "happen to be predominantly feminine in nature" (and that this does not in fact constitute 'true transgenderism'), to the rather more straightforward suggestion from Ansara and Hegarty (2011) that autistic peoples' tendency to greater directness and below-typical concern for social norms simply increases the likelihood that they will disclose their identity despite the prevalence of cisgenderism and transphobia in society. The debate around the etiology of autism and the debate around gender in autism (including, but not limited to, trans* genders) intersect in significant ways, but the potential research benefits of that intersection are relatively un-tapped.

Aim(s)

In this study we examine the rates of gender identities incongruent with assigned sex in a large sample of autistic adults, and whether and how these individuals' autism severity (Autism Quotient; AQ) and sensory sensitivity (Sensory Perception Questionnaire; SPQ) factor scores differ from those of cisgender adults in the sample. Based on the prior investigations into this area, we expected both AQ and SPQ to be higher in the transgender section of the sample, and for transgender identities to be more prevalent, and less binary in this sample than in the population as a whole. ('Binary' in this context refers to identifying solely and entirely with one of the two traditionally defined genders, man or woman.)

Methods

675 adults (52% assigned female) with a diagnosis of autism completed the AQ, the SPQ and demographic questions including age, assigned gender, and gender identity. We categorized the participants as cisgender, binary-trans and nonbinary-trans based on their relative answers to the assigned gender and gender identity questions, and examined the distribution of such identities by assigned sex, the between-group differences in AQ and SPQ score with ANCOVA (age as the covariate) and the equivalency of their correlations within each group (Fisher r-to-z transformation).

Main Outcome Measures

The main outcome measures are:

-The proportions of cisgender, binary-trans and non-binary-trans individuals in the sample, and within the assigned-male and assigned-female sections of the sample.

-The between-group differences in rates of AQ and SPQ factor scores between cisgender and transgen-

der participants.

-Whether there is a difference between the groups in the correlation between SPQ and AQ.

Results
14.8% of the participants identified as trans; 22% of those assigned female at birth and 8% of those assigned male at birth were classified as transgender. Within those, only 4% and 12% respectively identified as binary.

Transgender participants scored significantly higher than cisgender participants on the AQ overall, and specifically within the 'social skills', 'switching', 'imagination' and 'numbers and patterns' factors (all factors except routine). Contrary to our prediction however, transgender participants scored lower than cisgender participants on the SPQ, with significant differences in the factors 'Vision' and 'Hearing'. Although these were small effects, they were consistently and highly significant (p's<0.01). However, the correlation between AQ and SPQ was equivalent in both groups (z=0.02, p=0.984).

Conclusion
The high rate of gender nonconforming identities in our sample versus the general population supports the existing evidence that both autism diagnosis and AQ are strongly positively correlated with the likelihood of gender nonconformity, and there are subtle but interesting differences between cisgender and transgender autistic people in the measured impact (by AQ and SPQ) of their condition. Furthermore, there is a reduced extent of sensory hypersensitivity in transgender autistic people than their cisgender counterparts. However, these differences operate independently. Additionally, the proportion of trans people identifying as non-binary appears to be high in this sample. Similarly, the rates of transgender identification between assigned genders is biased toward assigned-female. These findings prompt us to scepticism toward some prior hypotheses, and draw attention to possible interplays between the most explanatorily valuable aspects of others. For example, autistic hypersensitivity to stimuli may extend to internal stimuli including gender identity and/or somatosensory experiences associated with transgender identities, such as phantom genitalia (Ramachandran et al, 2007, 2008). These possibilities are explored in the context of the flattened-priors hypothesis of autism etiology (Pellicano & Burr, 2012).

Non binary/genderqueer demographics at a large Gender Clinic

Friday, 7th April - 11:00 - Mental Health II: Autistic Spectrum Symptomatology and Non-binary Genders - Baltic

Dr. Christina Richards [1], *Dr. Walter Bouman* [2], *Prof. Jon Arcelus* [2]

1. Nottingham Center for Gender Dysphoria, 2. Nottingham Centre for Gender Dysphoria

Background

Traditionally Gender Clinics have seen only those people transitioning to a male or female gender, with few people explicitly stating that they have a gender identity outside of that binary. More recently, however increasing numbers of people are happy to share their non-binary/genderqueer identity and this is reflected in the numbers of people are attending the Nottingham Center for gender Dysphoria (the second largest NHS gender clinic in the UK) who are happy to be open about their non-binary gender.

Aim(s)

To investigate the demographics, anxiety, and depression levels of people who state they are non-binary on the questionnaires which are given to all people seeking assistance at the Nottingham Center for Gender Dysphoria within the NHS. In gaining this information the intent is to determine if there are any special needs which are specific to this broad group of people - and so to adjust the administration and practice of the center accordingly.

Methods

A questionnaire continuing demographics was given to all people attending the Nottingham Center for Gender Dysphoria. A sample was analysed with demographic frequencies detailed and HADS and BDI scores reported.

Main Outcome Measures

The following demographics will be detailed: Gender identity; age; birth assigned gender; ethnicity; employment status; civil status; children; Living situation.

In addition we will report: diagnosis (if any); the type of physical treatments undergone (if any).

As well as Depression and Anxiety levels and their correlates.

Results

To be determined.

Conclusion

Administrative and clinical outcomes will be overviewed.

Identifications, Treatment experiences and requests in (non-)binary trans individuals

Friday, 7th April - 11:00 - Mental Health II: Autistic Spectrum Symptomatology and Non-binary Genders - Baltic

Dr. Timo O. Nieder [1], *Ms. Jana Eyssel* [1], *Mr. Andreas Koehler* [1]

1. *University Medical Center Hamburg-Eppendorf*

Background

The term ”trans” serves as an umbrella for both binary and non-binary identities within the gender identity spectrum. Traditionally, transgender healthcare (THC) has been based on a dichotomous understanding of gender and thus on the assumption of binary gender identities (i.e. female and male gender identity). This resulted in the expectation that all trans individuals identify as the sex opposite to their sex assigned at birth, and intend to undergo all transition-related interventions available to live in the other gender. Recently, normative expectations of two distinct genders have been heavily criticised. The existence of non-binary gender identities is increasingly recognized by academia and healthcare professionals. Non-binary individuals define themselves between the genders or outside the gender binary (e.g., genderqueer). Revisions (DSM-5: Gender Dysphoria) and drafts (ICD-11: Gender Incongruence) of diagnostic manuals have met the paradigm shift by eliminating the link between diagnosis and treatment requests existent in previous editions (e.g., ICD-10: F64.0: Transsexualism).

Aim(s)

The present study aims to answer the following questions:
(1) How do trans individuals experience their gender?
(2) Which transition-related interventions do trans people use or plan to use?
(3) How do (used or planned-to-use) interventions differ between binary and non-binary trans individuals?

Methods

The data were collected in an online survey study on transgender healthcare in interdisciplinary settings. The non-clinical sample consisted of N = 415 trans-identified individuals. Taking a participatory research approach, the questionnaire was developed in collaboration with a working group consisting of local trans support group representatives and THC professionals.

Main Outcome Measures

Treatment requirements in (non-) binary trans individuals

Results

Participants reported a variety of both binary (81.7 %) and non-binary gender identifications (18.3 %). Both groups differed significantly regarding demographic data (e.g., mean age, 35.0 vs. 38.8, $p < .05$). Non-binary trans participants reported lower rates of interventions (on average 2.0 interventions vs. 3.4 in binary individuals). In particular, they reported lower numbers of hormonal and genital surgical treatments. Non-binary trans participants also reported lower rates of planned interventions (2.1 vs. 2.6), again especially for hormonal and genital surgical treatments.

Conclusion

The data highlight the broad spectrum of gender identifications in trans individuals. The traditional binary-focused treatment practice may have hindered non-binary trans individuals from accessing THC and thus from realizing individual needs. To address those needs appropriately, professionals working for transgender health are encouraged to provide both holistic and individual treatment approaches. Thereby, it is recommended

to acknowledge gender identifications outside the gender binary more strongly and to critically reflect own normative expectations towards the sex/gender binary. Moreover, due to current diagnostic revisions taking a broader view on gender issues (e.g., by acknowledging identities other than male or female), the present sample is likely to predict future clinical samples regarding the prevalence of non-binary trans individuals.

Trans Swiss: Gender minority stress and psychological well-being in Swiss transpersons

Friday, 7th April - 11:00 - Mental Health IIb: Discrimination and Stigma - Aegean

Ms. Tiziana Jäggi [1], *Dr. Salvatore Corbisiero* [2], *Prof. Andreas Maercker* [1], *Prof. Dirk Schaefer* [3], *Dr. David Garcia* [3]

1. Universität Zürich, 2. Universitäre Psychiatrische Kliniken Basel, 3. Universitätsspital Basel

Background

Studies in English-speaking countries show that compared to the cispopulation, transpersons are exposed to psychological and physical violence at disproportionally high levels. Moreover, prevalence of affective disorders is higher in transpopulations than in cispersons. The minority stress theory provides a method to integrate and interpret these results in a comprehensive manner.

Aim(s)

This study aims to investigate the relationship between single factors of the minority stress model (distal, proximal and resilience factors) and the occurrence of depressive symptoms in German-speaking transitioned transpersons in Switzerland. Thereby we hypothesize that transpersons exposed to higher levels of minority stress exhibit more depressive symptoms.

Methods

With the aid of local transorganisations as well as data from four medical centers in the German-speaking part of Switzerland, 136 transpersons were recruited for the study. The questionnaires were to be filled out online or as paper-pencil version.

Main Outcome Measures

The hypotheses were analyzed through correlational and multiple regression analysis.

Results

The relationship between depressive symptoms and distal as well as proximal factors yielded medium to large effects ($r = .27$ to $.51$, $p < .01$). In contrast, resilience factors prompted only small effects ($r = -.15$ to $-.25$, $p < .01$). Multivariate analyses identified three variables to explain variance (unemployment, $\beta = -.28$, $p < .01$; non-affirmation of gender identity, $\beta = .27$, $p < .01$; and internalised transphobia, $\beta = .26$, $p < .01$) and found a mediating effect of the proximal factors. The moderating effect of the resilience factors was not demonstrated.

Conclusion

The results of the bivariate analyses indicate a relationship between the minority stress factors as formulated in the model. Though the protective influence of resilience factors is surprisingly small. Unemployment, non-affirmation of gender identity and internalised transphobia explain a considerable proportion of the variance. These results have clinical implications. Practitioners should foster a transpositive environment with their clients and actively discuss important issues of their psychosocial well-being in the first place. However, practitioners are also encouraged to explore and address aspects of internalised transphobia in their clients in order to reduce their minority stress.

Who has the worst attitudes toward sexual minorities? Comparison of transphobia and homophobia levels in gender dysphoric individuals, the general population and health care providers.

Friday, 7th April - 11:00 - Mental Health IIb: Discrimination and Stigma - Aegean

Dr. Alessandra Fisher [1], *Dr. Giovanni Castellini* [2], *Dr. Jiska Ristori* [1], *Dr. Helen Casale* [1], *Dr. Guido Giovanardi* [3], *Dr. Nicola Carone* [4], *Dr. Egidia Fanni* [1], *Dr. Maddalena Mosconi* [5], *Dr. Giacomo Ciocca* [6], *Prof. Emmanuele Jannini* [7], *Prof. Valdo Ricca* [8], *Prof. Vittorio Lingiardi* [9], *Prof. Mario Maggi* [1]

1. Department of Experimental, Clinical and Biomedical Sciences, Sexual Medicine and Andrology Unit, University of Florence, Florence, 2. Department of Experimental, Clinical and Biomedical Sciences Careggi University Hospital; Psychiatry Unit, Department of Neuroscience, Psychology, Drug Research and Child Health, University of Florence, 3. Department of Dynamic and Clinical Psychology, Faculty of Medicine and Psychology, Sapienza University of Rome, Rome, 4. Department of Developmental and Social Psychology, Faculty of Medicine and Psychology, Sapienza University of Rome, Rome, 5. Gender Identity Development Service, Hospital S.Camillo-Forlanini, 6. Department of Biotechnological and Applied Clinical Sciences, University of L'Aquila, 7. Department of Systems Medicine, University of Rome Tor Vergata, Rome, 8. Psychiatry Unit, Department of Neuroscience, Psychology, Drug Research and Child Health, University of Florence, 9. 3Department of Dynamic and Clinical Psychology, Faculty of Medicine and Psychology, Sapienza University of Rome, Rome

Background

To date, few studies have addressed attitudes toward transgender individuals. In addition, little is known about health care providers' (HCP) attitudes toward sexual minorities.

Aim(s)

The aim of the present study is to compare attitudes toward homosexual and transgender individuals between individuals diagnosed with gender dysphoria (GDs), healthy controls (HC), and HCP.

Methods

A total of 310 subjects were considered, including 122 GDs (63 transwomen and 59 transmen), 53 heterosexual HCP (26 males and 27 females) and 135 HC.

Main Outcome Measures

Participants completed the Modern Homophobia Scale (MHS) and the Attitudes Toward Transgendered Individuals Scale (ATTI) in order to assess attitudes toward gay men and lesbian women, and toward transgender individuals, respectively. In addition, GDs completed the Gender Identity/Gender Dysphoria Questionnaire (GIDYQ-AA) and ATTI to measure, respectively, Gender Dysphoria levels and internalized transphobia. Religious attitudes were evaluated by means of the Religious Fundamentalism Scale (RFS), and discrimination and Stigma Scale (DISC-12) were used to measure perceived discrimination

Results

(i) men showed significantly higher levels of homophobia and transphobia when compared to women ($p<0.001$); (ii) perceived discrimination was higher in lesbian women compared to gay men and in transwomen compared to transmen ($p<0.001$ and $p<0.05$, respectively); (iii) religious fundamentalism was associated with both homophobia and transphobia (both $p<0.001$).

Conclusion

Our results underline the need to promote awareness and acceptance of the sexual minorities, who are more

at risk of discriminatory attitudes, which are strongly dependent on religious precepts and dogma.

Predicting physical activity engagement in treatment seeking transgender people

Friday, 7th April - 11:00 - Mental Health IIb: Discrimination and Stigma - Aegean

Ms. Beth Jones [1], *Prof. Jon Arcelus* [2], *Dr. Walter Pierre Bouman* [2], *Dr. Emma Haycraft* [3]

1. Nott, 2. Nottingham Center for Gender Dysphoria, 3. Loughborough University

Background

It has been established that transgender people engage in less physical activity then cisgender people. Several psychosocial factors have been found to be important in explaining physical (in)activity within the cisgender population, but to date no study has explored psychosocial factors that may be associated with physical (in)activity within the transgender population. Establishing which factors predict physical activity, and in turn promote physical activity engagement, is vital considering the established health and well-being of benefits physical activity.

Aim(s)

To determine which psychosocial factors (depression, anxiety, transphobia, body dissatisfaction, self-esteem) predict physical activity engagement among treatment seeking transgender people.

Methods

In 2015/2016 a large sample of transgender people (N=322) was recruited from a transgender health service within the United Kingdom. The main outcome measure assessed physical activity engagement over a weekly basis. Levels of depression, anxiety and body dissatisfaction, transphobic experiences, and self-esteem were explored as potential predictor variables of physical activity.

Main Outcome Measures

Physical activity

Results

Overall, high self-esteem was found to predict physical activity within the studied sample of transgender people. Additionally, people who had taken cross-sex hormones were more likely to engage in a greater level of physical activity compared to participants who had not. In the group that had taken cross-sex hormones, greater satisfaction with overall appearance was found to increase physical activity engagement. Levels of depression and anxiety, and transphobic experiences did not significantly predict transgender people's engagement with physical activity.

Conclusion

For transgender people who are yet to start their medical transition (e.g., cross-sex hormones), increasing self-esteem is important in relation to promoting physical activity. In transgender people who are being prescribed cross-sex hormones, increasing body satisfaction (e.g., psychotherapy, gender confirming surgery), and in turn physical activity behaviour, is vital for both physical and mental well-being.

Social and psychological correlates of transphobia.

Friday, 7th April - 11:00 - Mental Health IIb: Discrimination and Stigma - Aegean

Prof. Antonio Prunas [1]

1. *Milan-Bicocca State University*

Background

Hill (2002) defines transphobia in terms of "emotional disgust toward individuals who do not conform to society's gender expectations" (Hill and Willoughby 2005, p. 533). While there is an established literature on homophobia, transphobia is still an understudied area, in spite of the implications for the well-being of trans people.

Lack of research in the field is particularly relevant in terms of the psychological variables implied in transphobia.

For instance, previous research (Ciocca et al., 2015) has investigated the psychological aspects associated with homophobia, such as psychopathological symptoms, the defensive system, and attachment styles, showing the involvement of psychoticism and immature defense mechanisms in homophobic attitudes.

No such study is as of yet available for transphobia.

Aim(s)

Aim of the present study is to assess which socio-demographical and psychological variables (focusing in particular on psychopathology, defense mechanisms and pathological personality traits) are associated with transphobia in a sample of Italian University students.

Methods

165 students were voluntarily recruited among those attending 3 public universities in Milan (Italy), by word of mouth and ads posted in public places.

Among participants, 49 were cisgender males (29.7%) and 116 cisgender females (70.3%); mean age was 24.32 years (SD=± 4.887; age range: 18-49 years).

47.9% of participants were undergraduate students, 29.1% were graduate students while 18.2% were post-graduate.

As for sexual orientation, 132 participants (80%) were self-identified exclusively heterosexual, while 33 were self-identifies as homosexual, bisexual or asexual.

As for political orientation, 27.9% were left-wing, 26.1% center-left, 4.8% center, 6.1% center-right, and 6.7% right wing.

55.2% of participants claimed thay had never get in touch with a trans persons, while 13.9% had at least one transgender person among their acquaitances.

Main Outcome Measures

The students who voluntarily agreed to participate completed a battery of questionnaires (presented in randomized order) including:

- a socio-demographic form;
- the Transphobia Scale (TS; Nagoshi et al., 2008) is a 9-item scale meant to measure prejudice against transgender individuals. Items were responded to on a scale from 1 = "completely disagree" to 7 = "completely agree";
- the Response Evaluation Measure 71 (REM-71; Steiner et al., 2001; Prunas et al., 2009): a 71-item self-report questionnaire allowing the evaluation of 21 defenses, organized in two higher-order factors: maure and immature;
- The Symptom Checklist–90–Revised (Derogatis et al., 1993) is a widely used 90-item self-report questionnaire

intended to measure self-report symptom severity on a number of different subscales. For the purpose of the present study, only the Global Severity Index (GSI) was used as a measure of psychopathology;
- Personality Inventory for DSM-5, brief version (PID-5-BF; Krueger, Derringer,
et al., 2011) is a 25-item questionnaire with a 4-point response scale, designed to measure the proposed DSM-5 traits. The PID-5-BF assesses 5 higher order dimensions: negative affectivity, detachment, antagonism, disinhibition, and
psychoticism.

Results
A hierarchical regression model was carried out with the TS total score as dependent variable; gender and age (step 1), sexual orientation (step 2), political orientation (step 3), religiosity (step 4), contact with trans people (step 5) and all the psychological variables (PID-5, SCL-90-R and REM-71 scores) (step 6) were entered as predictors.
The final model was significant ($F(14,150)= 7,983$; $p<0.001$). Results show that higher levels of transphobia were associated with: younger age ($\beta=-0.188$, $p<0.01$), male gender ($\beta=0.251$, $p<0.001$), right-wing political orientation ($\beta=0.304$, $p<0.001$), exclusive heterosexual sexual orientation ($\beta=-0.197$, $p<0.01$), having religious beliefs ($\beta=-0.146$, $p<0.05$), lower use of mature defense mechanisms (REM-71)($\beta=0.205$, $p<0.01$) and higher Antagonism (PID-5)($\beta=0.191$, $p<0.05$).

Conclusion
Our results show that people with higher levels of transphobia show a specific psychological profile characterized by a less mature defense style and high levels of antagonism.
Antagonism is defined as “behaviours that put the individual at odds with other people, including an exaggerated sense of self-importance and a concomitant expectation of special treatment, as well as a callous antipathy toward others” (APA, 2013, p.780).
All in all, it can be concluded that highly transphobic individuals have a less mature personality.
Implications for clinical practice and prevention of transphobia will be discussed.

“To speak or not to speak”: Voice satisfaction in adolescents with gender dysphoria.

Friday, 7th April - 11:00 - Mental Health IIb: Discrimination and Stigma - Aegean

Dr. Sally Phillott [1], ***Ms. Amelia Taylor*** [1], ***Mr. Matei Dudu*** [1]

1. *Gender Identity Development Service, The Tavistock and Portman NHS Foundation Trust*

Background

Standardized questionnaire data and clinical observations in the national gender identity development service (GIDS) for young people in the UK suggested that dissatisfaction in relation to the voice was a common presentation in adolescents who had been assigned male or female at birth.

As part of their routine assessment, 704 adolescent assigned females at birth and 362 adolescent assigned males at birth completed the Body Image Scale (BIS) (Lindgren and Pauly 1975) from 2012 to 2016.This data demonstrated that 77% of assigned males at birth rated that they were either dissatisfied or very dissatisfied with their voice. Similarly, 80% of assigned females at birth also said that they were either dissatisfied or very dissatisfied with their voice. Gender Identity Services for adults typically offer voice coaching or therapy particularly for those assigned male at birth.

Aim(s)

The current audit aimed to gather more detailed information regarding voice dissatisfaction in adolescents with gender dysphoria in order to explore whether there was a need for the GIDS to provide additional support in relation to voice dissatisfaction and also aimed to gain a better understanding of the various coping strategies young people utilise to manage any distress related to their voice.

Methods

The Transsexual Voice Questionnaire (TVQ) (Dacakis and Davies 2012), a standardised questionnaire for adults who identify as male to female (MtF) was adapted (with permission from the author) to ensure suitability for adolescents and also adapted to include a version for those assigned female at birth.

Further questions were added to capture the breadth of strategies young people utilise to manage their distress. Voice questionnaires were added to the standard outcome measure packs in 2015 at the GIDS Leeds satellite service which covers the north of England. The TVQ was administered with young people over the age of 12 as part of their initial assessment.

Main Outcome Measures

Adapted Transsexual Voice Questionnaire (TVQ) (Dacakis and Davies 2012)

Results

Results of 204 adapted TVQ, demonstrate that concerns about the voice have a negative impact on social functioning. The service found that adolescents assigned female at birth were as distressed as adolescents assigned males at birth. This paper will discuss the results and implications.

Further results to date have highlighted that coping strategies used by adolescents with gender dysphoria fall into two main categories; avoidant behaviour, for example not using their voice and adaptive behaviour, for example, changing the pitch of their voice or using voice coaching programmes.

Conclusion

Service data from the BIS demonstrated that 77% of assigned males and 80% of assigned females are dissatisfied with their current voice. This current survey has demonstrated a negative impact for both assigned males

and assigned females on their social functioning and that young people use two main types of coping strategy; avoidance of using their voice and/or using their voice in different ways. The survey highlighted that adolescents with gender dysphoria would benefit from additional support in relation to managing voice dissatisfaction. The clinical implications of the survey will be discussed.

Adolescents' retrospective suggestions for improving children's services in gender identity clinics in the Netherlands

Friday, 7th April - 11:00 - Children & Adolescents II: Assessing Prevalence, Treatment Satisfaction and Mental Health - Atlantic 2

Mr. Tom Bootsma [1], *Mr. Simon Doomernik* [1], *Mr. Aike Pronk* [1], *Mr. Dennis van Dijk* [1]

1. Independent Initiative, collaboration with Patient Organization Transvisie and VUmc

Background

Treatment for transgender adolescents is available since 25 years and started in the Netherlands. Also, alongside support groups, counseling services and patient organisations are becoming more involved in scientific research from patients' perspective. Since the treatment of transgender youth is moving on towards a more mature level and the number of ex-youth patients has increased significantly over the past decade, we think an evaluation on the care for these children would be useful.

Aim(s)

The objective of this study is threefold: (1) to come up with suggestions for
expansion of the youth treatment protocol from ex-youth patients' and their parents' perspective as well as professionals' perspective; (2) to give ex-youth patients and their parents the opportunity to evaluate the services without a conflict of interest between patient and medical professional; and (3) to better align and possibly expand services offered by gender identity clinics and patient organisations.

Methods

After a literature study the qualitative retrospective study will start in 2017 by the use of focus groups with ex-youth transgender patients and professionals and single interviews with one of their parents. Ex-youth patients of the VUmc Medical Center Amsterdam who started treatment with puberty inhibitors as a minor between 2000 and 2008 will be asked to participate in focus groups. The parents of participants are invited to participate in an interview. Patients currently waiting for gender surgery or less than 6 months after surgery will be excluded. At least 2 focus groups will be held with 6 to 8 participants. In the second part of the project, after analysis of the major themes, workshops for next generation transgender adolescents (and/or professionals) will be developed, tested and implemented.

Main Outcome Measures

The focus groups will be audiotaped, transcribed and coded. Subjects in focus groups and interviews are focused on the following: experiences with the treatment in the hospital, communication interactions with healthcare staff, taking part (or not) in communication and decision-making, preferences for decision-making, factors that influenced participation and the experienced and fulfillment of needs in health- and psychosocial care. Based on the identified factors that may enhance or hinder participation, workshops for youth (and/or professionals) are designed and implemented in collaboration with patient organisations and/or gender identity clinics.

Results

Ultimately the project results in qualitative ex-youth patient feedback for gender identity clinics and other gender identity care services to evaluate the experience with the treatment protocols and improve care providers interaction with youth patients and parents. Beyond diagnosis and medical treatment, patient organisations can take up their roles as not only mentors but also as trainers of young patients.

Conclusion

Our project comprises an analysis of the current state of treatment of transgender youth in the Netherlands and a practical approach towards what we can do to smoothen the intense treatment procedure. All in all, we call for action of both trans health professionals and ex-youth to start working together towards these goals on the basis of equality by making use of their respective professional and personal experience.

Mental health assessment of transgender youth in a clinical paediatric setting; should standardised psychological measures be scored by norms of birth assigned sex or identified gender?

Friday, 7th April - 11:00 - Children & Adolescents II: Assessing Prevalence, Treatment Satisfaction and Mental Health - Atlantic 2

Mrs. Liz Saunders [1], ***Mr. Hans-willem van Hall*** [1], ***Dr. Julie Moore*** [1], ***Mrs. Sarah Robinson*** [1], ***Dr. Colette Halpin*** [1], ***Ms. Roxanne Buktenica*** [1]

1. *Gender Diversity Service, Princess Margaret Hospital for Children*

Background

Worldwide there are increasing numbers of young people identifying as Transgender. There is not a great amount known about the mental health of transgender youth, possibly due to the relative recency of contemporary approaches to support this population. However, research indicates that the transgender population are at higher risk of mental health issues than the normal population and therefore accurate risk assessment is essential.

Assessment of psychological and psychosocial functioning of transgender young people is important in a clinical paediatric setting as these assessment measures are used clinically to identify risk and to assess if difficulties are in the "clinical range." Our current practice is to score psychological assessment measure according to that Birth Assigned Sex (BAS) rather than the identified gender (IG), as assessment measures are typically normed on BAS.

In the general population research has identified that there is a gender difference in the development of mental health issues. It is unclear how this relates to a transgender population, and how this may effect the outcomes on assessment measures to assess risk.

Therefore, the clinical question remains; which gender normative group is the appropriate and most relevant choice to assess risk.

Aim(s)

This study aimed to determine if the assessment measures used in practice to assess psychological wellbeing and risk should be measured according to the Birth Assigned Sex (BAS) rather than the identified gender (IG).

This study aimed to determine if scoring measures as the IG would influence the level of gender normed psychopathology.

Methods

Participants are adolescents (aged 11-17) attending the GDS in 2015 and 2016 (N= 44, M = 15 years, 4 months, SD = 1.52). Each participant and their family completed a battery of empirically-validated psychological assessment questionnaires at their first appointment with the GDS multidisciplinary team. These questionnaires asses behavioural problems, behaviour and peer relationships, child physical, psychological and psychosocial functioning, child psychological, gender dysphoria and body image/body dissatisfaction. The information gathered from these assessments is used for both clinical and research purposes. Young people are formally re-assessed at various times throughout their time with the service.

Main Outcome Measures

The assessment measure used for this study is the Beck Youth Inventory of Emotional and Social Impairment (BYI; Beck et al., 2001) questionnaire. The BYI assesses psychosocial functioning across five domains: four negative symptom domains; depression, anxiety, anger, disruptive behaviour, and one positive symptom domain; self-concept. Each inventory domain takes approximately 10 minutes to complete, with 20 statements written at a second-grade reading level. Adolescents rate statements over the preceding 2 weeks, such as “I like my body”, from never (scored 0) to always (scored 3). This raw score for questions in each domain was converted to a T-score using the adolescents’ gender and age (either 11-14, or 15-18). T-scores indicate the severity of problems in that domain. Four groups were analysed, two Female to Male (FTM) age groups, 11-14, and 15-18, and two Male to Female (MTF) age groups, 11-14, and 15-18. Each BYI was initially scored as their BAS, then as their IG and analysed using a series of paired-samples t-tests.

Results

FTM 11-14

There was a significant negative difference in the scores for BYI-BDBI-BAS level (M=51.22, SD=12.92) and BYI-BDBI-IG (M=47.56, SD=9.79) conditions; t(8)=3.14, p =.014.

FTM 15-18

There was a significant positive difference in the scores for BYI-BSCI-BAS level (M=41.15, SD=12.50) and BYI-BSCI-IG (M=41.46, SD=11.70) conditions; t(25)=-2.86, p =.008.

There was a significant positive difference in the scores for BYI-BAI-BAS level (M=58.12, SD=12.92) and BYI-BAI-G (M=61.77, SD=12.78) conditions; t(25)=-29.30, p <.001.

There was a significant positive difference in the scores for BYI-BDI-BAS level (M=59.08, SD=10.95) and BYI-BDI-IG (M=61.58, SD=10.75) conditions; t(25)=-14.82, p <.001.

There was a significant negative difference in the scores for BYI- BDBI-BAS level (M=51.56, SD=9.42) and BYI-BDBI-IG (M=48.36, SD=8.33) conditions; t(25)=13.86, p <.001.

MTF 11-14

Only one participant fell into this group and therefore no comparisons could be made.

MTF 15-18

There was a significant negative difference in the scores for BYI-BSCI-BAS level (M=36.63, SD=11.41) and BYI-BSCI-IG (M=36.00, SD=11.25) conditions; t(7)=2.38, p =.049.

There was a significant negative difference in the scores for BYI-BAI-BAS level (M=61.63, SD=12.05) and BYI-BAI-IG (M=57.00, SD=12.05) conditions; t(7)=5.95, p =.001.

There was a significant negative difference in the scores for BYI-BDI-BAS level (M=65.63, SD=15.66) and BYI-BDI-IG (M=62.75, SD=15.75) conditions; t(7)=12.69, p <.001.

Conclusion

This study’s results highlight significant differences in psychopathology between adolescent groups attending a clinical paediatric gender service when scored as the adolescents IG. This may be evidence to indicate that scoring each individual according to their IG may represent a more accurate depiction of their current mental health functioning, which could be considered separate to their transgenderism.

Interestingly, not all domains function in an identical way, with the exception of the delinquent behaviour domain which indicated a decrease in psychopathology for all groups.

There is also a gender disparity in the results in this study. This may be due to the assessment measure used in this study. For example, in the literature some domains of the BYI are often associated as being potentially gender biased, i.e. the female gender typically scores higher on domains such as anxiety, thus when scoring from MTF, scores for this group of young people rise, indicating greater psychopathology, and

therefore increased risk.

Lastly, there are important clinical implications posed by the results in this study. It may be more appropriate to score assessments in both forms, and be concerned if the young person falls into clinical range in one or the other sex norms.

Gender trouble: Item 110 on the child behavior checklist and youth self-report

Friday, 7th April - 11:00 - Children & Adolescents II: Assessing Prevalence, Treatment Satisfaction and Mental Health - Atlantic 2

Prof. Kenneth Zucker [1], ***Dr. Thomas D. Steensma*** [2]

1. University of Toronto, 2. VUMC

Background

When the Child Behavior Checklist and the Youth Self-Report were first published, they both contained two items pertaining to gender identity (Item 5: "Behaves like opposite sex"; Item 110: "Wishes to be of opposite sex"). In subsequent versions of the CBCL and YSR, only Item 110 was retained. Both Items 5 and 110 or Item 110 alone have been used to gauge the prevalence, in a crude way, of gender-variant behavior or even as a rough proxy for Gender Identity Disorder (the diagnostic term in DSM-III, III-R, and IV) in both the referred and non-referred samples in the standardization studies (e.g., Steensma et al., 2013; Zucker et al., 1997) and in more specific populations, such as twins (van Beijsterveldt et al., 2006) or specific diagnostic groups, such as children with an autism spectrum disorder or attention deficit hyperactivity disorder (Strang et al. , 2014). In the standardization samples, Item 5 was endorsed more frequently than Item 110 and both items were endorsed more frequently in girls than in boys. As of yet, it is unclear if endorsement of Item 110 might be associated with degree of general behavioral and emotional problems in referred and non-referred children in general.

Aim(s)

The aim of the present study was two-fold: (1) to report on the prevalence of Item 110 in two new standardized samples: the 2001 U.S. version of the CBCL and YSR (Achenbach & Rescorla, 2001) and the 2013 Dutch version of the CBCL and YSR (Verhulst & van der Ende, 2013); (2) to see whether or not children and youth for whom this item was endorsed differed from those for whom it was not with regard to the probands' birth-assigned sex, the sum of all other items that were scored positive, suicidality, and a metric of poor peer relations.

Methods

Four samples were used: For the CBCL, the U.S. and Dutch samples of referred and non-referred children (ages 6-18 years); for the YSR, the U.S. and Dutch samples of referred and non-referred youth (ages 11-18 years). In total, there were 12,216 children and youth. Across the four samples, Item 110 was dichotomized as present or absent. The sum of all behavioral and emotional problems (less Item 110) was recorded as was the sum of the two suicidality items (Items 18 and 91) and a 3-item metric of poor peer relations (Items, 25, 38, and 48). Because we were analyzing an anonymous set of data bases supplied by the authors of the standardization samples, formal ethical approval to conduct this research was not required.

Main Outcome Measures

The dependent measures of total behavior problems, suicidality, and poor peer relations were each analyzed in a 2 (Gender) x 2 (Referral Status: Referred vs. Non-Referred) x 2 (Item 110: Present vs. Absent) analysis of variance (ANOVA).

Results

Across referral status, country (U.S. vs. Holland), and form (CBCL vs. YSR), Item 110 was coded as present in less than 1% of cases (e.g., in Dutch referred boys on the CBCL) to 16.0% of U.S. referred girls on the YSR. Across the entire sample, the prevalence was 3.7%. In all samples, Item 110 was endorsed more frequently for girls than for boys. In each of the four samples, the ANOVAS showed significant main effects for Item 110 for the sum of the total behavior problems, the sum of the two suicidality items, and the sum of the metric of poor peer

relations, with most of the p values < .001. In all instances, children and youth for whom Item 110 was coded as present had more behavior problems, more suicidality, and poorer peer relations. Effect sizes using Cohen's d ranged from .40 to 3.43.

Conclusion

In both clinic-referred and non-referred children and youth, Item 110 proved to be a powerful correlate of behavioral and emotional problems in general and suicidality and poor peer relations in particular. It is rather remarkable that a single item measure that might be construed as a crude proxy for the presence of gender dysphoria was able to detect such strong effects on general psychologic well-being. In clinic-referred populations at large, this finding suggests that whenever Item 110 is coded as present, it is quite likely the case that these children and youth will show evidence of a more general psychologic vulnerability than children and youth for whom Item 110 is coded as absent. It may well serve as a useful gateway for a more thorough evaluation of the felt gender identity of these children and youth.

Exploring gender diversity: New questionnaire proposal

Friday, 7th April - 11:00 - Children & Adolescents II: Assessing Prevalence, Treatment Satisfaction and Mental Health - Atlantic 2

Dr. Jos Twist [1], *Ms. Nastasja de Graaf* [1]

1. Gender Identity Development Service, The Tavistock and Portman NHS Foundation Trust

Background

Over recent years there has been an increase in the number of young people whose identity does not fit into the (societal) binary male or female perspective. There are currently some questionnaires that look at gender identity and expression from a binary perspective (Zucker et. al., 2006; Deogracias et. al., 2007). Yet no formal tools presently exist for assessing the wide range of gender identities that young people might experience. Therefore, we decided to develop a new questionnaire, which will offer further insight into the diversity of gender identification of young people including non-binary identities.

Aim(s)

The aim for developing this questionnaire was to capture what proportion of young people who come into the Gender Identity Development Service (GIDS) identify within a binary construct of gender compared to how many identify outside a binary construct of gender and how greater diversity in identification may increase with age. The aim for this talk is to review the process of developing our new Gender Diversity Questionnaire and to share our preliminary findings.

Methods

Firstly, the questionnaire had been reviewed by service users, stakeholders, clinicians and professionals working in closely linked gender–support groups. It was important to obtain feedback from multiple perspectives to ensure that the questionnaire was useful for both clinical and research purposes, that it enabled the young people to self define and the language employed was respectful, validating and clear.
Secondly, a pilot study was conducted within GIDS. The questionnaire was handed out as part of our standard assessment questionnaire-pack for 12-18 year olds. The first 200 questionnaires which have been returned were analysed. The range of self-reported identities were identified and categorised. Possible differences found between age and assigned sex at birth were reported.

Main Outcome Measures

For this talk we will review the process of developing our Gender Diversity Questionnaire. In the process of developing this tool, we distinguished three main topics: Gender Identity, Gender Expression and Social Gender. Firstly, we wanted to explore how young people identify themselves. Secondly, we wanted to investigate if we could identify factors which were important for young people in expressing their gender. And third, we wanted to know how young people experience being perceived by strangers and how important this was for them. Additionally we will share the findings that we have retrieved from our questionnaire data.

Results

Preliminary outcomes (N=66 questionnaires so far) of our pilot study show that 9% of the total sample identify as non-binary; 56% identify as Trans; and 30% identify with the “binary-opposite” gender to what they were assigned to at birth. No significant differences were found between assigned males and assigned females. Important factors that relate to expressing gender include: Fashion, Name, Binding, Hair and Body Language.

Conclusion

There is a need for a new tool to assess young people's diverse gender identifications. By developing this questionnaire, we are able to offer further insight about how many young people identify within the binary and how many are coming off the binary perspective within our service. We are also able to identify factors which are important for young people in expressing their gender, and whether these factors are influenced by variables such as age, identified gender or assigned gender at birth.

Prevalence of adolescent gender variance in Germany

Friday, 7th April - 11:00 - Children & Adolescents II: Assessing Prevalence, Treatment Satisfaction and Mental Health - Atlantic 2

Ms. Inga Becker [1]***, Prof. Ulrike Ravens-Sieberer*** [1]***, Dr. Veronika Ottová-Jordan*** [1]***, Prof. Michael Schulte-Markwort*** [1]

1. *University Medical Center Hamburg-Eppendorf*

Background

Adolescence marks a transition point in the development of gender experience and expression. Although there is growing awareness about various gender identities in health research, only limited data on the prevalence of adolescent gender variance in the general population exists.

Aim(s)

The main research goal was to identify how many adolescents display what we consider a gender variant experience or nonconforming expression, how gender variance is distributed across gender and age, and what these experiences imply in detail.

Methods

German female and male high-school students aged 10–16 participating in the representative "Health Behaviour in School-aged Children" (HBSC) Hamburg survey were asked to report their current gender experience (identification as both feminine and masculine) and gender expression (gender role as girl or boy). Two overall categories and five subcategories on gender experience and expression were established based on previous research.

Main Outcome Measures

The present study aimed to replicate results of previous research for adolescents by applying multidimensional categories for gender experience (including congruent, somewhat congruent, incongruent, ambivalent, and no gender identification), and expression (completely or somewhat conforming and non-conforming gender role behavior).

Results

In total, 4.1% of the adolescents' responses were rated as variant in gender experience and 3.0% as nonconforming in expression. Both variant experiences and nonconforming expression together were present in only 0.9% of adolescents. Gender variance was more strongly present in girls as well as in younger age groups. In detail, 1.6% reported an incongruent, 1.1% an ambivalent, and 1.5% no gender identification. Another 8.0% of the responses could be rated as only somewhat congruent.

Conclusion

Fluidity between clearly congruent or incongruent pathways is present in adolescence, including variant as well as possibly still developing (only somewhat clear) gender experiences, whereas clearly incongruent identification and nonconforming expression were less frequent. Understanding adolescent gender development as multidimensional is important in order to identify the needs of those who do not fit into the current understanding of either female or male.

Facilitating the social transition of a trans female adolescent in a secure children's home: Opportunities and challenges in the youth justice system

Friday, 7th April - 11:00 - Children & Adolescents IIb: Challenges in Transgender Care for Youth - Adriatic

Dr. Anna Churcher Clarke [1], ***Mr. Garry Richardson*** [1]

1. The Gender Identity Development Service, The Tavistock & Portman NHS Trust

Background

The UK 2015 Parliamentary Women and Equalities Committee on Transgender Equality report makes over 30 recommendations in a wide range of policy areas, including on care for children and adolescents as well as on adults in prison and under probation services (House of Commons, 2016). In the context of several recent deaths in custody of trans people in prison, the government report acknowledges the confusion within the prison system around the treatment of this population and calls for a review of relevant statutory guidelines. However, there is no known guidance which specifically addresses the needs of trans young people in custody. There are few such cases referred to the UK's child and adolescent Gender Identity Development Service. When seeking to support trans youth to live in their preferred gender, institutions that provide custodial placements must manage anxiety around striking an appropriate balance between the needs of the individual adolescent and the responsibility to manage risk.

Aim(s)

This paper explores the opportunities and challenges associated with the process of working with staff in a secure children's home, to facilitate the social transition of a trans female adolescent for the first time.

Methods

This paper is a case study of the work undertaken by the UK's child and adolescent Gender Identity Development Service with a trans female adolescent who was held on a custodial sentence in a secure children's home for 18 months.

The paper considers different phases of the social transition achieved through working with the staff there as part of the network model (Eracleous & Davidson, 2009), and draws on a reflective conversation held with them about their learning from this experience.

The first phase of the work involved building relationships, including helping staff draw on their strengths and experiences of the system that they worked in to imagine how such a transition could be thought of as both ethically just and practically feasible.

The second phase of the work involved identifying and enacting specific steps towards the young person being able to live in their identified gender in that setting. This included addressing issues of secrecy, and helping staff to disentangle ethical issues around the expression of identity from the reward/sanction system in operation in that setting.

Results

The young person achieved her goal of leaving the children's home having made a social transition to her preferred gender. Staff were empowered to use their experiences to examine and develop relevant policies within the home, and to identify themselves as part of a broader network of such settings for children and adolescents in the criminal justice system, that are seeking to improve the quality of care for trans young people.

Conclusion

Policy and practice implications around working with trans young people in secure settings in the criminal justice system are discussed. These include issues around name changes, the possibilities for gender expression, and the implications of the physical environments where work takes place.

Bioethics and transgender youth – Moral ways of working

Friday, 7th April - 11:00 - Children & Adolescents IIb: Challenges in Transgender Care for Youth - Adriatic

Dr. Heather Wood [1]

1. Gender Identity Development Service, The Tavistock and Portman NHS Foundation Trust

Background

The principles of bioethics developed by Beauchamp & Childress (1983) are considered by many as the standard theoretical framework from which to analyse ethical situations in medicine and healthcare. These four principles are Non-Maleficence, Beneficence, Autonomy and Justice.

Non-maleficence – The principle that “above all, do no harm,” as stated in the Hippocratic Oath.
Beneficence – The principle of acting in the best interest of the other, the duty to “do good”.
Autonomy – The right for an individual to make his or her own choice.
Justice – A concept that emphasizes fairness and equality among individuals.

In the field of Transgender Health there is ongoing debate about the ethical and practical implications of treatment approaches. This paper examines the principles of bioethics as applied to a stepped-care approach in the treatment of transgender youth. In doing so, we evaluate the original aims of the service and through the use of clinical vignettes we discuss the moral dilemmas encountered in this field.

Aim(s)

The aim is to highlight the complexity of the ethical dilemmas encountered when working with transgender youth.
By using the principles of bioethics as a framework, we move the debate onwards from simplistic arguments around treatment models to a nuanced understanding of ethical decision making and moral ways of working with Transgender Youth.
For example, what are the ethical considerations when using a stepped-care approach for the assessment and treatment of young trans people?
What are the ethical considerations when working with uncertainty (or certainty) in the treatment of young trans people?
What are the ethical considerations when working with complexity?
What are the ethical considerations of evidence based practice with-in an NHS setting?

Conclusion

The principles of bioethics provide a framework for exploring the ethical dilemmas in working with transgender youth.

Gender care in young children: What do we do, what do we know and what do they want?

Friday, 7th April - 11:00 - Children & Adolescents IIb: Challenges in Transgender Care for Youth - Adriatic

Mr. Thomas Wormgoor [1], *Dr. Thomas D. Steensma* [2]

1. Transvisie Zorg, 2. VU Medical Center Amsterdam

Background

In the Netherlands there is a long established set of institutions working with and for gender variant (GV) children and adolescents. They can be divided into: (1) Academic centers (Amsterdam, Leiden), (2) Mental Health institutions (Transvisie Zorg/Lucertis, Lentis, private practitioners), and (3) Self-help & Advocacy groups (Patients organization Transvisie/Berdache, other initiatives).

Historically, the academic centers focused their care on diagnosing and psychologically evaluation the referred GV children, and from these evaluations and guided by the information from the literature on development in GV children, advices were provided how to deal with GV feelings and behaviors. The mental health institutions, self-help & advocacy groups focused on the further counselling of these children, their parents and their families in their development, where the counseling approach was primarily driven by the needs of these families and children.

Although gender care for children has been organized this way for many years in the Netherlands, the different practices and programs that are provided for children and families have never been evaluated through the needs of those children and families. Also the exchange between the Academic centers and the mental health institutions and practitioners has been limited so far. Especially concerning pre-pubertal children and their families.

Aim(s)

The general aim of the presentation is to confront scientific knowledge with clinical experience against the experiences and needs from GV children and their families on how they are counseled during the childhood years.

Methods

The focus of the presentation will be two folded:

(1) Give insight into the general advices in counseling that are given in the academic centers, into the practices of specialized mental health professionals and into the current search for the best cooperation and/or division of tasks between them;

(2) Give insight into the experiences and the needs from GV children and families gathered through a qualitative focus group study.

Main Outcome Measures

From November 2016 to March 2017 several focus groups will be organized. Central theme in the focus groups will be: ”What to cherish, what to discard and what to improve in gender care in prepubertal children”.

The focus groups will consist of 6-9 participants, consisting of GV children, young adults and parents. The meetings will be held in different parts of the country. After each focus group meeting, minutes will be made. These minutes will be available for the next session, so the new group can benefit from the discussions and ideas of the previous group.

Beside the focus group in children and parents, another focus group will be held consisting of representatives of the academic centers and the mental health institutions.

In March 2017 all participants will be invited to a meeting where results and conclusions will be presented.

Results

Central topics in the focus groups will be:

What do children and families need in the period before puberty sets in?

- What type of assessment is needed? When and by whom? Do we invite children with their parents or do we invite families?
- Which psycho education programs are helpful? When should they be provided and by whom?
- What types of treatment should be available? (When) should treatment be offered by specialized caregivers?
- How do we best combine 'gender knowledge' with specific knowledge about frequently seen co-existing problems in children with gender dysphoria, such as autism spectrum disorder, lowered self-confidence and anxiety?

Conclusion

This presentation will provide valuable information to make the next step in gender care for GV children and their families.

Finding the you that fits you: A young adult's account of their trans journey and reflections from their former clinician

Friday, 7th April - 11:00 - Children & Adolescents IIb: Challenges in Transgender Care for Youth - Adriatic

Dr. Matt Bristow [1]

1. Gender Identity Development Service, The Tavistock and Portman NHS Foundation Trust

Background

Whilst the majority of the adolescents seen in the UK's child and adolescent Gender Identity Development Service (GIDS) plan to continue receiving support for specialist gender services beyond age 18, some will not. Of these some indicate that they plan to live in the gender they were assigned at birth. Research into rates of persistence versus desistence rates has attempted to uncover differences between those who continue to hold a trans identity and those who do not (Steensma et al, 2010; Steensma et al, 2013)

GIDS operates under a protocol where adolescents must have had at least 12 months of hypothalamic blocker injections and be age 16 or over before cross-sex hormones can be considered. Young people are usually also expected to have had some experience presenting in their preferred gender.

Hormone blockers are envisaged to provide young people with thinking space to think about future choices without the pressure of their sex hormones and further pubertal development. The experience of living in a non-assigned gender role can help adolescents to clarify the extent to which gender is the cause (or solution) of their unhappiness or distress.

Methods

This clinical vignette presents the experiences of a young adult (assigned female at birth) in her own words, who first presented to GIDS at age 16 and who also socially transitioned to a male gender presentation at that time. Shortly before her 18th birthday, she transitioned back to a female gender presentation. She describes how having arrived at the conclusion that living as male was not the right "fit" for her does not mean that she regrets her time in the trans community and considers how it has been part of her overall identity development.

Following this, in part drawing upon a conceptual framework of outsider witnessing from narrative therapy (White & Epston, 1990) her former GIDS clinician reflects on his response to the young person's story and discuss how this has influenced his practice working with other adolescents and their families. Together we consider how this experience may inform other young people and clinicians in their discussions around ongoing gender identity development in adolescence.

Conclusion

We conclude by examining how individual case studies of people whose trans journeys do not end in transition can help clinicians better support people in making the right choices for them, regardless of how their gender identity develops.

Misdiagnosing gender dysphoria in adolescents: 5 case studies

Friday, 7th April - 11:00 - Children & Adolescents IIb: Challenges in Transgender Care for Youth - Adriatic

Dr. David Bathory [1]

1. Bathory International

Background

Five adolescents ages 13-15 all presenting with Gender Dysphoria were misdiagnosed by other clinicians (as Borderline Personality Disorder, Autism, Schizophrenia, or Bipolar Disorder). This study reviews their case histories and how Gender Dysphoria went undiagnosed until it was clinically accessed and the importance of differential diagnosis has with patient outcomes.

Aim(s)

To assist clinicians with differential diagnoses of Gender Dysphoria in young adolescents.

Methods

Five case studies provide examples of adolescents who have been misdiagnosed and treated for behavioral health diagnoses they did not meet the diagnostic criteria instead of Gender Dysphoria. Diagnostic criteria for each mental health diagnosis will be reviewed in light of the case history and substantiation for a diagnosis of Gender Dysphoria will be made.

Main Outcome Measures

DSM V criteria and ICD11 criteria for Gender Dsyphoria.

Results

All five case studies meet criteria for Gender Dysphoria .

Conclusion

Adolescents presenting for treatment are often misdiagnosed by clinicians who are either unfamiliar with Gender Dsyphoria or who find it difficult to differentiate from other disorders. Comorbid presentations of multiple diagnoses can complicate making an accurate diagnosis but with proper assessment, each should be distinct. These five case studies provide examples of common misdiagnoses and why Gender Dysphoria is the most accurate alternative.

Transient elevated serum prolactin in trans women is caused by cyproterone acetate treatment

Friday, 7th April - 11:00 - Endocrinology II - Atlantic 3

Dr. Justine Defreyne [1], ***Ms. Nienke Nota*** [2], ***Dr. Pereira Cecilia*** [3], ***Prof. Thomas Schreiner*** [4], ***Prof. Alessandra Fisher*** [5], ***Prof. Guy T Sjoen*** [6], ***Prof. Martin den Heijer*** [2]

1. Ghent University Hospital, Department of Endocrinology, 2. VUMC, 3. San Juan de Dios Hospital, 4. Oslo university hospital, 5. university of florence, 6. Ghent University

Background

Hormonal treatment in trans women (male to female transgender persons) in Europe usually consists of the administration of estrogens combined with anti-androgens, such as cyproterone acetate (CPA). Mild elevations of serum prolactin are often seen during follow-up. This elevation is currently thought to be caused by estrogens, but data about the influence of CPA on prolactin are scarce.

Aim(s)

To evaluate if CPA contributes in the elevation of prolactin in trans women receiving cross-sex hormones.

Methods

This study is part of the endocrine part of the European Network for the Investigation of Gender Incongruence (ENIGI). Belgian data were selected for this substudy. Trans women that initiated cross-sex hormone treatment and then underwent orchiectomy were prospectively evaluated. Trans women were treated with oral CPA 50 mg in combination with oestrogen substitution (4 mg estradiol valerate daily, or 100 µg/24 hours transdermal 17-β estradiol, or Estrogel 3 or 4.5 mg per day). Post-surgery they reinitiated estrogen alone in an unchanged dose.

Main Outcome Measures

Sex steroids, gonadotropins and prolactin were measured pre and post surgery in patients receiving orchiectomy and at 6, 12 and 18 months in patients who did not undergo orchiectomy (control group). We compared pre-and post-operative serum prolactin levels with the 12-month (M12) and 18-month (M18) visit serum prolactin levels in trans women not undergoing orchiectomy.

Results

One hundred and seven trans women participated in this analysis, with a mean age of 31.5 years. We noticed an increase in serum prolactin levels in both the intervention (23.72 µg/L) and control group (23.05 µg/L) after several months of treatment, compared to baseline (9.42µg/L, $P = 0.002$ and 9.94µg/L, $P < 0.001$, respectively). After orchiectomy, we noticed a decline in prolactin levels (10.17 µg/L, $P < 0.001$).

Conclusion

CPA causes a temporary increase in serum prolactin, with prolactin levels returning to normal after orchiectomy and discontinuation of CPA. Hormone prescribing physicians and clients can be reassured that these preoperative moderate prolactin increases do not need further investigations, such as pituitary imaging.

In vitro activation and maturation of primordial follicles of trans men is currently limited by inadequate support of the preantral follicle growth

Friday, 7th April - 11:00 - Endocrinology II - Atlantic 3

Dr. Chloë De Roo [1]***, Dr. Kelly Tilleman*** [1]***, Mrs. Sylvie Lierman*** [1]***, Prof. Guy T'Sjoen*** [2]***, Prof. Ria Cornelissen*** [3]***, Prof. Steven Weyers*** [4]***, Prof. Petra De Sutter*** [1]

1. Division of Reproductive Medicine, Department of Gynaecology, Ghent University Hospital, 9000 Ghent, 2. Ghent University, 3. Department of Basic Medical Science, Faculty of Medicine and Health Science, Ghent University, 9000 Ghent, 4. Department of Gynaecology, Ghent University Hospital, 9000 Ghent

Background

Ovarian tissue cryopreservation is an interesting fertility preservation option for trans men as it does not require controlled ovarian stimulation, involving female hormone rises and vaginal ultrasound monitoring. Future use by transplanting thawed tissue includes unwanted side effects by restoring female hormone activity. In theory, an alternative to transplantation could be in vitro maturing the residing immature follicle pool. However, attempts of in vitro activation and maturation of primordial follicles are not yet satisfactory.

Aim(s)

In order to follow the primordial follicle activation and maturation during in vitro culture of frozen thawed ovarian tissue of trans men, detailed histological follicle observations were performed during the in vitro culture.

Methods

Cryopreserved ovarian tissue, donated for research, of 3 trans men (23.3 +/- 1.53 years old) was thawed and prepared for in vitro culture. All of them underwent a hysterectomy with bilateral oophorectomy after a period of intramuscular testosterone undecanoate (Nebido®) (55.3 +/- 1.15 weeks). After thawing, the ovarian cortex (2.5*5*1mm) was pulled mechanically using the blunt end of a scalpel to flatten out the tissue and to minimize the underlying stroma. The tissue was then cut into small interconnecting strips. Two pieces were taken and fixed in 10% paraformaldehyde for histological evaluation. The cortical strips were transferred individually in 24-well cell culture plates (Corning B.V. Life Sciences Europe, Amsterdam, The Netherlands) containing 300 µl of McCoy's 5a medium with bicarbonate supplemented with HEPES (20 mM), HSA (0.1%) (Red Cross, Belgium), glutamine (3 mM) (Thermo Scientific, Erembodegem, Belgium), penicillin G (0.1 mg/ml)-streptomycin (0.1 mg/ml) (Thermo Scientific), transferrin (2.5 µg/ml), selenium (4 ng/ml), insulin (10 ng/ml) and ascorbic acid (50 µg/ml), all obtained from Sigma-Aldrich (Bornem, Belgium), unless stated otherwise. As described by E. Telfer (2008), they were cultured for 6 days at 37°C in humidified air with 5% CO_2 with medium change and collection of 2 pieces every second day.

Main Outcome Measures

The paraffin embedded ovarian cortical tissue piece was serially sectioned at 5µm, resulting in 10 slices, and stained with (Mayer) hematoxylin (Merck, Overijse, Belgium) and eosin (Thermo Scientific, Erembodegem, Belgium). Follicles were analyzed using an inverted microscope with a 40x magnification. Follicles were classified according to the Gougeon (1986) classification for human follicles: primordial follicle (an oocyte surrounded by a single layer of flattened granulosa cells (GC)); intermediate follicle (a single layer of flattened and cubical GCs surrounds the oocyte); primary follicle (a single layer of exclusively cubical GCs surrounds the oocyte); secondary follicle (an intact second layer of cubical GCs surrounds the oocyte); antral follicle (more than 2 layers of cubical GCs surrounds the oocyte in presence of an antrum) (Gougeon, 1986). Follicles were classified on the

section containing the nucleus to avoid double counting. Two independent observers analyzed the follicles and the mean of the 2 observations was used for further analysis. The follicle number and classification on culture day 0, 2, 4 and 6 were compared. Statistical analysis was performed with IBM SPSS Statistics 23 (New York, USA). Values of $P < 0.05$ were considered to be statistically significant.

Results

The mean count of the 2 observers showed a total of 2099.00 follicles, with a mean of 699.67 + 242.06 follicles per patient (N=3) and a mean of 524.75 +/- 166.04 follicles per culture day (N=4). The total number of follicles did not differ significantly over the different culture days (P=0.230). A progressive decrease in number of primordial follicles was seen with a significant difference between culture day 0 and 6 (P=0.011). For the other follicle classification, a shift towards the more mature stages was visible, however no significant change per follicle class was seen. Unfortunately, limited secondary follicle and no antral follicle growth was observed

Conclusion

The current culture model, as described by E. Telfer (2008), nicely supports the primordial follicle activation in in vitro culture of frozen thawed ovarian tissue of trans men. However, a clinically useful culture system should not only allow in vitro activation of primordial follicles but should also support the subsequent preantral follicle growth. The current findings revealed the limited preantral follicle development as the most important restriction and identified the focus for further culture optimalisation.

Anti-Mullerian Hormone serum levels remain stable under cross-sex hormone therapy of transgender men

Friday, 7th April - 11:00 - Endocrinology II - Atlantic 3

***Dr. Iris Yaish* [1], *Prof. Gustavo Malinger* [2], *Dr. Yael Sofer* [1], *Dr. Mariana Yaron* [1], *Dr. Dana Zaid* [1], *Prof. Foad Azem* [2], *Prof. Naftali Stern* [2], *Prof. Yona Greenman* [2]**

1. Tel Aviv-Sourasky Medical Center, 2. Tel Aviv-Sourasky Medical Center, Sackler Faculty of Medicine, Tel Aviv University

Background

Although successful pregnancies carried by transgender men have been reported, long-term effects of testosterone therapy on fertility remain unknown.

Aim(s)

To study markers of ovarian reserve during testosterone therapy.

Methods

Prospective open-label study of transgender men prior and during treatment with IM Testoviron Depot 250 mg q3 weeks. Sampling was conducted in the follicular phase at baseline and 10 days after injection three and 12 months subsequently.

Main Outcome Measures

Anti-mullerian hormone (AMH) serum levels; endometrial thickness and antral follicular count determined by pelvic US.

Results

Thirty five subjects (mean age 24±5.9 y) were included. Preliminary results of twenty two patients with at least one follow up visit are reported.

AMH levels were within the normal range (5.8±2.9 ng/ml) and did not change significantly after three (5.3±2.4 ng/ml, N=22) and 12 months of treatment (4±2.2 ng/ml, N=8). As expected, testosterone levels increased (0.57±0.7, 6 ±3.2 ,6.6±2.8 ng/ml; p<0.0001) and estradiol levels decreased (187±184 , 57±15, 54.8 pg/ml; p=0.012) after three and 12 months respectively. There was a modest but significant decrease in LH levels (7.7±5, 4.2±3.4,3.9± 2.8 mIU/ml, p=0.022), but FSH levels (4.1±1.7, 4.4±2.2, 4.7±1.8 mIU/ml), as well as endometrial thickness (7.2±3.9, 5.3±1.2, 5±3.3 mm)remained unchanged. In all but twostudies, multiple ovarian small follicles were detected by pelvic sonography.

Conclusion

AMH levels remain stable during short term testosterone treatment. Further, there is no suppression of the hypothalamo-pituitary-gonadal axis and ovarian folliculogenesis is maintained. Longer follow up is needed for assessment of testosterone effects on fertility potential.

Blood pressure development in adolescents diagnosed with gender dysphoria assigned male at birth treated with gonadotropin-releasing hormone analogues and gender affirming hormones.

Friday, 7th April - 11:00 - Endocrinology II - Atlantic 3

Ms. Nienke Bosman [1], ***Dr. Daniel Klink-Scholten*** [1]

1. VU Medical Center, Department of Endocrinology and Center of Expertise on Gender Dysphoria, Amsterdam

Background

Adolescents diagnosed with gender dysphoria (GD) are treated with gonadotropin-releasing hormones analogues (GnRHa) from age 11 and subsequently gender affirming hormones (GAH) are added from the age of 16. Overall, this treatment is considered safe with respect to short-term effects. However, the occurrence of arterial hypertension has been reported in adolescent natal girls with GD (Klink et al., Int J Endocrinol Metab, 2015). In addition, it was shown that using 24-hour ambulatory blood pressure monitoring (ABPM) in adolescent natal girls with GD both nocturnal systolic (SBP) and diastolic blood pressure (DBP) increased during GnRHa monotherapy (Klink et al., EPATH, 2015) and that the addition of androgens increased both diurnal and nocturnal SBP (Bosman et al., WPATH, 2016). The effect of GnRHa monotherapy in adolescent natal boys remained unclear and the effect of estrogens has not been studied yet.

Aim(s)

This study aimed to determine the effect of endocrine treatment on blood pressure in adolescent natal boys diagnosed with GD.

Methods

Adolescent natal boys diagnosed with GD (transgirls) at VU University Medical Center who were eligible for treatment were included for participation after signing the informed consent form. Exclusion criteria were: pre-existent hypertension, cardiac disease or kidney-disease with diminished renal function.

ABPM were performed 1) at start GnRHa, 2) during 6 to 12 months of GnRHa monotherapy, 3) prior to the addition of GAH (17-beta estradiol) and 4) during 12 months of GAH treatment. Mean 24-h, diurnal and nocturnal systolic and diastolic blood pressure were converted to standard deviation scores (SDS) and corrected for natal or desired sex and height (Wuhl et al., J hypertension, 2002). Statistical analysis was performed with SPSS. Data are presented as median [interquartile range] and compared using the Wilcoxon signed rank test.

Main Outcome Measures

SDS of 24-h, diurnal and nocturnal SBP and DBP (corrected for height and natal sex or height and desired sex) during GnRHa monotherapy or during GAH therapy.

Results

In 38 transgirls (median age 13.3 years [3.3]) ABPM was measured prior to start of GnRHa and during a median duration of GnRHa monotherapy of 11.5 months [4.0]. SDS (corrected for height and natal sex) of 24-h SBP and 24-h DBP did not change (-0.15 [1.8] vs. -0.35 [1.6]; p=0.57 and -0.95 [2.5] vs. -0.6 [2.1]; p= 0.17, respectively).

In 22 transgirls (median age 16.0 years [1.0]) ABPM was measured prior to the addition of GAH and during a median duration of estrogen therapy of 11.0 months [2.5]. 24-h SBP SDS and 24-h DBP SDS corrected for height and natal sex did not change (-0.6 [1.4] vs. -0.4 [1.8]; p=0.39 and -0.35 [1.6] vs. -0.05 [1.9]; p=0.65, respectively). However, when corrected for height and desired sex 24-h SBP increased (-0.6 [1.4] vs. 0.25 [2.3];

p=0.04) due to an increase in nocturnal SBP SDS (0.65 [1.5] vs. 0.9 [2.6]; p=0.02), while diurnal SBP SDS did not change (-0.9 [1.3] vs. -0.25 [2.1]; p=0.22).

Conclusion

BP did not change during GnRHa monotherapy in transgirls. Since androgens are known to have a BP elevating effect (Reckelhoff, Hypertension, 2001), the gonadal suppression would have been expected to lower BP. This discrepancy may be explained by the fact that gonadal suppression was started at an early pubertal stage when virilization was not yet advanced thus masking a BP lowering effect.

Estrogens on the other hand have BP lowering properties (Hinojosa-Laborde et al., Hypertension, 2001) but when compared to their natal (i.e. male) sex peers BP did not decrease in transgirls. In contrast, when compared to their desired sex peers nocturnal SBP increased. Estrogen response depends on hormone levels, but also on tissue sensitivity and intrinsic factors like the 46 XY karyotype; these factors may contribute to the modulation of the response to estrogens in transgirls.

Our data suggest that in contrast to transboys the endocrine treatment of transgirls has much milder effects on BP. However, continuing follow-up is needed to establish long-term effects and safety.

Families and children with a trans* parent - a multiperspective qualitative approach

Friday, 7th April - 11:00 - Social Sciences II: Transgender Families - Mediterranean

Mr. Silvano Cassio Barbieri [1], ***Mr. Jonas Bjoerklund*** [1], ***Dr. Birgit Moeller*** [2]

1. University Medical Center Hamburg-Eppendorf, 2. University Hospital Muenster

Background

Although the phenomenon of gender and bodily diversity is widely studied in medical, psychological and social areas, the family of Trans*people receives much less scientific attention.

It has been well established that the parental transition has no impact on children's sexual identity or development. However, research on the realities of those families beyond their sexuality is lacking. According to literature, Children may report a sense of loss, sadness or shame while attempting to integrate the parental transition with their own identity and sense of family roles while making sense of the changes within the family. In a qualitative online study in 2014, children's main stressors were bullying at school, a different view on their parents as well as the question of using the applicable pronoun when addressing the parent.

Aim(s)

Previous research into trans*-families is sparse and mainly focussed on the english-speaking parts of the world. By identifying key topics and experiences of the entire family, we aim to contribute to a better understanding of families with a trans*parent in the german-speaking world as well as allow further research in identifying useful support systems.

Methods

As part of a wider study effort on trans* - families, 5 expert interviews with experienced gender therapists in the german-speaking world were conducted, as well as 10 semi-structured interviews using prepared interview guidelines based on phases of the transition described by Güldenring 2010.

Interviews were conducted with family members of 3 families, consisting of 2 group interviews as well as 4 interviews with children, 2 with gender dysphoric individuals, and 2 with their spouses.

The interviews were conducted by two medical students, one of which has a gender dysphoric background himself. This personal experience was disclosed to the interviewees and minded in the planning and conduction of interviews.

Main Outcome Measures

After transcription and cross-checking, qualitative analysis is being conducted with MaxQDA in an iterative approach based on qualitative content analysis methods described by Mayring et al. (2010).

The material was then coded by two researchers in an iterative approach, identifying core concepts and information while applying a dynamic hierarchical system of codes. Afterwards, the entire material was recoded using the developed code system. Some of the material was coded in an overlapping way by both researchers in order to evaluate Inter-Rater reliability.

The code system was then used as a base for a first step of conceptualization and summarization of key aspects after thoroughly re-reading the material.

Results

As the analysis is still in progress, results might extend and shift.

The transition seems to set a process in motion within families that strongly relies on resources and conditions within the family as well as the external resources available.

Especially the phenomenon of Cross-Dressing seems to be perceived as a prominent part of the transition by family members and is being expressed and lived very differently within the different constellations.
Another important family topic is the chosen name and pronoun for the gender dysphoric parent. This also influences fulfillment of classical gender-roles, together with the challenge of redefining classical father roles.
In public contexts such as school, children sometimes struggle with being made different and standing out involuntarily, causing a public approximation of the phenomenon of gender dysphoria, as well as deeper questions of identity and solidarity.
During that process, LGBT* support offers seem to be helpful where available. However, their availability is regionally different and sparse.

Conclusion
The parental transition has to be characterized as a process for the entire family.
Many gender dysphoric individuals consider the transition as an essential step in living a self-determined and congruent life. This also applies to family life.
During this process, the questions of “Coming Out” challange both the gender dysphoric individual as well as their families and children, putting the family in a unique role.

Stigma by association among relatives of transgender individuals in the Netherlands: a qualitative study

Friday, 7th April - 11:15 - Social Sciences II: Transgender Families - Mediterranean

Mrs. Eva-Marijn Patty-Stegemann [1]***, Dr. Mark Hommes*** [1]***, Dr. Arjan Bos*** [1]

1. Open University of the Netherlands

Background

Transgender individuals can be the victim of stigmatisation (Keuzenkamp, 2013; Norton & Herek, 2012). Research shows that people who are associated with stigmatized, for instance partners, parents and children, can also face negative attitudes and stigmatization merely because of this association. This is called stigma by association by association (Reeder & Monroe, 2012). Stigma by association has negative effects on well-being of the associate and, as a coping mechanism, associates can sometimes seek distance and withdraw from the relationship with the stigmatized (Van der Sanden, Bos, Stutterheim, Pryor & Kok, 2013). Since social support from their relatives is especially important to transgender individuals during the transition process (Keuzekamp, 2012; Baumeister & Leary, 1995) stigma by association and the coping mechanisms of the associates can have a negative effect on both the transgender individual and the associates. To our knowledge no specific research on stigma by association of relatives of transgender individuals has been conducted. Furthermore, it is not clear how relatives of transgender individuals cope with stigma by association.

Aim(s)

In this study we tried to find answers to the following questions: To what extent and in what form do partners, parents and children in the Netherlands experience stigma by association, what is the influence of stigma by association on their well-being and what is their coping behaviour in stigma situations? Since the stigma experiences and coping mechanisms of the partners, parents and children may be influenced by their own attitudes and experiences of the transition itself, we incorporated this in our study as well.

Methods

We conducted a qualitative study using in-depth interviews with family members of transgender individuals. A total of 25 people was interviewed, of whom 15 parents, 5 partners and 5 adult children from transgender individuals. The recruitment took place through transgender associations and secret Facebook groups of transgender individuals and their relatives. Since we wanted the interviewees to retrospect on an extended period of full social transition we incorporated this in the inclusion criteria. The inclusion criteria were being at least 18 years of age and being a partner, parent and child of a transgender individual who made a full social gender transition that took place at least two years before the interview. The interviews were held according to semi-structured protocol and took generally one and a half hour.

Main Outcome Measures

The following themes were discussed during the interviews:
- Experiences of partners, parents and children of transgender individuals with the transition of their relative,
- their experiences with stigma by association,
- the effect of stigma on their well-being,
- their coping behavior in stigma situations.

Results

In response to how they experienced the transition many relatives reported an initial sense of mourning. Many partners had experienced confusion about their own identity. Children and partners of transgender people had

difficulty keeping up with the speed at which the transgender individual underwent the transition after their coming out. Many relatives reported to have missed professional help for themselves during this period, all help was directed towards the transgender individual. In spite of the problems many relatives report that their relation with the transgender individual has grown closer than before the transition.
In this study, few relatives had experienced negative reactions and thus stigma by association, many had received positive reactions. However, the negative reactions that were reported were sometimes quite severe. Confronted with stigma by association the interviewed parents of transgender kids were more inclined to confront, while partners and children of transgender individuals rather chose to avoid. Most parents in this study felt the need to share their feelings, while partners and children rather chose not to be affected by negative reactions. We found little impact of stigma by association on the well-being of relatives, although some relatives reported stress symptoms.

Conclusion
In this study, only few of the relatives had experienced stigma by association. This is a positive outcome. However this could be due to a selection bias since all relatives in this study were related to transgender individuals who had also experienced little stigmatisation. The few relatives in this study that did experience stigma by association were related to transgender individuals who were stigmatised as well. For further research is recommended to incorporate a more diverse group of relatives, e.g. relatives from transgender individuals that where more directly stigmatized or relatives that disconnected with the transgender individual, who may have experienced more stigma by association than the group from the current study. One should be careful to generalize the results of this qualitative study.
Although perhaps positively biased, this study reveals a number of negative reactions that relatives of transgender individuals received in the Netherlands. It also reveals their wish for more professional help, both in coping with the transition itself and in coping with stigma by association that can accompany the transition. The outcomes of this study can be used to develop theory- and evidence based support programs targeting relatives of transgender individuals.

Between ally, partner & parent: Role ambiguity and role conflict among partners of trans individuals

Friday, 7th April - 11:30 - Social Sciences II: Transgender Families - Mediterranean

Ms. Myrte Dierckx [1], Prof. Dimitri Mortelmans [1], Prof. Joz Motmans [2]

1. University of Antwerp, 2. Ghent University Hospital, Center for Sexology and Gender

Background

The social and family environment in which a gender transition takes place has often been overlooked both in trans studies and in family studies. Regarding relationships, the existing research observed that coming out as trans often results in relationship dissolution, but also identified couples that stay together. Partners are likely to experience different emotions such as stress, grief, and fear and are sometimes found to struggle with their own sexual orientation and gender identity.

Aim(s)

In the context of the increased visibility of the trans population in Flanders in recent years, the current article aims to address the knowledge gap concerning partners of trans individuals by considering their experiences during the gender transition. We did this by approaching this topic trough role theory and its concept of role ambiguity and role conflict and its application within the tradition of Symbolic Interactionism. In this way, we aim to deepen knowledge on trans partnerships within a broader family sociology context.

Methods

Open, in-depth interviews were conducted using a topic list drawn up on the basis of a literature review. In total, 17 partners have been interviewed, all living in Flanders, Belgium. One respondent identified as male, all the others as female. Of the trans partners, two identified as male, all the others as female. Hence, 16 couples could be identified as heterosexual before the transition and 16 couples as lesbian/homosexual at the moment of interviewing. 11 respondents were still in a romantic relationship with their trans partner and six couples had ended their relationship.

Main Outcome Measures

First, we distinguished the different roles that partners play during the transition, and examined how these different roles might come under pressure through the gender transition process of their partner. Second, we analyzed how these different social roles could lead to internal role conflict. Finally, based on these roles and their interplay, we constructed three different ideal types of adaptation processes experienced by partners.

Results

We distinguished three different roles of partners during the transition of their partner: the parental role, the ally role and the romantic partner role. We found that ambiguity was most apparent for the romantic partner role, and to a lesser extent for the ally and co-parental roles. Furthermore, we also observed that the expectations which accompany these different roles often contradict each other, especially during gender transition. Hence, role conflict could occur. In the end this dynamic between roles might influence the acceptance and adaptation process of the partner and steer certain relationship outcomes.

With the findings we constructed three different ideal typical adaptation processes of partners when their partner discloses his or her transgender feelings: Intimate joint, rational separation, and emotional dissolution. The three ideal typical processes were distinguished from each other on the basis which roles are more dominant and which roles become less dominant.

Conclusion

The article presented here aimed to go beyond earlier findings of partners of trans individuals, which were often rather descriptive. In this way we have deepend the knowledge on trans partnerships within a broader family sociology context.

However, the current study has some limitation which should be acknowledged. The trans population is relatively small and hidden group in society. Sampling partners or former partners of trans individuals comes along with some challenges. Our sample existed mainly out of partner of trans woman. Generalisations toward the whole population of partners in trans relationship should be made with caution.

Experiences of parents who have transgender children (minor and adult) in Croatia- The qualitative study

Friday, 7th April - 11:45 - Social Sciences II: Transgender Families - Mediterranean

Prof. Iva Žegura [1] ***, Mrs. Ivana Vrbat*** [1]

1. *University Psychiatric Hospital Vrapče*

Background

This research is a pilot study of experiences of parents of transgender children (minors and adults). Parents, as a primary caregivers, are often the first one to notice signs of gender nonconformity in their children and therefore their parental support is of utmost importance. This study is the first one conducted in Croatia regarding experiences of parents of transgender persons. Because of stigma related to transgender persons, many transgender persons experience rejection in their families. Although most enactments of stigma target sexual and gender minority individuals, some are directed at the friends and family members of sexual minorities, and at "allies," that is, heterosexuals who take a public stand against sexual stigma. Such individuals experience stigma by association –a courtesy stigma – because of their connections with sexual and gender minorities.

Experiences in nuclear family have crucial impact on their psychological development and adult life and therefore are significant to explore.

Aim(s)

Aim of this study was to broaden our knowledge about attitudes, experiences and emotions parents of transgender persons encounter during dealing with issue of coming out and transition process of their children. Aim of this research was to conduct qualitative analysis of parents' experience form the period period their child revealed his/her transgender feelings, though their process of transition and quality of family support. These experiences are key factor in creating families as a safe environments for transgender children.

Methods

This research was conducted as structured interview. Participants were parents of transgender persons involved in process of gender transition within Croatian mental health system (University Psychiatric Hospital Vrapče) who are engaged in individual and group support within TransParetn Croatia NGO. They were informed about the nature of the study and after their informed consent asked to participate in interview. Using qualitative research methods we examined experiences of 20 parents of transgender persons.

Main Outcome Measures

What concerns most is that majority of parents expressed that they have hard time dealing with feelings of guilt because of their child transgenderism, thus they attributed the cause of transgenderism of their children to themselves, and thus blame themselves for it. Results showed deep parental concerns about primary existential needs of their children and families.

Results

The data collected form interview showed that most parents felt fear, concern and disturbance when they found out that their child is transgender. Results show that parents knew little or nothing about transgender persons in the moment their child revealed to them his or hers transgender identity. Content analysis of qualitative data revealed that parents collected information about transgender persons, transsexuality and gender dysphoria mostly on the internet, but their opinion is that internet is not most reliable source of the information regarding this topic. Majority of parents stated that they were afraid that their transgender child will be physically, emotionally and sexually abused or wouldn't be able to find and keep friends. Parents expressed their fear about

discrimination, society and family stigma during the process of transition of their transgender child. They were also concerned about rejection from family, friends and neighborhoods as well as concerns about losing their job.

Conclusion

Negative social messages about a core part of the self, such as gender identity always tend toward a subjective feeling of „not-okeyness" in LGBT minority persons, especially early in life, when young persons are still defining themselves very largely in terms of the social field resulting in feelings of shame. There is need for establishing continuous support and educational group for parents with transgender children. Parents of transgender children desperately need to have witnessed and validated their experience, their decisions concerning the best care of their children, but also the identity of their children and to acknowledge this from the stance of ethical and educated expert in the field of mental health. This validation is surely a major aspect of the therapeutic experience of support for most clients who are socially stigmatized. Healthy developement of trans identities and their integration is one obvious prerequisite for healthy psychosexual and psychological development. There is a tendency that this development is taken for granted from the side of heterosexual individuals. The task of developing an integrated and positive sexual orientation and gender identity is a challenging one for many LGBT persons and their families given the present social and cultural background.

Standards of care upcoming version 8 and EPATH Language Policy

Friday, 7th April - 14:00 - SOC8 and EPATH Language Policy - Pacific

Dr. Griet Decuypere [1]***, Dr. Lin Fraser*** [2]***, Dr. Eli Coleman*** [3]***, Dr. Gail Knudson*** [4]***, Dr. Amets Suess Schwend*** [5]***, Dr. Walter Pierre Bouman*** [6]***, Prof. Joz Motmans*** [7]***, Mr. Adam Smiley*** [8]

1. *Ghent University,* ***2.*** *Private Practice San Francisco,* ***3.*** *University of Minnesota - Minneapolis,* ***4.*** *University of British Columbia,* ***5.*** *Andalusian School of Public Health, Granada, Spain; CIBER-ESP, Centre for Biomedical Network Research – Epidemiology and Public Health,* ***6.*** *Nottingham National Centre for Transgender Health, Nottinghamshire Healthcare NHS Foundation Trust, Nottingham, United Kingdom,* ***7.*** *Ghent University Hospital, Center for Sexology and Gender,* ***8.*** *Health Officer, Transgender Europe, TGEU, Berlin*

Background

The Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People promote evidence-based care, education, research, advocacy, public policy and respect. The last version of the SOC, version 7, issued in 2011, was presented at the biennial WPATH symposium in Atlanta.

Trans health care and research has often been characterized by the use of discriminatory and patholigizing conceptualizations, terminologies and visual representations, without taking into account the experiences, perspectives and preferences of trans people.

WPATH and EPATH members with interest in the promotion of clinical and research practices based on a depathologization and human rights perspective recommended that WPATH and EPATH adopt ethical principles regarding the use of respectful, non-discriminatory and non-pathologizing conceptualizations, terminologies and and visual representations in future Symposiums and Conferences.

The discussion of a respectful, non-discriminatory and non-pathologizing language is also relevant for the SOC review process.

Aim(s)

As the world is rapidly changing, and the trans*world in particular, adaptations and new recommendations are strongly needed on a regular basis. At this moment there are many issues and debates around a number of different topics such as: non-binary identities, criteria for surgeries, age of genital surgery for youth, competencies to write letters of support, elaboration of "informed consent", management of psychiatric co-occurence, and the global applicability of the SOC. These and perhaps other subjects need to be addressed and elaborated in the new version.

Furthermore, the workshop aims at providing space for discussing strategies for using respectful, non-discriminatory and non-pathologizing conceptualizations, terminologies and visual representations, in future EPATH and WPATH conferences and in the SOC-8, as well as proposals for updating the Language Policy/Guidelines.

Methods

Part I (70 min):

The SOC Revision Committee is eager to be informed through input from WPATH/EPATH members.

Part II (20 min):

After a short presentation of the Language Policy/Guidelines, an open discussion is proposed for discussing strategies for using respectful, non-discriminatory and non-pathologizing conceptualizations, terminologies and visual representations in EPATH/WPATH Conferences and in the SOC-8, as well as proposals for updating the Language Policy/Guidelines.

Main Outcome Measures
This symposium/workshop/panel will be a forum where, after a short introduction from different experts, everyone will be invited to participate in the discussion.

Results
Part I:
This discussion will make the evolutions in the different topics more visible and will be a guide for reworking the SOC.
Part II:
The discussion on Language will contribute to strategies for using respectful, non-discriminatory and non-pathologizing conceptualizations, language and visual representations in future conferences and in the SOC-8.

Conclusion
"Listening panels" and feed-back from WPATH/EPATH members, professionals as well as people from the transgender community are needed to develop SOC that reflect new evolutions and are global applicable.
The promotion of professional practices based on a depathologization and human rights perspective constitutes a relevant aspect in contemporary trans health care and researchn including the use of respectful, non-discriminatory and non-pathologizing conceptualizations, terminologies and visual representations in scientific events, conferences as well as in the SOC. The elaboration of ethical principles is a collective process requiring an ongoing experience exchange and discussion. The EPATH Conference provides an adequate space for this shared reflection process.

Fertility in transgender persons

Friday, 7th April - 14:00 - Fertility in Trans Persons - Atlantic 2

Dr. Justine Defreyne [1], ***Dr. Chloë De Roo*** [2], ***Prof. Petra De Sutter*** [2], ***Dr. Kelly Tilleman*** [2], ***Prof. Joz Motmans*** [3], ***Dr. Baudewijntje Kreukels*** [4], ***Dr. Bjorn Menten*** [5], ***Prof. Guy T'Sjoen*** [6], ***Dr. Norah van Mello*** [7]

__1.__ Ghent University Hospital, Department of Endocrinology and Center for Sexology and Gender, __2.__ Division of Reproductive Medicine, Department of Gynaecology, Ghent University Hospital, 9000 Ghent, __3.__ Ghent University Hospital, Center for Sexology and Gender, __4.__ VU University Medical Centre, Department of Medical Psychology, __5.__ Ghent University Hospital, Department of Genetic Medicine, __6.__ Ghent University Hospital, Department of Endocrinology and Center for Sexology and Gender, Ghent, __7.__ VUMC

Background

Only few studies have investigated the desire of transgender persons to have children, but they all conclude that half of transgender persons wish to have children. There are many fertility options available for transgender persons. If a transgender person has a genetically related child wish, transgender men require own oocytes, transgender women require own spermatocytes. Until 2015, sterilization was mandatory in many European countries to change one's legal sex. The decision to preserve gametes was previously made early in the transitioning process andof minor importance to transgender persons, as they were eager to start the hormonal therapy as soon as possible. Since 2015, in some countries, sterilisation is no longer needed to change the legal sex. However, both hormone therapy and surgical interventions have a negative effect on fertility. Therefore, it's important to discuss the consequences for future fertility with the patient before any treatment has started. In this symposium, we will focus on the fertility options for transgender persons who wish to have genetically related children.

Adapted from: De Roo C, Tilleman K, T'Sjoen G, De Sutter P. Fertility options in transgender people. International review of psychiatry. 2016. 28(1). p.112-119

This work is supported by FWO TBM T001816N

Aim(s)

This multidisciplinary symposium is intended to provide all health care workers with sufficient knowledge about the subject of fertility in transgender persons, in order to be able to inform the patient about different options, pro's and contra's, possible consequences, etcetera. Further research topics in the field of assisted reproduction will also be discussed during the symposium.

Two experiences of increasing knowledge and sharing expertise with non-specialist mental health professionals: "Queering CBT in UK" and "Creating of non-pathologising discourse on SOGISC and alternative educational programs in RF"

Friday, 7th April - 14:00 - Increasing Knowledge & Sharing Expertise with Nonspecialist Mental Health Professionals - Atlantic 3

Dr. Hannah Waters [1], Dr. Irina Karagapolova [2], Dr. Matt Bristow [3], Dr. Anna Hutchinson [1], Mx. Veronika Iureva [4]

1. Gender Identity Development Service, The Tavistock and Portman NHS Foundation Trust, 2. Russian Scientific Sexological Society, 3. Gender Identi, 4. "Coming Out" LGBT group

Background

Our workshop includes two experiences of increasing knowledge and sharing expertise with non-specialist mental and sexual health professionals.

The UK experience: We were invited to present a day-long workshop for CBT practitioners in April last year. Our main aim was to increase knowledge and confidence for non-specialist mental health professionals working with LGBT clients. We discussed diversity in sexuality and gender identity, how CBT might be used in counteracting some of the effects of discrimination, stigma and oppression and thought about how sexuality and gender identity differ and overlap.

The RF experience: At the recent time in Russian Federation changes in sexological and psychological care system are planning. There are risks of pathologising approach to the variety of identities in care maintaining because of outdated professional education which is based on pathologising discourse, binary matrix and under the influence of discriminative laws. While getting sexological education in RF there is no enough attention to the SOGI items, intersex questions are practically absent, especially in frames of recent approaches. Psychologists-sexologists themselves admit that very often they don't have enough knowledge and experience for effective interaction and care in the SOGISC field.

Aim(s)

The UK experience: Our main aim was to increase knowledge and confidence for non-specialist mental health professionals working with LGBT clients.

The RF experience: To create more contemporary, neutral and recent approaches based discourse among professionals and to improve the quality of sexological and psychological care for transgender and intersex people and LGB we decided to conduct the series of workshops "Illuminator" on issues connected with SOGISC for practical psychologists-sexologists in partnership with Russian Scientific Sexological Society and "Coming out" LGBT group from St. Petersburg

Methods

The UK experience: This workshop is an opportunity to hear about what we learnt from the feedback from professionals and to think together about how clinicians working as specialists in this area can help develop LGBT-affirmative skills in the wider workforce.

The RF experience: Educational program "Illuminator" was created on the base of experience of trainings for medical professionals in different EECA countries using the data of the 24th WPATH Symposium (Amsterdam) in frames of "Allies in action" project under the support of ILGA-Europe and COC Netherlands. It was included the questions of gender identity and sexuality varieties; experience, needs and complications of transgender people life; basic information on intersex issues, about people and their problems due to the incorrect medical

help. During the summer 2016 there were held 3 workshops with more than 50 participating professionals – psychologists, sexologists, psychiatrists, psychotherapists.

Results

The UK experience: There is an ongoing need for training in this area and professionals in other services are keen to think about how they can support their LGBT clients in other psychological work.
The RF experience: There're still actual prejudices, domestic and institutional phobias against transgender people, intersex and LGB in the country. There're no national guidelines and standards of care. That's resulted in professionals' hesitation to be associated with people from such groups and shows the necessity of interaction reforming through the prism of actual approaches and on the base of WPATH standards. Sensitization of professionals and teaching them the non-rating helping approach could be better provided in the partnership of professional communities with experts from transgender, intersex and LGB people.

Conclusion

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The RF experience: There're still actual prejudices, domestic and institutional phobias against transgender people, intersex and LGB in the country. There're no national guidelines and standards of care. That's resulted in professionals' hesitation to be associated with people from such groups and shows the necessity of interaction reforming through the prism of actual approaches and on the base of WPATH standards. Sensitization of professionals and teaching them the non-rating helping approach could be better provided in the partnership of professional communities with experts from transgender, intersex and LGB people.

Gender and identity at the end of Life: Considerations for trans people in palliative care

Friday, 7th April - 14:00 - Trans People in Palliative Care - Mediterranean

Dr. Katherine Whitehead [1]

1. *University of Toronto*

Background

The end of life can be a time of diverse and changing clinical and psychosocial needs. Transgender people with life limiting illness and their loved ones can face unique challenges when navigating death. In this workshop participants will explore issues that may arise with a mind to improving our collective approach to end of care for trans people.

Highlighted concepts could be: -What current research tells us (and doesn't tell us) about the expectations and realities of end of life care for the trans community. -Barriers and enablers to seeking and receiving end of life care for trans clients. -Advanced care planning. -Identity and self-image issues in people who are dying. -Communication strategies for end of life issues. -Fears and expectations of families and caregivers of a dying person. -Common end of life changes and how they can impact identity and relationships. -Treatment in dying persons (including hormone treatment) .

Aim(s)

To become familiar with common clinical changes at the end of life (feeding, self-care, mental status, pain etc.) and appreciate how they may present unique challenges to transgender clients.

To improve advanced care planning by anticipating unique challenges for trans folk approaching death.

To understand death in the context of gender identity.

Methods

Real clinical cases will be presented from hospital, hospice, and home settings. Participants are encouraged to share their own cases and experiences.
Cases will be used for interactive discussion and information sharing.

The Amsterdam couch discussion on tour: Gender care models in transition

Friday, 7th April - 14:00 - Gender Care Models in Transition - Adriatic

Mrs. Annelijn Wensing-Kruger [1], *Mr. Brand Coumou* [1], *Dr. Thomas D. Steensma* [1]

1. VU University Medical Center, Center of Expertise on Gender Dysphoria

Background

Over the last decade the field of transgender care is rapidly changing; referral rates are increasing, specialized clinics are opening or expanding, the binary perspective on gender identity is outdated, and the attitude in transgender care has gradually moved away from a traditional 'all or nothing' attitude - the combination of hormone treatment and surgery only – towards care that aims to fulfill the needs of the individual care seeker. Gender care is in transition, increasingly focusing on individualized care, and because of this; traditional transgender health care models are under debate.

Aim(s)

After the successful introduction at the WPATH 2016 in Amsterdam, The Amsterdam Couch Discussion is on tour and aims to find the answer on several questions in the debate on individualized care in adults.

Methods

In this interactive session the pros and cons of standardized care and individualized care will be debated in subgroups and in plenary (on the couch). With use of Socrative (socrative.com), participants are asked to explore their norms and values concerning transgender health care in adults. In addition to this, the factors that may foster or interfere with the use of an informed consent model in transgender care are further explored, weighted and discussed. By means of clinical case vignettes and adduced questions and statements, participants are invited to share their experiences about the topics under discussion and gain insight into each other's perspectives.

Main Outcome Measures

The Amsterdam Couch Discussion is an interactive multidisciplinary workshop

Results

Central questions in the debate on individualized care will be:
Is standardized and protocolled care still the preferred care model to use?
Which components are essential in ideal transgender health care ?
Should in-depth mental health evaluation still be part of transgender care?
What should be the role of the mental health professional?
Who should decide about eligibility and readiness for treatment: the health care provider, the health care consumer, or should it be a shared decision process?

Conclusion

The workshop will provide insight in the values and norms around transgender health care from the perspective of the health care providers and the health care consumers.

“Can I still say dad?: An exploration of loss and grief experienced by Irish adult transgender women and their families

Friday, 7th April - 14:00 - Needs of Trans People and Their Families - Baltic

Ms. Vanessa Lacey [1]

1. *Limerick Institute of Technology*

Background

In the slipstream of what was considered a very progressive gender recognition legislation, Ireland has continued to address the needs of transgender people and their families through trans NGO TENI. Partly funded by the Irish National Health Service (HSE) TENI have endeavoured to provide a holistic service to meet the needs of the trans community. As family acceptance and support has been found to significantly improve the transition outcomes of trans people there was a specific focus on family support development with the aim to build a wrap around service for the trans person. As family members experience many challenges whilst navigating their loved ones transition they can experience a staged approach to acceptance. Anger, denial, bargaining, acceptance and resilience have been identified as the main stages. However a dearth of literature exists pertaining to the experiences of loss and grief experienced on either side, especially that of ambiguous loss. Furthermore ambiguous loss can have a traumatic effect and cause significant mental health challenges for both family members and transgender people alike which may act as an inhibitor to acceptance. This study highlights the loss and grief experiences of both adult trans people and their families.

Aim(s)

The aim of this research study was to explore the experiences of loss and grief with adult transgender women and their families which will subsequently form an understanding and subsequently the development of services to meet the needs of the trans family. The objectives are:

1. To undertake a through review of global and national literature.
2. Design and develop methodology for ethically attaining the experiences of this vulnerable group through interviews.
3. Identifying themes that emerge through 1 hour semi-structured interviews
4. To write up findings, recommendations and limitations.
5. To track this MA to a PhD and to broaden out this study.
6. To develop existing services to include a particular focus on loss and grief experienced by trans people and their families based on this research.

Methods

As the participants for this study were of a vulnerable group the researcher sought ethics approval from the LIT Ethics Committee for clearance to undertake field work, The researcher interviewed 12 participants in a 1 hour semi-structured interview. The transgender person was currently undergoing or completed a gender transition for at least 12 months. This may be hormone medical intervention, diagnoses of Gender Dysphoria, have changed legal gender on their birth cert or in receipt of a Gender Recognition Certificate. Family members will include; father ,mother, sibling, spouse, ex-spouse, child, grandparent, uncle, aunt or, grandchild.The participants included adult trans women (+30). Subgroups included:

1. 4 Adult trans women (30+)
2. 3 mothers of adult trans women
3. 2 Daughters of adult trans women
4. I son of adult trans women

5. I father of adult trans women
6. 1 Ex-spouse of an adult trans woman
7. Participants sought from all four provinces of Ireland
8. Participants accessed through TENI, TransParenCI and through snowballing

Software was not used in data explication.

Main Outcome Measures
Measuring outcomes was not applicable

Results
Results would suggest that adult trans women and their families do experience a significant amount of loss and grief. Adult trans women experience various different forms of loss and grief than their families. The themes that emerged from the adult trans women were, loss of the assumptive world as they internalised their sense of self to conform to societies expectations, the sense of not belonging as they matured and socialised as they conformed to their families and societies expectations. Consequently the stress, feelings of isolation, loss and grief experienced due to the relational ruptures that followed when deciding to transition to their identified gender. Ambiguous loss was experienced by both sets of participants.Furthermore and similar to existing theories regarding stages of acceptance. Moreover one of the main themes to emerge was 'mother balancing' as it would seem through most of the interviews that the mother held a pivotal role which mediated between and gave emotional support to all. Circumstances of being told also emerged as a key theme as interestingly was the use of humour as a coping tool to deal with the situation. Resiliency was evident in most participants as they negotiated new meanings and an understanding of events.

Conclusion
Early indications suggest that there were various comparisons between the findings of this study and existing studies focusing on loss and grief within adult trans families. Furthermore adult trans women experienced significant levels of stress due to loss and grief experienced which added to the heightened risks of mental illness and suicide ideation within this cohort. However there were a number of additional differences that existed due to this study being undertaken in Ireland moreover with adult trans women over the age of 30. Similar to existing study's being told was an essential component that contributed to an understanding and the potential for ongoing support for the adult trans person. Furthermore the identification of the mother as the key person is a significant finding that has not being identified in other sources. Recommendations include, development, design and delivery of programmes to aid both adult trans people and their families enabling all to form an understanding and construct new meanings going forward. Additionally it provides organisations insight to design and deliver resilience training to both trans people and families.
This workshop is presented in tandem with Ross Whittaker's and the session will end with reflections on broader themes raised in both.

Sixty years of Dutch transgender history: useful experience for Eastern Europe?

Friday, 7th April - 14:00 - Dutch Transgender History: Learning Lessons from almost 60 Years of Experience - Aegean

Mr. Alex Bakker [1]

1. freelance historian

Background

The Netherlands have a long history in transgender health care. The first transgender surgery took place in the 1950-ies. It led to a negative response from the Dutch government, that blocked further transgender health care. But at the end of the sixties it was picked up and built up to a high level with well accessible health care, academic research and societal emancipation.

For a small country, the number of clients who have used health care is very large (over 6000, and counting). This has allowed for a high quantity and quality of scientific research. The Netherlands have educated other transgender health care professionals from around the world. At the moment, acceptance and visibility of transgender adults and children in Holland has reached a new level with lots of media coverage.

How can we use the lessons from this history to support those countries that are in the initial phase of developing transgender rights and health care?

Aim(s)

In this workshop, first I will reconstruct how the history of Dutch transgender care took shape, who were the defining actors and which the defining factors to make it happen. What difficulties had to be overcome in time and how was that done?

Then we will make an evaluation of what aspects are adaptable for countries that are in the initial phase of building up transgender health care. The ultimate aim is to improve transgender health care in Eastern European countries. Therefore participants from that region are especially invited to join the workshop!

Methods

The historical research I conduct is based on archival material from related organisations, and on oral history with transgender persons and health care professionals, politicians, lawyers, journalists. I also analyze the history of transgender representation in media coverage during the last sixty years.

A special focus will be on the ways that societal and medical resistance was overcome: what were the main obstacles in developing transgender health care, how were they tackled, how did connections with allies come to be, how were the needs and wishes of transgender persons met?

Main Outcome Measures

There are five distinctive conclusions as to why and how transgender health care developed in the Netherlands.

1. The pioneering professionals of the late sixties kept it outside the reach of those psychiatrists who were not keen on medical treatment. So the focus shifted from static psychiatric analysis to active caring and taking action.

2. It was decisive that health care found its place in an academic, well respected hospital, so it became acceptable for politicians and for public health insurances to pay for the costs of treatment.

3. In Holland, there are few fundamentalist opposing religious forces. Christians even played a key role - based on a strong conviction of compassion to help suffering people.

4. The liberal climate of the seventies and eighties in Holland meant a strong will to emancipate minorities, to resolve problems and to take care of those who were in need. The media had an open eye for human rights matters.
5. The Dutch practical nature to acknowledge things, instead of condemning them - even if you don't agree- has been important: allowing space for other views rather than fighting heated ideological battles about what is right and wrong.

Results

The workshop will be an interactive and inspiring session on analyzing which aspects of Dutch transgender history can be seen as 'good practices' that are transferable to other countries in the present situation, in contrast to aspects that are non-transferable because they are too specific for the Netherlands at a certain time in history.

Conclusion

The conclusion will come forth from the discussion as mentioned above. How can we use the lessons from recent history to support those countries that are in the initial phase of developing transgender rights and health care, and which strategies are best used in getting acceptance in the medical, social and political field?

Inclusion of transgender health and rights and needs-based care in the medical curriculum

Friday, 7th April - 14:00 - Building an Inclusive Curriculum - Sava

Mr. Carles Pericas Escalé [1], *Mr. Silvano Cassio Barbieri* [2]

1. International Federation of Medical Students, 2. University Medical Center Hamburg-Eppendorf

Background

Transgender individuals often suffer from multiple health disparities due to a lack of access to proper care free from stigma, judgemental attitudes and discrimination. Such disparities can include higher risk of HIV acquisition as well as lower engagement in preventive cancer measures such as screening. The social stigma transgender individuals suffer leads to stress and situations difficult to overcome that subsequently create an increased risk of experiencing mental health problems, such as anxiety or depression. Despite everything mentioned above, little is done to properly educate health professionals on the relevant needs and struggles of this specific community. This workshop would aim at highlighting the importance of training future healthcare providers so they are equipped with the knowledge and skills to deliver quality care to all individuals regardless of their gender while providing information and tools on how to implement such training into the medical curriculum

Discussion on adolescents' retrospective suggestions for improving children's services in gender identity clinics

Friday, 7th April - 16:00 - Discussion on Adolescents' Retrospective suggestions for Improving Children's Services - Baltic

Mr. Tom Bootsma [1], *Mr. Simon Doomernik* [1], *Mr. Aike Pronk* [1], *Mr. Dennis van Dijk* [1]

1. Independent Initiative, collaboration with Patient Organization Transvisie and VUmc

Background

Treatment for transgender adolescents is available since 25 years and started in the Netherlands. Also, alongside support groups, counseling services and patient organisations are becoming more involved in scientific research from patients' perspective. Since the treatment of transgender youth is moving on towards a more mature level and the number of ex-youth patients has increased significantly over the past decade, we think an evaluation on the care for these children would be useful.

Aim(s)

The objective of this study is threefold: (1) to come up with suggestions for
expansion of the youth treatment protocol from ex-youth patients' and their parents' perspective as well as professionals' perspective; (2) to give ex-youth patients and their parents the opportunity to evaluate the services without a conflict of interest between patient and medical professional; and (3) to better align and possibly expand services offered by gender identity clinics and patient organisations.

Methods

After a literature study the qualitative retrospective study will start in 2017 by the use of focus groups and single interviews with ex-youth transgender patients, one of their parents and professionals. Ex-youth patients of the VUmc Medical Center Amsterdam who started treatment with puberty inhibitors as a minor between 2000 and 2008 will be asked to participate in focus groups. Patients currently waiting for gender surgery or less than 6 months after surgery will be excluded. In the second part of the project, after analysis of the major themes, workshops for next generation transgender adolescents and/or professionals will be developed, tested and implemented.
This workshop will focus on the needs and experiences of gender health care providers from different disciplines and countries

Main Outcome Measures

The focus groups will be audiotaped, transcribed and coded. Subjects in focus groups and interviews are focused on the following: experiences with the treatment in the hospital, communication interactions with healthcare staff, taking part (or not) in communication and decision-making, preferences for decision-making, factors that influenced participation and the experienced and fulfillment of needs in health- and psychosocial care. Based on the identified factors that may enhance or hinder participation, workshops for youth (and/or professionals) are designed and implemented in collaboration with patient organisations and/or gender identity clinics.

Results

Ultimately the project results in qualitative ex-youth patient feedback for gender identity clinics and other gender identity care services to evaluate the experience with the treatment protocols and improve care providers interaction with youth patients and parents. Beyond diagnosis and medical treatment, patient organisations can take up their roles as not only mentors but also as trainers of young patients.

Conclusion

Our project comprises an analysis of the current state of treatment of transgender youth in the Netherlands and a practical approach towards what we can do to smoothen the intense treatment procedure. All in all, we call for action of both trans health professionals and ex-youth to start working together towards these goals on the basis of equality by making use of their respective professional and personal experience.

Working together with families of gender diverse youth from different contexts and cultures – a multi-disciplinary, multi service workshop

Friday, 7th April - 16:00 - Working Together with Families of Gender Diverse Youth - Adriatic

Dr. Sarah Davidson [1], ***Dr. Frederike Kienzle*** [2], ***Ms. Katrin Lehmann*** [3], ***Dr. Alanna Kierans*** [3], ***Dr. Anna Hames*** [1]

1. Gender Identity Development Service, The Tavistock and Portman NHS Foundation Trust, 2. Department of Child and Adolescent Psychiatry, University of Zurich, 3. Belfast Health & Social Care Trust

Background

Extensive research has focused on the nurturing and protective role of families in general and family connections have been shown to be protective against major health risk behaviours (Resnick et al, 1997). Transgender youth are more at risk of mental illness, including depression, anxiety, suicidal thoughts and attempts, and self-harm than their non-transgender peers (Reisner et al., 2015). Parental rejection is reported by transgender youth as a particular stressor (Grossman and D'Augelli, 2008). Interventions that promote parental support may significantly affect the mental health of transgender youth (Simons et al., 2013) offering greater life satisfaction and reducing the likelihood of depressive symptoms. Parents and families of transgender youth may have a crucial opportunity to offset the mental health impact of societal harassment and discrimination for their children (Simons et al., 2013). What is less clear to-date is how specialist gender services can best facilitate opportunities for families to create greater family cohesion and enable parents to be supportive to their gender diverse off spring. The consideration of culture and context is also considered to be important although often overlooked. Further research is required into the efficacy of family interventions for transgender youth.

Aim(s)

The workshop will feature presentations based on the literature, clinical case reports and service delivery models. The presenters will share how they create different contexts for change and reflect on multiple transitions and cultures within families and with the agencies that support them, offering multiple perspectives for young people and the network involved. The presentations will include descriptions of work from 3 services:

- - Gender Identity Development Service (GIDS) at the Tavistock and Portman NHS Foundation Trust which covers all of the UK;
- - Knowing Our Identity Service (KOI) in Belfast which covers Northern Ireland; and
- - Department of Child and Adolescent Psychiatry, University of Zurich, Switzerland.

Methods

This multidisciplinary workshop is designed to provide a discursive space. Our discussions will be informed by the systemic model of service delivery and the inclusion of families from the outset. The network model used by both the UK services is also based on systemic principles of working collaboratively with other services. We will offer presentations in relation to specific family interventions and multi-agency interventions. Also included are case reports highlighting the cultural differences and their impact on the process families use to accept and support their young person. We will conclude with a discussion inviting contributions from as many participants of the multidisciplinary workshop as possible.

Main Outcome Measures

- We will refer to both qualitative and quantitative outcome measures from the standard battery which is used in all 3 clinics.
- Qualitative and quantitative data from feedback forms and service evaluation measures will also be used.

Results

The presentations will highlight the challenges and opportunities of working with families of gender diverse children and young people and the agencies that support them. We reflect on our range of existing models of family interventions and how these may need to change in light of changes to family structures and how this needs to inform our views of what constitutes a family. Our discussion will also focus on specific areas where further research is needed to guide clinicians, specifically in relation to making decisions about the kind of family intervention they may wish to incorporate into their clinical practice

Conclusion

This multi-disciplinary workshop is designed to stimulate thinking and discussion about the design of our services and how we can meet the needs of families with gender diverse children and adolescents from different cultures and contexts. The objective being to share our learning and examples of best practice which best meet the needs of families who present to specialist gender development services.

Trans perspectives on the current ICD revision process: Advancements, challenges, proposals and strategies

Friday, 7th April - 16:00 - Trans Perspectives on the Current ICD Revision Process - Atlantic 3

Mr. Adam Smiley [1], *Dr. Amets Suess Schwend* [2]

1. Health Officer, Transgender Europe, TGEU, Berlin, 2. Andalusian School of Public Health; STP, International Campaign Stop Trans Pathologization

Background

Over the last few years, the international activism for trans depathologisation has focused on the revision process of the ICD, International Statistical Classification of Diseases and Related Health Problems, edited by the WHO, World Health Organization. The revision process will likely be concluded in 2018, with a proposal that the current diagnoses of "Gender identity disorders" in the Chapter "Mental and behavioural disorders" will be removed, and the category "Gender incongruence" will be included in the new Chapter "Conditions related to sexual health", including two codes, one for adolescents and adults and one for pre-adolescent, or pre-pubertal, children. International and regional trans activist groups and networks have published declarations in which they acknowledge the removal of the diagnostic classification of gender transition as a mental disorder as an important advancement, at the same time as expressing their concerns regarding an ongoing diagnostic classification of pre-adolescent gender diverse children, as well as in relation to the concept "Gender incongruence". An ongoing review and discussion of the developments by the trans movement can be identified as a relevant aspect for contributing concrete proposals for a depathologisation of the trans-related diagnostic categories in the ICD and lobbying for the achieved advancements.

Aim(s)

The workshop aims at:

- Reviewing the current state of the ICD revision process and the proposed trans-related categories in the ICD-11 Beta Draft.
- Identifying advancements and challenges in the proposed trans-related categories.
- Exploring proposals regarding conceptualisations and terminologies in the trans-related categories, aimed at avoiding a pathologisation of trans people.
- Identifying strategies for an ongoing participation in the process and lobbying for the achieved advancements on a regional and international level.

Methods

- Introduction on the current stage of the ICD revision and proposed trans-related categories in the ICD-11 Beta Draft.
- Discussion in subgroups on the proposed trans-related categories, identifying advancements, challenges, proposals for avoiding a pathologisation of trans people and strategies for an ongoing participation in the process and lobbying on a regional and international level.
- Wrap up of the subgroups in the plenary and discussion.

Main Outcome Measures

The following main outcome measures can be identified:

- Knowledge of the current stage of the ICD revision process and proposed trans-related categories in the ICD-11 Beta Draft.
- Advancements and challenges regarding trans-related diagnostic categories in the ICD-11 Beta Draft.
- Proposals regarding conceptualisations and terminologies in the trans-related categories, aimed at avoiding a

pathologisation of trans people.
• Strategies for an ongoing participation in the process and lobbying for the achieved advancements on a regional and international level.

Results
The following results are expected:
• Knowledge of the current stage of the ICD revision process and proposed trans-related categories in the ICD-11 Beta Draft.
• Advancements and challenges regarding trans-related diagnostic categories in the ICD-11 Beta Draft.
• Proposals regarding conceptualisations and terminologies in the trans-related categories, aimed at avoiding a pathologisation of trans people.
• Strategies for an ongoing participation in the process and lobbying for the achieved advancements on a regional and international level.

These results can be shared by:
• A summary to be published on the TGEU and STP websites.
• Sharing of the summary with TGEU members and activists groups participating in the STP call to action.

Conclusion
The current ICD revision is still in process, opening up the opportunity for contributing proposals related to trans-related diagnostic categories and lobbying for the achieved advancements on a regional and international level. The shared discussion of proposals and strategies by trans activists from different European regions is an important contribution for a continued activist input in this process.

Enhancing sexual function post gender confirming surgery

Friday, 7th April - 16:00 - Enhancing Sexual Function Post Gender Confirming Surgery - Mediterranean

Dr. Gail Knudson [1], ***Dr. Cecilia Dhejne*** [2], ***Dr. Griet Decuypere*** [3], ***Dr. Sarah Murjan*** [4], ***Ms. Sally Robbins-Cherry*** [4]

1. *University of British Columbia,* ***2.*** *karolinska Institutet,* ***3.*** *Ghent University,* ***4.*** *Nottingham Center for Gender Dysphoria*

Background

In a recent invited series on transgender health published by the Lancet, Reisner et al, 2016, stated that sexual and reproductive health concerns receive little attention in research among transgender populations.

This workshop will review anatomy, physiology, sexual functioning outcome data, sexual history taking, and sex and relationship therapy protocols.

Aim(s)

This workshop will address the following topic areas:

1) Anatomy and Physiology of Sexual Function
2) Sexual functioning and gender-confirming treatment: a European multicenter follow-up study
3) Sexual History Taking with Trans People
4) Sex and Relationship Therapy with Trans Women following Gender Confirmation Surgery

Research update by the European Network for the Investigation of Gender Incongruence (ENIGI)

Friday, 7th April - 16:00 - Research Update by the European Network for the Investigation of Gender Incongruence (ENIGI) - Atlantic 2

Ms. Christel de Blok [1], *Ms. Nienke Nota* [1], *Ms. Justine Defreyne* [2], *Ms. Maartje Klaver* [1], *Ms. Chantal Wiepjes* [1], *Dr. Alessandra Daphne Fisher* [3], *Dr. Thomas Schreiner* [4], *Prof. Martin den Heijer* [1], *Prof. Guy T'Sjoen* [2]

1. VU University Medical Center, Department of Endocrinology and Center of Expertise on Gender Dysphoria, Amsterdam, 2. Ghent University Hospital, Department of Endocrinology and Center for Sexology and Gender, Ghent, 3. Careggi University Hospital, Sexual Medicine and Andrology Unit, Department of Experimental, Clinical and Biomedical Sciences, Florence, 4. Oslo university hospital, Department of Endocrinology, Oslo

Background

The number of trans persons seeking gender affirming treatment is still increasing. Due to the relatively low prevalence of the condition and small number of specialized centers, international collaboration is warranted. The European Network for the Investigation of Gender Incongruence (ENIGI) study is a collaboration of five European centers in Belgium, the Netherlands, Norway, Italy, and Germany. The study aims to optimize the care for transgender persons in Europe. The research focuses mainly on, but is not limited to, the fields of endocrinology and psychology/psychiatry.

Aim(s)

During this symposium, the researchers of ENIGI, will describe the study design and protocol, study objectives, and current results of the study. Furthermore, they will share their experience with endocrine care of transgender persons. After this presentation, an interactive Q&A will be held.

Methods

The ENIGI is a multicenter prospective study. For the endocrine part of the ENIGI study, four European treatment centers, in Ghent, Oslo, Florence, and Amsterdam, developed a standardized study and treatment protocol.

Main Outcome Measures

Outcome measures include hormonal and metabolic parameters, bone density, secondary sex and anthropometric characteristics, and physical and psychological well-being during cross-sex hormonal treatment (CHT).

Results

From February 2010 until May 2016, 1092 transgender persons were included in the study of which 576 persons were trans men and 516 persons were trans women. These numbers still rise since the inclusion is still ongoing. During the symposium, the first results of the endocrine part of the ENIGI research will be presented. Some examples of the research topics that will be discussed:

- Body fat distribution changes in both trans men and trans women
- Bone density improves in both trans men and trans women
- Breast development in trans women occurs mainly in the first six months of CHT
- The observed elevation in serum prolactin in trans women after initiating CHT is transient and not clinically relevant

Conclusion

The ENIGI initiative is one of the biggest collaborations performing research on safety and effectiveness of

current hormonal treatment protocols. In order to provide the audience more insight in the ins and outs of the endocrine transgender care, the study design and protocol, study objectives, and research results addressing several domains of endocrine transgender care will be discussed during this symposium.

10 years in Facial Feminization

Friday, 7th April - 16:00 - Facial Feminisation Surgery - Aegean

Dr. Luis Capitán [1], *Dr. Javier Gutiérrez-Santamaría* [1], *Dr. Fermín Capitán-Cañadas* [1]

1. FACIALTEAM

Background

The best way to begin this Workshop on Facial Feminization Surgery (FFS) is to pose the following question: is the face important when it comes to recognizing a person's gender? Indeed, modifying facial gender in the transition protocol is without doubt as important as hormone therapy and genital reconstruction. Feminizing what are visually identified as masculine facial traits raises the self-esteem and confidence of patients, leading to greater acceptance in their personal and family circles, better adaptation in the workplace, and a dramatic decline in social rejection which, unfortunately, a large number of transgender patients continue to experience to this day.

Aim(s)

Our goal with this Workshop is to present the latest advancements in FFS techniques and our clinical analysis after operating 650 transgender male-to-female patients: a 10-year experience. Any patient undergoing FFS must have clear, detailed information about the techniques, how they are carried out, as well as the associated preoperative and postoperative experience and all of the potential risks and complications.

The purpose of FFS is to offer solutions principally for transgender women who wish to feminize facial features, possibly due to issues related to body dysmorphic disorder or gender dysphoria. Throughout our experience with 650 FFS patients to date, we have continually implemented improvements at all levels of our protocols in the FFS process. Our intention to innovate comes from the belief that this healthcare regime indeed needs to be considered as a sub-process within the longer transitional process, which deserves further attention in order to standardize and therefore improve overall service.

Four talks comprise this Workshop (for clarity issues each one appears in each of the boxes below).

Methods

Talk 1

Tittle: Introduction to Facial Feminization Surgery

Summary:

Facial Feminization Surgery encompasses a group of surgical procedures designed to soften and modify facial features perceived as masculine or non-harmonic, and which, therefore, are decisive in the visual identification of facial gender. These features are defined by different craniofacial skeletal structures. In general, the three basic pillars of craniofacial gender are the frontonasal-orbital complex, the nose and the jaw and chin complex. However, other structural elements, including the cheeks or the trachea, are also important when addressing a patient's feminization needs. One of the most important preliminary steps in FFS is a meticulous evaluation and diagnosis of the patient. Each patient has a unique facial structure with specific features responsible for the male identification of the face, so it is important to adapt surgical options to a patient's individual needs rather than taking a standardized approach. This diagnosis includes an accurate clinical evaluation, imaging tests, an evaluation of patient requests and adjusting expectations. Additionally, the systematic collection of photographs is extremely important throughout the entire feminization process.

Main Outcome Measures

Talk 2

Tittle: FFS in the upper third of the face

Summary:

Given that: (1) a forehead reconstruction is indicated for a high percentage of patients who require hairline correction; and (2) the reconstruction involve obtaining, during the approach, a strip with a large number of follicular units (FU) that can be harvested, our team decided to develop a new surgical sequence to treat the whole upper third during the same surgery: Forehead Reconstruction and Simultaneous Hair Transplant (FR and SHT). Between October 2012 and April 2016 we performed 85 FR and SHT. To access the forehead a modified temporoparietoccipital coronal approach was used in 11% of the cases, while a modified temporoparietal coronal approach was used in the 89% remaining patients. No complications were reported. The average number of FU per strip was 1489 ± 302. A classification method for hairlines in MtF transgender patients is proposed based on the observation of 492 patients.

Results

Talk 3

Tittle: FFS in the middle third of the face

Summary:

Rhinoplasty surgical techniques which provide a correct support and stability in the mid- to long-term are essential for obtaining a predictable result. In the context of FFS, a rhinoplasty has three objectives: (1) to feminize the nose; (2) to harmonize the nose in relation to the other modified structures (mainly the forehead and maxillomandibular complex); and (3) to achieve an aesthetic result beyond gender differences. The main goal of rhinoplasty in FFS is to change masculine nasal features to feminine ones by performing dorsal reduction, tip refinement and narrowing the nasal bones, most often using an external approach and cartilaginous grafts to provide good tip support and long-term stability. Lip lift and frontonasal recontouring can be technically complementary to rhinoplasties associated with facial feminization. Overall patient satisfaction with the operation was scored using the Nose Feminization Scale. The majority of the patients perceived their nose as feminine after the surgery and the degree of satisfaction after the rhinoplasty was 4 (much better) out of 5.

Conclusion

Talk 4

Tittle: FFS in the lower third of the face

Summary:

1) Jaw and chin. The possible goals of this treatment include: modifying the width and height of the jaw, softening the jawline and modifying the size, shape and position of the chin. Likewise, feminization techniques for the jaw and chin do not affect or modify the patient's bite. Access to the jaw and chin should always be via intraoral approaches to prevent visible external scars. On many occasions, it is necessary to treat the jaw and chin as a whole. In this case, we recommend connecting the incisions through a subperiosteal tunnel, which creates an excellent working area, avoids an overly large incision (mandibular degloving) and helps to protect the mental nerves by not exposing them. Surgical techniques are based in bone sculpture, namely burring, standard osteotomies (bone cutting), osteotomies with piezosurgery (ultrasonic cutting) and endoscopic control.

2) Adam's apple. To approach the Adam's apple, we recommend making an incision distant from the cartilage itself, preferably in the region of the cervicomental fold. According to the characteristics of the cartilage (hardness, position), the reduction can be performed by burring or using a scalpel.

Hearing trans voices: authenticity and identity in voice change and the intersectional role of speech and language therapy and psychology.

Friday, 7th April - 16:00 - The Intersectional Role of Speech and Language Therapy & Psychology - Danube

Mr. Matthew Mills [1], ***Dr. Penny Lenihan*** [1], ***Dr. Jess Gran*** [1]

1. *Charing Cross Gender Identity Clinic*

Background

Voice is the means by which what is known to us – our thoughts, ideas and feelings are heard and shared within the context of social relationships. It is a critical indicator of physiological and psychological well-being; it carries cues about our gender, education, culture, the area, region or country we grew up in. In specialist speech and language therapy, voice is explored in terms of understanding and potentially changing vocal aspects of pitch, resonance and intonation, but the wider journey, the acquisition of these skills in working towards more comfortable, congruent gender expression also involves grappling with the paradox of change, being vocally and communicatively authentic, and developing skills of self-efficacy, self-acceptance and resilience, bringing it also into the area of specialist gender psychology.

Aim(s)

At Charing Cross Gender Identity Clinic, Psychology and Speech and Language Therapy have established a regular joint peer consultation group to disseminate knowledge and skills and work more closely together supporting clients using both services. In this workshop we will discuss how both disciplines work to support and facilitate clients towards greater authenticity within a context of significant life, personal and often physical changes which can impact on intersectional identities, the sense of self and what we have to offer each other. We will make reference to specific work experiences and solutions, drawing on participants' knowledge and experience to explore relevant European similarities and differences relating to the workshop theme, with a view to fostering close multi-disciplinary working within and across gender services

Main Outcome Measures

Evaluation feedback form will be given to participants.

Postoperative complications of male to female sex reassignment surgery: a 9 years French retrospective study

Friday, 7th April - 16:00 - Surgery II: from Beginning to the End - Exhibition Hall

Dr. Sara Leuzzi [1], *Dr. Sarra Cristofari* [1], *Dr. Jonathan Rausky* [1], *Prof. Marc Revol* [1]

1. Saint Louis Hospital, Paris

Background

Evaluation of post-operative complications after male to female (MTF) sex reassignment surgery (SRS) includes various fields.

In primary MTF SRS, the inverted skin penile technique can be considered as the gold standard.

The most frequent functional outcomes reported after MTF SRS are neo-vaginal stenosis and urinary meatal stenosis as well as secondary revision surgery.

Aim(s)

We aimed to retrospectively analyze postoperative functional and anatomical complications, as well as secondary procedures required after MTF SRS by penile skin inversion, performed in our department.

Methods

All patients operated on for MTF SRS with the inverted penile skin technique, by the same surgeon in our department, during a nine-year period from June 2006 to July 2015, with a follow-up of at least one year, were retrospectively reviewed. Soft post-operative dilatation protocol was prescribed until vagina complete healing. No long-term hard dilatation was systematically prescribed in our protocol. Possible neo-vagina stenosis was primarily treated by further dilation with hard bougie. All post-operative events and complications were recorded.

Main Outcome Measures

Patients demographics, events occurring during hospitalization, and all postoperative immediate or delayed complications were recorded.

During each postoperative visit, vagina size, urinary meatus and clitoris aspect, as well as cosmetic appearance of the genitalia were noticed. Patients were asked about their lubrication needing or pain occurring during sexual intercourse, and any urinary dysfunction was noted.

All secondary functional or cosmetic surgical revisions were recorded.

No specific satisfaction questionnaire was conducted, neither any quality of life evaluation, in this observational study.

The terms of the Helsinki declaration were followed.

Results

124 patients were included.

Concerning peri-operative complications, 3 recto-vaginal wall perforations were recorded.

Regarding early post-operative complications, 56.5% of repeated compressive dressings, 45% of blood transfusions, 18 % of hematomas, 27 % of early infectious complications were counted.

Delayed vagina post-operative complications were: partial necrosis (17,8%), short-depth neovagina requiring additional hard dilatation (17,8%), with a 95,5% success rate. Secondary vaginoplasty rate was 7,2% (4,8% of skin graft and 2,4% of bowel plasty). One recto-vaginal fistula occurred after an excessive self hard dilation (0,8%).

Secondary functional meatoplasty for delayed urinary meatal stenosis occurred in 1,6% of cases.

Secondary cosmetic clitoroplasty, meatoplasty for hypertrophy, and labioplasty rates were respectively of 14,5% , 4,8%, and 30,6%
52% of patients needed supplemental lubrication for sexual intercourse.
Other medical complications occurred in 7,2% of cases.

Conclusion
Comparing with literature data, we showed a higher rate of post-operative bleeding events, but we observed a lower rate of secondary functional meatoplasty, maybe explained by less aggressive haemostatic peri-operative manoeuvres. Our secondary vaginoplasty global rate is also lower than other previous studies published, and this could be explained by the successful use of hard dilation in specific cases of short-depth vagina. Cosmetic secondary procedures rates are almost similar to other published data.
In our experience, after MTF SRS by skin penile inversion, patients should be informed of frequent bleeding events, or the possible short depth neovagina and its treatment by sequential hard dilatation protocol. Functional meatoplasties were rare. Cosmetic secondary procedures like labioplasty, commissuroplasty, clitoroplaty and meatoplasty for hypertrophy are frequent. Majority of patients need a life-time lubrication for sexual intercourse.

Pelvic anatomy and transgender vaginoplasty surgery: Proposed anatomy and physiologic-based considerations to guide pre-operative counseling, surgical approach, self-dilation, and douching

Friday, 7th April - 16:20 - Surgery II: from Beginning to the End - Exhibition Hall

Dr. Maurice Garcia [1]

1. *University of California San Francisco*

Background

Surgical techniques to perform vaginoplasty vary.

Description of particular techniques is often limited to the “how to”, but necessarily the “why”- or “why not”. Answers to the latter can be especially enriching for surgeons, and particularly for those learning how to do gender surgeries.

We highlight here several observations about genetic male pelvic anatomy as it relates to vaginoplasty for MtF transgender women, and describe how studies using anatomic dissection and histology suggest the value of specific approaches described herein.

Aim(s)

1. We review the anatomic basis for a sharp surgical approach, instead of a blunt and limited sharp-dissection approach, through the terminus of Denonvillier’s Fascia upon the posterior aspect of the prostate gland for access to the surgical plane for the creation of the neovaginal space

2. We describe anatomic findings using fresh cadavers after vaginoplasty surgery which suggest a more optimal dilator shape and technique

3. We describe anatomic findings using fresh cadavers after vaginoplasty surgery to highlight challenges associated with common douching techniques

Methods

Aim 1: A. We describe our surgical technique.

B. We resected blocks of tissue that contained posterior prostate, Denonvilliers Fasica (DVF), and anterior rectum, from 5 cadavers, and performed immunohistochemistry to allow us to count blood vessels, nerves, and collagen anterior and posterior to DVF) .

Aims 2 & 3:

A. We prosected 15 fresh male cadavers and then performed vaginoplasty via penile inversion.

B. Cadavers were then lightly embalmed using a novel technique we developed which allows for preservation of tissue flexibility and size.

We then performed saggital dissection of the pelves.

C. We also performed imaging studies of the vaginal vault in our clinic.

Main Outcome Measures

Aim 1: Cadaveric genetic male pelvis tissues subjected to immunohistochemistry after vaginoplasty surgery via penile inversion

Aim 2: Imaging studies of living women and cadaveric anatomic dissections of human pelvises after vaginoplasty surgery

Results

Aim 1:

Immunohistochemistry results showed that the sharp dissection we describe is associated with incision through significantly fewer blood vessels and sensory-motor nerves as compared to the traditional surgical approach. Use of the sharp dissection we describe is entirely under direct visualization (without 'blind' dissection), expeditious, and by providing immediate access to the neovaginal cavity, any uncontrolled bleeding (typically from peri-prostatic veins) can be addressed immediately and with good visualization. In our hands, this technique resulted in a significant decrease in recto-neovaginal fistula rate (to <1%).

Aims 2 & 3:

Imaging studies in living trans women and fresh cadavers after vaginoplasty suggest that the shape of the neovaginal cavity is S-shaped.

Furthermore, these findings also suggest that it is less likely that the apex of the vaginal vault is effectively irrigated with douching using conventional douche devices and techniques.

Conclusion

Anatomy suggests that dissection posterior to DVF should be avoided in order to minimize risk of laceration and/or development of fistulae between the neovagina and rectum.

Our findings suggest that a sharp surgical approach that gains access to a surgical plane anterior to DVF as distally as possible, poses less risk to immediate or delayed injury to the rectum, and injures fewer collateral nerves (many of which are likely sensory) during direction of the neovaginal space.

Our findings related to the shape of the neovagina suggest that it is S-shaped and not straight or U-shaped. These findings suggest that a potentially more suitable dilator material wold be something that offers a balance of sufficient rigidity and flexibility for subtle bending.

Our findings also suggest that a long anteriorly-facing neovagina vault is unlikely to be irrigated with douching. Douching techniques and devices should address this to ensure the vault is washed, as poor hygiene of the vault may contribute to general poor hygeine of the neovagina, and granulation tissue of the vault (a common location).

Sexual sensation in post operative trans women

Friday, 7th April - 16:40 - Surgery II: from Beginning to the End - Exhibition Hall

Ms. Myriam Vigny-Pau [1]***, Ms. Iffy Middleton*** [2]***, Mr. James Bellringer*** [2]

1. Université de Montreal, 2. Department of Gender Surgery, Parkside Hospital

Background

Surgeons have made a sensate neoclitoris for nearly 25 years during genital reconstruction for trans women. As far as we are aware, there have been no audits of how well these work in terms of providing pleasurable erotic sensation. This study was performed to assess this further

Aim(s)

To evaluate sexual sensation in post operative trans women

Methods

Questionnaires were sent to 76 consecutive patients undergoing genital reconstruction in our unit between 8 and 12 weeks after their operation. Patients were asked whether they could locate the clitoris, and if so, whether there was sensation in it, either pure touch or erotic. They were also asked what if any sexual activity they had indulged in since their operations.

Main Outcome Measures

Patients recorded what if any sensation they had from their neoclitoris, and whether they had achieved orgasm. They were also asked about their sexual activity up to the time of the questionnaire.

Results

49 patients completed questionnaires for analysis. Of these, 35 reported that they had been able to locate the clitoris, and in that group, 24 reported erogenous sensation, and 15 reported touch sensation. 17 had achieved orgasm. 18 patients reported sexual activity with a partner, of which 10 had had sex with a cis man, 4 with a cis woman, and 4 with a trans woman. 20 had tried masturbation.

Conclusion

Although the study looked at patients within 3 months of their operation, good levels of sexual sensation are reported. We intend to follow the patients further to see whether the number reporting sexual sensation increases with time. Given the recent surgery, we were surprised to find that nearly 80% of patients report sexual activity within 3 months of surgery, and 20% reported sex with a cis man.

We think this study should be expanded, ideally with collaboration across different units, as larger numbers are required to investigate differences which might result from, for example, age of patient.

Whilst fairly typical for studies using questionnaires, the low response rate limits the usefulness of the data, and it is possible that a different methodology, such as telephone interview, would be more effective.

Phalloplasty in female-to-male transsexuals by Gottlieb and Levine´s free radial forearm flap technique - A long-term single center experience over more than two decades

Friday, 7th April - 17:00 - Surgery II: from Beginning to the End - Exhibition Hall

Dr. Anna Wirthmann **[1]*****, Mr. Pawel Majenka*** **[1]*****, Prof. Ahmet Bozkurt*** **[1]*****, Prof. Michael Sohn*** **[1]*****, Dr. Ulrich Rieger*** **[1]**

1. *AGAPLESION Markus Krankenhaus, Frankfurt/ Main*

Background

In many centers the free radial forearm (FRFF) phalloplasty represents the method of choice for penile reconstruction. Among the techniques described in literature, outcome measures for the flap design after Gottlieb and Levine is poor.

Aim(s)

The goal of the present study was to evaluate the postoperative outcome focusing on major and minor complications by adopting the technique of Gottlieb and Levine, since less representative data is available in current literature.

Methods

From January 1993 until December 2015 402 phalloplasties were performed in our department. Among the 247 FRFF phalloplasties, 232 FRFF phalloplasties were performed after the Gottlieb and Levine design in 229 patients. Operation and patient specific characteristics' were evaluated.

Main Outcome Measures

Patient characteristics and procedure specific data and complications were evaluated and interpreted.

Results

To our knowledge this study presents the highest number of free radial forearm flap phalloplasties in Gottlieb and Levine´s design described so far in the literature. The rate total flap failure was 3%. 45,9% of the patients were heavy smokers. Urinary fistulas and strictures were common. The revision rate for urinary fistulas and/or strictures was 1.3 per patient. The number of postoperative complications, such as bleeding (14.2%), thrombosis of the flap requiring revision (11,2%) or delayed wound healing (16,8%) was considering the high rate of nicotine abuse (45.9%) reasonable.

Conclusion

The free radial forearm phalloplasty in the design by Gottlieb and Levine is well established at our institution and has proven safe an reliable since 1993. The operative results are satisfactory for both patients and surgeons even in the presence of relevant comorbidities and heavy smoking. Therefore in our institution we continue to operate on smokers.

The Year in Review: Mental Health

Saturday, 8th April - 09:00 - Plenary Session IV: the Year in Review - Pacific

Prof. Jon Arcelus [1]

1. Nottingham Center for Gender Dysphoria

Background

Over the years mental health problems have been associated with transgender people looking for medical gender confirming treatment, However, some of those studies present with serious limitations.

Aim(s)

The aim of this presentation is to describe some of the main studies published investigating mental health problems in the transgender population since the last EPATH meeting.

Methods

An electronic search of literature was conducted using the following search engines: ScienceDirect, Web of Science, Scopus, and PubMed from May 2015 till February 2017. Within each search engine, the following search terms were entered: gender dysphoria, gender identity disorder, trans people, trans individual, transgender, and transsexual. These terms were combined with terms relating to mental health problems, such as depression, anxiety or self harm among others using the AND operator

Results

A total of 26 studies were identified regarding mental health problems in transgender people during this period. The studies were primarily in adults living in western societies. These studies will be described briefly during the presentation.

Conclusion

Findings are conclusive that mental health problems, primarily depression and anxiety, are more common among transgender people not on treatment when compared to the cisgender population. Over the last years studies appear to be more robust and addressed some of the limitations of older studies, being longitudinal in nature, and having matched controls. Gender confirming medical treatment was found to be associated with a reduction of mental health problems, however some of these studies require replication. There is currently good evidence regarding the existence of certain mental health problems pre-transition, and the literature should move away from this. Future studies should focus on to how to prevent these mental health problems, levels of mental health problems post treatment, populations at risk and supportive evidence based treatment interventions. The role of society in the development and prevention of mental health problems in this population needs further exploration.

The Year in Review: Children and Adolescents

Saturday, 8th April - 09:00 - Plenary Session IV: the Year in Review - Pacific

Dr. Karlien Dhondt [1]

1. UZ Ghent

Background

Transgender health care in children and adolescents is an area in evolution with many debates in different countries. Particularly the concept of gender incongruence in children is often discussed. Clinical management considerations and common treatment interventions across disciplines are necessary to review and to explore regularly.

Aim(s)

The aim of this presentation is to illustrate the content of mental health care in transgender children and adolescents since the last EPATH meeting in 2015.

Methods

An electronic search of literature was conducted using the following search engines: ScienceDirect, Web of Science, Scopus, and PubMed from May 2015 till February 2017. Within each search engine, the following search terms were entered: gender dysphoria, gender identity disorder, trans, trans individual, transgender. These terms were combined with terms relating to child, adolescent, youth, mental health, diagnosis, using the AND operator.

Results

A total of 49 studies were identified. Review articles were not included. The overall content of the original studies concentrated on three levels. 1/ The need for a better definition and the determination of diagnostic criteria of gender incongruence of childhood were discussed in a revised International Classification of Diseases and Related Health Problems (ICD-10); 2/ Studies reflecting the real health care needs for transgender adolescents/children and their families and 3/ The evaluation of treatment protocols on different mental health vulnerabilities in transgender youth.

Conclusion

Since the studied area is so variable, important insights and conclusions will be drawn and illustrated during the presentation.

The Year in Review: Endocrinology

Saturday, 8th April - 09:00 - Plenary Session IV: the Year in Review - Pacific

Prof. Yona Greenman [1]

1. *Tel Aviv University*

Background

There is increasing awareness of the need to advance transgender health through high quality research, to enable provision of evidence based treatment.

Aim(s)

To identify important recent publications concerning internal medicine and endocrine aspects of transgender health.

Methods

A thorough PubMed literature search for articles published between January 1 2016 through March 2017 was conducted. Key words were: trangender AND health, hormones, cardiovascular, bone, cancer, fertility.

Main Outcome Measures

Thirty publications were selected based on their novelty, importance and potential impact on transgender health.

Results

Summarized extracts of selected publications will be presented in this talk, covering cardiovascular risk factors, hormone and brain correlates, fertility, and issues pertinent to the aging transgender population.

Conclusion

High quality research is still needed in several areas concerning treatment and health of transgender people.

The Year in Review: Social Sciences

Saturday, 8th April - 09:00 - Plenary Session IV: the Year in Review - Pacific

Prof. Surya Monro [1]

1. *University of Huddersfield*

Background

Social sciences offer a forum in which trans issues can be examined critically from a variety of ontological positions. Trans-originated social science scholarship has proved crucial in driving forwards improvements in healthcare, framed via critiques of the social inequalities that trans people continue to face.

Aim(s)

The aim of this presentation is to provide an overview of the development of trans social sciences since May 2015, focusing on those that have particular relevance for health care decision makers.

Methods

An electronic search of literature was conducted using a number of search engines, including studies published between May 2015 and February 2017. Within each search engine, the following search terms were entered: gender dysphoria, gender identity disorder, non-binary gender, gender variance, gender diversity, trans, transgender, and transsexual. These terms were combined with terms relating to the social sciences, including sociology, social, and social policy, using the AND operator. In addition, use was made of key European policy reports.

Results

A number of studies were identified via the searches. These included those relating to specific areas of concern, such as victimisation and hate crime, and those that took a more analytical perspective, for instance in addressing the way that the institutions of medicine and the law shape the healthcare options available to trans people.

Conclusion

Whilst there are variations across countries, findings show that trans people still face a range of indirect and direct barriers to full citizenship within society. This phenomenon has a number of implications for healthcare providers. These include issues concerning access to gender confirmation treatment, for example economic barriers; and concerns with other areas of healthcare provision and trans-sensitivity amongst healthcare providers. However, there are also a broader range of concerns, that relate to the minority stress that trans people can experience due to living in a gender binaried society, and to understanding ways in which gender binarism can be challenged.

The Year in Review: Voice and Communication

Saturday, 8th April - 09:00 - Plenary Session IV: the Year in Review - Pacific

Mrs. Christella Antoni [1]

1. *Consultant SLT (Voice)*

Background

An increasing number of speech and language therapists (SLTs) are working with transgender voice. The rise of treating clinicians corresponds to the increased demand for services in this specialist field from both trans women and trans men. This presentation will provide an overview of recent developments in the SLT field. New collaborations between SLTs on both national and international levels and the production of treatment guidelines will be featured. In addition, reference will be made to the evolving body of literature and recent resources available for both clinicians and clients

The Year in Review: Surgery

Saturday, 8th April - 09:00 - Plenary Session IV: the Year in Review - Pacific

Prof. Miroslav Djordjevic [1]

1. *School of Medicine, University of Belgrade*

Background

The number of patients seeking gender reassignment surgery is increasing. We should be aware of the different surgical options.

Aim(s)

To review the latest gender reassignment surgical techniques, as well different aspects of surgical treatment.

Methods

An electronic search of literature was conducted for articles published between April 2015 till March 2017. Key words were: transgender surgery, ftm, mtf, facial feminization, breast reduction.

Results

Over 40 publications were selected. Most of the studies were about reconstruction of genitalia. Other topics were facial feminization, breast reduction and augmentation and voice feminization.

Conclusion

Comparing with period before, increased number of publications is noticed.

The Year in Review: Law

Saturday, 8th April - 09:00 - Plenary Session IV: the Year in Review - Pacific

Prof. Alexander Schuster [1]

1. University of Trento

Background

Development in the law is either conveyed by legal literature or by ground-breaking judgements that set a domestic or international standard for the protection of trans people. Hence the need to also observe and report case-law in addition to literature, as the impact on the understanding of gender identity rights and practices is equally influenced by both sources.

Aim(s)

The aim of the overview is to provide a bird-eye perspective on how trans rights have been understood and improved since May 2015, with special attention devoted to the link between law and trans health.

Methods

Literature review is carried out using book reviews and bibliographic databases and searching relevant journal articles and monographies. With regard to leading case-law, considering that litigation is mostly at the national level and the source clearly in the local language, selection is based on the personal knowledge of the speaker and on advice of colleagues in European States.

Main Outcome Measures

A few legal books were identified along with some substantial decisions at the European and national level. They show some significant advances in the human rights approach in dealing with trans rights and ensuring their well-being under the law. Unfortunately, linguistic barriers limited the review to only a part of European jurisdictions.

Conclusion

There is evidence of a – albeit slow – trend distinguishing a medical from a legal approach to trans well-being. Indeed, the process of depathologisation, not surprisingly, also entails a parallel process of depathologisation in the law, especially in matters of legal gender recognition. As a consequence, medical procedures and evidence are becoming less relevant for the affirmation of self-determination. Some cases are also emerging with regard to health insurance matters.

National Swedish quality register for transgender health

Saturday, 8th April - 11:15 - Mental Health III: Cross Sectional and Follow up Studies - Baltic

Mrs. Ulrika Beckman [1]***, Ms. Maria Sundin*** [2]***, Mr. Lennart Fällberg*** [1]***, Dr. Inger Bryman*** [3]***, Dr. Marie Degerblad*** [4]***, Dr. Cecilia Dhejne*** [4]***, Dr. Attila Fazekas*** [5]***, Mrs. Margaretha Goransson*** [1]***, Dr. Annika Johansson*** [4]***, Dr. Fotios Papadopoulos*** [6]***, Dr. Lars-Goran Sjostrom*** [7]***, Dr. Maria Sodersten*** [8]***, Dr. Gennaro Selvaggi*** [9]

__1.__ Sodra Alvsborgs Hospital, __2.__ The Swedish Federation for LGBTQ Rights (RFSL), __3.__ Sahlgrenska University Hospital, __4.__ ANOVA, Karolinska University Hospital and Karolinska Institutet, __5.__ SUND Skane Region, __6.__ Uppsala Academic Hospital, __7.__ Norrland University Hospital, __8.__ Karoliska Institute, __9.__ Sahlgrenska University Hospital, at Gothenburg University

Background

Transgender healthcare in Sweden is publicly funded and paid for over the tax bill. It is provided on the same basis as any other necessary healthcare. It is organized in six regional gender teams. Alingsas-Goteborg, Linkoping, Lund-Malmo, Stockholm, Umea and Uppsala.

In 2010, Sweden's National Board of Health and Welfare presented a report describing a transgender healthcare with great disparities, a general lack of resources and a lack of clinical training; therefore, National Guidelines were developed in order to improve it. These were based on existing best practice as well as the WPATH Standards of Care v.7, and adopted in April 2015.

Sweden has a long tradition of Quality Registers in healthcare. From the first ones in 1970's they have grown to about a hundred certified and acknowledged National Quality Registries. They are developed by clinicians and other professionals in the respective clinical field in collaboration with patient groups.

Sweden also has a number of registers containing social, public health and demographic data. The article of Dhejne et al. (2011) about high rates of mortality among patients undergoing GRS is an example of how registers research can generate new knowledge in this field.

Aim(s)

The presentation will describe a National Quality Register for Transgender Healthcare starting up in 2017. The aims of the transgender quality register is to promote equality and pave the way for a qualitative future care as well as a high level of safety. By following a wide number of indicators describing the health, wellbeing and general satisfaction of the patients, as well as collecting data on procedures and outcomes, the Register will form a rich knowledgebase for learning improvement and further research.

Methods

In 2013 Lennart Fallberg, the director of the Alingsas team, initiated the development of an interdisciplinary National Quality Register. Clinicians from all over Sweden formed a Steering Committee. The patient perspective was brought in by a representative from RFSL, the National Federation for LGBTQ Rights. The Committee has been meeting quarterly and developed questionnaires and infrastructure for data collection together with the Registry Centre South. Funds has been granted from SALAR, Swedish Association of Local Authorities and Regions.

The Register follows the clinical trajectory of each individual from the first appointment and assessment, through the different interventions. Quality of Life and gender congruence, as well as morbidity and somatic risk factors will be followed long term.

As the Swedish system is built on publicly funded care operated by the regional government, it is possible to reach a large number of present and former patients. Patients receive a standardized information before giving consent to take part. The participation is completely voluntary; the patient may withdraw, and the specific data erased from the Register, at any given time upon the patient's request. The personal integrity is safeguarded

through compliance with regulations, which ensures special routines for information security and disclosure of data.

Main Outcome Measures

The Quality Register is made up of designed questionnaires for each discipline, as well as validated questionnaires for health related Quality of Life (RAND-36 the Swedish version of SF-36), over all Life satisfaction (LISAT) and gender incongruence (TCS). The designed questionnaires are going to be administered by the professionals in connection with patient appointments. The patient reported outcome measures (PROM) will be administered over a web-link directly by the patient. Patients will also be asked to fill in a short form about their experience of the actual care at some appointments (PREM).

Results

With about a 1000 new referrals in 2016, it's reasonable to believe that, with a good coverage, the Quality Register will render a powerful set of data. The results can encourage both learning improvement and further research. In order to achieve this, data needs to be attainable for local clinical management as well as on an aggregated level for producing knowledge about care and outcome. The registering teams and clinics manage their own data. The Steering Committee can retrieve data from the entire register in order to present annual reports. Data may be used for research after approval by the Steering Committee.
With a vast number of measures many questions may be addressed. Information about the structure and processes of care gives an overview of equality and access, and can guide resource management and local guidelines. Psychosocial topics and PREM will give a description of different needs over time. PROM and vital medical follow-up data will address questions regarding complications, disparities in outcomes or side-effects and co-morbidity.

Conclusion

In 2017 the six gender teams in Sweden will begin to record data in a National Quality Register. Patient reported outcome and experience measures, structural and process measures as well as descriptive data of the patient group are going to be collected long term. All together it will form a rich knowledgebase for a healthcare that meets the needs of patients, that promote equality and that is better adjusted to changes in the society.
Better knowledge about patient experiences, and how expectations are met, will make it easier to develop a qualitative transgender healthcare. The National Quality Register for Transgender Health will focus on a group of people who still have difficulties to obtain a good, equal and qualitative care, and whose voices plays a crucial role for understanding their needs. It will also highlight lack of research and evidence in transgender specific healthcare.

Adult desisters from sex reassignment program in France

Saturday, 8th April - 11:15 - Mental Health III: Cross Sectional and Follow up Studies - Baltic

Ms. KARPEL Léa [1], *Mr. Samuel CATTOIR* [2], ***Dr. Gardel Bérénice*** [1], ***Dr. Cordier Bernard*** [1]

***1.** Foch Hospital,* ***2.** Université de Rennes*

Background

Since 1991, the transgender unit of Foch Hospital(Paris, France) has been receiving adult patients requesting sex reassignment surgery (SRS). This unit is part of the French Society for the Study and Medical Care of Gender Dysphoria (SoFECT) created in 2010, which follows the standards of care of the WPATH. We noticed that a significant part of our patients dropped out of our program before undergoing SRS.

Aim(s)

We want to assess the proportion and distribution of the "desisters" and understand the reasons for their dropping out.

Methods

The medical records of the 1297 patients, who consulted one of our psychiatrists between 1991 & 2015, were computerised, listed and studied.

Main Outcome Measures

In our reference sample population, 45.5% of all patients dropped out of the program, 15.5% are being assessed, 2% has been refused and 37.5% completed their SRS. We call "desisters" those whodropped out of the SRS program after comingonly once in psychiatric consultation (35.5%), after having only been assessed by a psychiatrist (55.5%), or after having been assessed by a psychiatrist and having initiated the hormone replacement therapy (9%). The average age of all patients is 35.2 y.o.; that of the "desisters" is 35.8 y.o. when that of those who have benefited from SRS is 31.7 y.o.

Results

Among the "desisters", 77% are male-to-female whose average age is 37.5 y.o. Among those who have benefited from SRS, 56.5% are female-to-male whose average age is 30 y.o. Over 30% of the "desisters" gave an explicit explanation for their dropping out: hesitations (23.5%), refusing to wait for the two years evaluation (11.5%), fear from the surgery (11.5%), and isolated cases such as dissatisfaction towards the program or the team. Almost 70% simply do not come back. After reading back the "desisters" medical records, the psychiatric team stated the following hypothesis for these patients' dropping out: severe personality disorder (17.5%), severe psychiatric disorder (15.5%), differential diagnosis (11.5%), parent of minor children (10.5%), renouncement (7.5%), left for another French team (8.5%) or for a foreign team (7%), family opposition (4%), health issues (4%), refusal of the French program (4%), fear from surgery (3.5%). Moreover, a significant part of them (25% at least) was encouraged to drop out by the psychiatrists.

Conclusion

More than 45% of our patients dropped out before undergoing SRS: they are mostly (77%) male-to-female patients and tend to be slightly older. Since the inclusion of the Foch Hospital unit in the French society (SOFECT) affiliated to the WPATH – in particular, taking into account its Standards of Care – our psychiatrists initiated a noteworthy evolution of the SRS eligibility criteria. Despite all, SRS appears not to be the sole purpose of these people suffering from gender dysphoria: some will settle for a social,and/or legal, and/or medical recognition of their condition, without necessarily undergoing surgery.

Specifics and challenges of psychological assessment of transsexual individuals – 3 years of experience

Saturday, 8th April - 11:15 - Mental Health III: Cross Sectional and Follow up Studies - Baltic

Mr. Vladimir Borovnica [1]***, Dr. Dusica Markovic Zigic*** [1]***, Ms. Dušanka Vučinić Latas*** [1]***, Dr. Katarina Maksimović*** [1]***, Dr. Joana Marić*** [1]

1. Department of Psychiatry, Clinical/Hospital Center "Dr Dragisa Misovic", Belgrade

Background

An integral part of the process of the transition of transsexual individuals is the complete psychiatric and psychological evaluation. Psychological evaluation of these persons has specifics of its own, particularly in the context of evaluation and approval of the transition process. Transsexual individuals entering this process are usually highly motivated after years of anticipation. On the other hand, the life experiences of transsexual people very often include discrimination and traumatization, all of which have a significant impact on the attitude toward psychological assessment (dissimulative attitude, distrust, etc.). Literature related to the psychological evaluation of these persons is very limited, and does not provide enough guidance.

Aim(s)

In this paper we present our experiences and results of our clients in the past 5 years. We will also consider the impact that the assessment has, in this specific context, on the results of psychological testing.

Methods

Our clients (N = 35) have passed through the standard procedure of psychological exploration (Interview, WAIS, MCMI-III, PAI, Rorschach) in the assessment for entry into the process of transition.

Main Outcome Measures

We will show the results of psychological exploration on two self-report instruments (MCMI-III and PAI).

Results

The results support the disimulative tendencies (in a significant part, but not in all subjects). In the domain of personal style mostly pronounced are paranoid and narcissistic traits.

Conclusion

The results are consistent with the anticipated, in respect to the specific context of the assessment. The test results appear to reflect the current state more than permanent personality traits, which further complicates the psychological evaluation of these clients. Accordingly, we believe that the standard psychological exploration is insufficient to give a complete picture of the functioning of these persons, and that long-term monitoring with full awareness of the life context (discrimination, the accumulation of trauma) and the specific motivation at the time of assessment is required.

Influence of basic personality dimensions on adaptation processes and quality of life in patients with gender dysphoria in post transitory period

Saturday, 8th April - 11:15 - Mental Health III: Cross Sectional and Follow up Studies - Baltic

Mrs. Jasmina Barisic [1], ***Dr. Dragana Duisin*** [2], ***Prof. Miroslav Djordjevic*** [3], ***Prof. Svetlana Vujovic*** [4], ***Dr. Marta Bizic*** [3]

__1.__ Belgrade Gender Team, Cabinet for Transgender states, Clinic for Psychiatry Clinical Center of Serbia, School of Medicine, University of Belgrade, Serbia., __2.__ Belgrade gender dysphoria team Cabinet for Transgender States, Clinic for Psychiatry Clinical Center of Serbia, __3.__ Belgrade gender dysphoria team, __4.__ Belgrade Gender Dysphoria Team, Clinic of endocrinology, diabetes and diseases of metabolism, Clinical Center of Serbia, School of Medicine, University of Belgrade, Serbia

Background

Belgrade Gender Team has over 30 years experience in the treatment of gender dysphoric persons. Our study deals with the evaluation of the outcome of the complete gender reassigment surgery (SRS).

Aim(s)

The aim of the study was to evaluate postoperative outcomes of SRS through assessment of: quality of life, suicidal behavior, depression and anxiety. Main objective was to stress the influence of five basic personality traits and psychoticism as a personality dimension in the degree of adaptation and quality of life of transsexuals after SRS.

Methods

The test sample consisted of 40 patients. Necessary statistical methods were applied.

Main Outcome Measures

Following instruments were used: Questionnaire of basic socio-demographic data, Short scale for assessing quality of life (WHOQoL- BREF 5), Personality Inventory (NEO-FFI), Personality Inventory (DELTA-10), Zung depression scale and anxiety scale.

Results

Our study have indicated that suicidal behavior, depressive and anxiety symptoms were reduced after SRS. There was statistically significant difference in five basic personality traits in relation to level of adaptation after SRS.

Conclusion

The combination of low neuroticism, low value of dimension of psychoticism, high agreeableness and extrovert behavioral style were good predictors of successful course and outcome of transition and satisfaction with achieved changes (reduction of the possibility of regret).

Sexual and mental health of transgender persons in Croatia

Saturday, 8th April - 11:15 - Mental Health IIIb: Transgender Health Services around Europe - Adriatic

Prof. Iva Žegura [1], ***Prof. Ivana Vrbat*** [1], ***Dr. Goran Arbanas*** [1]

1. University Psychiatric Hospital Vrapče

Background

Sexual health is defined as a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality, sexual relationships and gender identity as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence and as such is associated with personal well-being and mental health in general.

Given the diversity of trans persons gender identity and their expression, trans people face frequent infringements of their fundamental rights. Trans people within Croatian suffer from transphobic discrimination, physical and sexual violence and harassment. This specific problem of transgender persons in Croatia is additionally complicated with the fact that there is lack of permanent and systematic education in the field of sexual health and human rights on every level of education system and especially within curricculum of medical and mental health specialists.

Lack of knowledge leads to higher level of discrimination and different kinds of unethical treatment within different systems of care and protection for transgender persons to the degree that trangender persons hesitate to contact or even avoid some of experts.

Aim(s)

The aim of this study was to broaden our knowledgment about sexual health of transgender persons, their experience of sexual harrasment and to explore parenting asspirations among transgender population. Authors wanted to mark specific problems that transgender persons encounter when seeking mental and health care and support. We were also interested in specific innapropriate behaviours transgender persons experienced in Croatian health system.

Methods

This research was conducted online. Survey was quantitative with possibility of open answers that were the focus of qualitative content analysis. The link was posted on 2 Croatian NGO's concerning transgender issues. N= 45 transgender persons have participated in this survey. From the N= 45 of transgender participants N= 19 of them are trans females and N= 26 of them are trans males. The majority of our sample, 24 participants live in a large city (population >500 000 inhabitants), 8 of them live in small city (population cca. 100 000 inhabitants), 7 of them live in a small town or village with population less than 10 000 inhabitants and 6 of them live in city with population less than 500 000 inhabitants. The standard of life for most of participants is described as average (22 participants), 13 of them estimated their standard of life as below average. 10 participants have standard of life above average. Concerning level of education, 19 of our participants finished high school and 15 participants with faculty level of education, 7 of them with BA and 2 of our participants have finished only elementary school and also 2 of them have some kind of postgraduate education.

Main Outcome Measures

The average level of life satisfaction of our transgender sample is below average level of life satisfaction of Croatian population. There is alarming high number of transgender persons who are engaged in unprotected sex practices and who have experience with sexual harassment and even attempts of rape or were raped. The bright point of our results consider high motivation for parenthood.

Results

When talking about sexual violence, 22 of our participants experience sexual harassment such as innapropriate touching, 25 of our participants experienced unwanted sexual statements and sexual attention, while 22 of our participants experienced attempted rape or rape. M2F persons show significantly lower levels of quality of life, but experience significantly higher levels of sexual violence in comparison to the F2M persons in our sample. Results show that trans men are more satisfied with sexual life than trans women.

When asked about unprotected sex, only 16 participant never participate in unprotected sex, 6 of them never had sex, while 10 participant have unprotected sex often or always.

Results show that the most acceptable way for transgender persons to achieve parenthood is medical assisted reproduction and the second is adopting. Out of 45 participants, only 14 of them reported no innapropriate behaviour from medical staff and experts, while highest level of innapropriate behaviours trans persons experienced from psychiatrist and general practitioners. Participants reveal that discrimination among society and conservative society are the biggest obstacle in accomplishing complete care of trans persons.

Conclusion

Results show that many trans persons are at high risk of poor treatment within Croatian medical and health system. Results concerning sexual health of transgender persons and experienced violence are alarming and call for further actions in the form of institutional protection, educations in field of sexual health, human rights and preventive actions focused on reducing sexual violence, as well as treatment for persons suffering from sexual trauma. Healthy development of sexual and gender identity and integration of LGBT persons is obvious precondition of healthy psychosexual and psychological development of LGBT persons.

Slovenian Interdisciplinary team for gender identity confirmation -our experiences from 2013-2016

Saturday, 8th April - 11:15 - Mental Health IIIb: Transgender Health Services around Europe - Adriatic

Dr. Irena Rahne Otorepec [1], *Dr. Peter Zajc* [1]

1. University Psychiatric Clinic Ljubljana

Background

Slovenian Interdisciplinary team for gender identity confirmation has been organized in 1997 and it has prepared recommendations for assessment and treatment for persons with gender dysphoria diagnosis. In 2013 we open the Outpatient Clinic for Sexual Health in the University Psychiatric Clinic Ljubljana. We organized new team and we intend to prepare new recommendations congruent with WPATH Standards of Care.

Aim(s)

The aim of the curent protocol is to evaluate clinical assessment and treatment of all trans persons who entered our clinic.

Methods

We gathered 2012-2016 data and analyzed all trans persons with diagnosis F64 (ICD -10).

Main Outcome Measures

Outcome measures include parameters as genders, age, personality traits, co morbid dysfunctions, phase of treatment, and process of transition and also change of legal documents.

Results

Thus far, 50 trans persons with gender dysphoria diagnosis have been included in the protocol. The study is still ongoing.

Conclusion

In 2013-2016 period of time the number of trans persons seeking gender affirming treatment increased especially adolescents between sixteen and eighteen years old. However well-designed study evaluating effectiveness of current treatment protocols is lacking. We intend to organize a protocol for adolescent trans persons together with pediatricians.

Counceling Turkish immigrant families with transgender members

Saturday, 8th April - 11:15 - Mental Health IIIb: Transgender Health Services around Europe - Adriatic

Prof. Sahika Yuksel [1]

1. CETAD (Association of Sex Education, Treatment and Research)

Background

Immigrants with origins in Turkey expect that specialists from Turkey will understand them better and take a sensitive approach regarding our cultural values. Consequently, during their holidays they come to their native physicians for counseling. This assumption is especially prevalent with elder immigrants when there are issues about sexuality and sexual identity.

Aim(s)

The aim of this presentation is to describe transgender Turkish individuals and their families who live in different European countries.
Secondly, our methods of working with immigrant families who have TG members in them will be described.

Families have a difficult time understanding, accompanying and supporting transgender individuals, it's a difficult situation to empathize with. They may think that specialists who are not from their culture might not be sufficient to evaluate them. Some families might bring TG individuals to specialists in their hometown and request the specialist to make them give up their will to sex-change.

Methods

Families' coming from different backgrounds for consultation and their demands will be explained with single case examples.
Counceling: First meetings were done with individuals claiming to be TG. Their story and their reason for help seeking was understood during intake interview.
Then, we met with families. In family members meetings, focus was on understanding their personalities, socio-cultural specificities, especially their understanding regarding faith and traditional living.

Main Outcome Measures

During interviews, family members repeatedly asked the same questions in different forms like the repetition of traumatized people. Even though they started their talk by saying that they came to us to obtain scientific information, they tried to dictate us what had to be done to their children or siblings.

The level of their religious commitment and the degree of conservatism played an important role in rejecting their children's' and siblings' transformation. It was seen that there were individuals within the same family with different levels of acceptance. In situations when it was appropriate, watching a film made by families of TG individuals helped them.

Results

The principals of working with people who come from Europe are esentially not any different from the ones we do with individuals who live in Turkey. Similar themes like religion and family are always on the forefront, whether they live in Turkey or in Europe. Immigrants live as extended families with remote control who are always in interaction with each other even if they live as nuclear families. Naturally, not all family members were similar in attitude and behavior. We supported family members who were close to understanding to be

discovered. The only difference was, that the immigrant TGs were also living the difficulties of being immigrants during the “I want both my family and my identity” process.

Conclusion

Our observations show that TG individuals of migrant families living in different countries experience the same ostracisation, pressure and violence from their families same as the TGs living in Turkey. These families living in foreign countries believe that the “acceptance” of TGs belongs to others, those “foreigners” and that professionals there are incapable of assessing the situation. That’s why they come to seek help from doctors who they hope and think will understand their values. They think that’s how they’ll stop their relatives from becoming TG. Professionals might also have a hard time assesing the difficulties of TG people and approaching them. While TG families living in Turkey frequently say “this doesn’t happen in our family, these are other families’ problems”, Turkish families living abroad have the prejudice that “this doesn’t happen to Turks.”

Psychological characteristics of Italian gender dysphoric adolescents: a case control study.

Saturday, 8th April - 11:15 - Children & Adolescents III: Baseline and Follow-up Characteristics of Transgender Youth - Atlantic 2

Dr. Alessandra Daphne Fisher [1], ***Dr. Jiska Ristori*** [1], ***Dr. Giovanni Castellini*** [2], ***Dr. Carolina Sensi*** [2], ***Dr. Emanuele Cassioli*** [2], ***Prof. Antonio Prunas*** [3], ***Dr. Maddalena Mosconi*** [4], ***Prof. Roberto Vitelli*** [5], ***Prof. Valdo Ricca*** [6], ***Prof. Davide Dèttore*** [7], ***Prof. Mario Maggi*** [1]

1. Department of Experimental, Clinical and Biomedical Sciences Careggi University Hospital, 2. Department of Experimental, Clinical and Biomedical Sciences Careggi University Hospital; Psychiatric Unit, University of Florence, 3. Psychology Department University of Milan-Bicocca, 4. Hospital S.Camillo-Forlanini,, Gender Identity Development Service, 5. Neurosciences Department, University of Naples Federico II, 6. Psychiatric Unit, University of Florence, 7. Department of Health Sciences, University of Florence

Background

Introduction. Gender Dysphoria (GD) is associated with clinically significant distress and impairment in social, scholastic and other important areas of functioning, especially when early onset is reported.

Aim(s)

To assess the psychopathological features associated with GD in adolescence, comparing a group of gender dysphoric adolescents (GDs) with a group of non-referred adolescents (NRs), in terms of body uneasiness, suicide risk, psychological functioning, and intensity of GD.

Methods

A sample of 46 adolescents with GD and 46 age-matched NRs were evaluated (mean ±SD Age= 16.00±1.49 and 16.59±1.11 respectively, $p>0.05$).

Main Outcome Measures

Subjects were asked to complete the Body Uneasiness Test (BUT) to explore body uneasiness, the Youth Self Report (YSR) to measure psychological functioning, the Multi-Attitude Suicide Tendency scale (MAST) for suicide risk and the Gender Identity/Gender Dysphoria Questionnaire for Adolescents and Adults (GIDYQ-AA) for GD assessment.

Results

Adolescents with GD reported significantly higher levels of body uneasiness (BUT-GSI, $F=471.07$, $p<0.0001$), as well as a worse psychological functioning (YSR, $F=13.06$ and $p<0.0001$ for “Total Problem Scale” and $F=12.53$, $p=0.001$ for “Internalizing” scale) as compared to NRs. When YSR subscales were considered, GDs showed significantly higher scores in the “Withdrawal/depression”, “Anxiety/depression”, and “Social problems” (all $p<0.0001$). In addition, GDs showed significantly higher levels in the “Attraction to death” and “Repulsion by Life” scales and lower scores in the “Attraction to life” scale (all $p<0.0001$). Finally, GIDYQ-AA score was significantly lower (meaning a higher level of gender dysphoria symptoms) in GDs vs. NRs ($p<0.0001$).

Conclusion

GD adolescents reported significantly higher body dissatisfaction and suicidal risk compared to NRs. In addition, results confirmed a significant impairment in social psychological functioning in adolescents with GD.

Self-harm and suicidality in Dutch children referred for gender dysphoria

Saturday, 8th April - 11:30 - Children & Adolescents III: Baseline and Follow-up Characteristics of Transgender Youth - Atlantic 2

Dr. Thomas D. Steensma [1], ***Prof. Peggy Cohen-Kettenis*** [1], ***Prof. Doug Vanderlaan*** [2], ***Prof. Kenneth Zucker*** [2]

1. VUMC, 2. University of Toronto

Background

In recent years, there has been focused attention on the prevalence of suicidal ideation, self-harm, and suicide attempts among adolescents with gender dysphoria. Only two studies, however, have examined the prevalence of suicidality among children with gender dysphoria. Holt et al. (2016) used case file data on 41 children between the ages of 5-11 years and found that 14.6% had a history of suicidal ideation and 17.0% had a history of either self-harm (14.6%) or suicide attempts (2.4%). Aitken et al. (2016) used two items from the Child Behavior Checklist (CBCL) ("Talks about killing self"; "Deliberately harms self or attempts suicide") in a sample of 572 children referred clinically for gender dysphoria to a gender identity clinic in Toronto and compared the rates of these two behaviors to that of their siblings (n = 425) and referred (n = 878) and non-referred children (n = 903) from the U.S. CBCL standardization sample. Aitken et al. found that both the children with gender dysphoria and the referred children had a significantly higher rate of suicidality than the siblings and non-referred children. The strongest predictors of suicidality were age (older) and number of other behavioral and emotional problems.

Aim(s)

The aim of the present study was to examine the generality of the Aitken et al. (2016) findings by studying the prevalence of suicidality, and correlates, in a sample of Dutch children attending another specialized gender identity clinic.

Methods

The sample consisted of 582 Dutch children referred clinically for gender dysphoria. The comparison groups were referred (n = 2118) and non-referred (n = 843) children from a Dutch standardization sample. For the two comparison groups, we excluded those children (n = 45) for whom the parent rated CBCL Item 110 ("Wishes to be of opposite sex") as present. For the primary analyses, only children between the ages of 6-12 years were retained, because age 6 was the lower-bound age of the standardization samples. For secondary analyses, however, we were able to analyze the data for an additional 49 children with gender dysphoria who were younger than age 6.

Main Outcome Measures

The two CBCL items pertaining to suicidality were coded as either present (Somewhat/sometimes true or Very true/often true) or absent (Not true), based on a 0-2 point response scale. We also computed a sum score of the two suicidality items. We also examined the sum of all other items rated as a 1 or a 2 and a 3-item metric of poor peer relations.

Results

The percentage of children whose parent (primarily the mother) endorsed the two suicidality was significantly higher in the gender-dysphoric group and in the referred group compared to the non-referred group. For suicidal talk, the percentages were 11.4%, 9.6%, and 1.4%, respectively ($p < .001$). For self-harm/suicide attempts, the percentages were 2.7%, 3.7%, and 0.4%, respectively ($p < .001$). Paired contrasts showed that the gender-

dysphoric group did not differ significantly from the referred group on both items. There were very clear age effects. For the gender-dysphoric group, suicidal talk ranged from a low of 1.0% in the 7-year-olds to a high of 5.3% in the 9-year-olds; for self-harm/suicide attempts, the age group range was from a low of 7.4% among 10-year-olds to a high of 19.7% among 12-year-olds. For number of behavioral and emotional problems in general, the referred group had, on average, the highest number of problems and the non-referred group the lowest, with the gender-dysphoric group intermediate. For the metric of poor peer relations, both the gender dysphoric and referred groups had a higher total score than the non-referred children. The between-groups difference in suicidality remained significant even when controlling for number of overall behavioral and emotional problems.

Conclusion

Compared to non-referred children, both children referred for gender dysphoria and children referred for other clinical reasons had a higher rate of parent-reported suicidality than non-referred children. This basic finding replicated Aitken et al. (2016), who studied North American samples. Although the percentage of parent-reported suicidal attempts was quite low, they were still substantially higher than the percentage in the non-referred group. The percentage of parent-reported suicidal ideation was, however, much higher. The degree of parent-reported suicidality remained significant even when controlling for number of other behavioral and emotional problems. As children with gender dysphoria approach adolescence, the percentage who show some elements of suicidality become similar to what has been found in Dutch adolescents with gender dysphoria (Steensma et al., 2016). Our data suggest that children with gender dypshoria should probably be routinely be screened for the presence of suicidality and, when such behavior is reported, it should be subject to a more thorough clinical evaluation to identify its proximal and distal sources. When compared to the suicidality data on the Toronto sample, the Dutch gender-dysphoric children had lower rates of suicidality but so did the referred sample when compared to the U.S. referred sample.

Second year follow up: Gender variant young adolescents accessing physical interventions

Saturday, 8th April - 11:45 - Children & Adolescents III: Baseline and Follow-up Characteristics of Transgender Youth - Atlantic 2

Dr. Polly Carmichael [1], ***Ms. Nastasja de Graaf*** [1], ***Prof. Russell Viner*** [2], ***Prof. Gary Butler*** [2], ***Dr. Domenico Di Ceglie*** [1]

1. Gender Identity Development Service, The Tavistock and Portman NHS Foundation Trust, 2. University College London Hospital

Background

Puberty suppression treatment may be conceptualised as a first step in a staged approach in the process towards gender affirmation (Coleman et. al., 2012). Its function is to relieve the distress caused by the development of secondary sex characteristics, and to provide young people a space to consider their wishes regarding further transitioning. Published evidence shows the efficacy of this approach (Delemarre-van de Waal & Cohen-Kettenis, 2006; de Vries et. al., 2010 ;2014, Kreukels et. al., 2011). Dutch adolescents (age range 12-18y) who started on puberty suppression treatment were assessed pre-treatment (T0) and were followed up after an average of nearly 2 years (1.88 years), shortly before starting CSH treatment (T1) (De Vries et. al., 2010).
Research regarding puberty suppression treatment has not been repeated with any other cohort of GD adolescents. GIDS & UCLH are conducting a longitudinal study of young people who have started puberty suppression treatment under the age of 15, following them up yearly. Although we have used the same baseline measure (T0), the T1 measure in this research project was timed after 1 year on puberty suppression treatment, and our T2 after 2 years on puberty suppression.

Aim(s)

Our aim is to review the second year follow-up data from the longitudinal research study for young people who commenced puberty suppression treatment under the age of 15. Firstly, we will report at what stage of physical intervention all 44 participants are at; some may have been on puberty suppression treatment alone for 2 years, whereas others may have started on gender affirmative hormone therapy when over the age of 16. Secondly, we will review how this cohort of young people is functioning after accessing physical interventions for 2 years.

Methods

Stage of treatment at T2 will be retrieved from the research database, which is being kept to track the participant's pathways. To evaluate young people's functioning, we will be analysing their questionnaire data which assesses psychological functioning, body image, feelings of gender dysphoria and quality of life. All data will be analysed in SPSS. By using Repeated Measures we will also assess if there were any changes found over time (compared to data collected at T0 and T1). In addition, we will investigate if any differences emerge associated with assigned gender at birth or stage of physical treatment.

Main Outcome Measures

Psychological functioning is assessed with the Youth Self Report (completed by the young person) and the Child Behavioural Checklist (parent report). Body image and satisfaction about specific body parts is measured with the Body Image Scale. Feelings of gender dysphoria are assessed with the Utrecht Gender Dysphoria Scale, The Recalled Childhood Gender Identity and the Gender Identity Interview. Quality of life is assessed with the Kidscreen 52.

Results

44 young people, 24 assigned boys and 20 assigned girls, participated in this research study and have been assessed yearly since they have started receiving physical interventions. T0 is our baseline measurement; before start of treatment (Mean age = 12.99); at T1 all 44 young people have been on puberty suppression treatment for 1 year (Mean age = 13.70); at T2, all young people have been accessing physical interventions for 2 years. At this time point, we see that N=30 young people have been receiving puberty suppression treatment alone for 2 years, whereas N=14 sixteen plus year-olds have started CSH treatment. We will report if any changes were found over time in psychological functioning, body image and feelings of GD, compared to their data at T0 and T1. In addition, we will investigate if any differences were found between assigned gender at birth or if any differences were found between the young people who have accessed either puberty suppression for 2 years or the ones who have started on CSH at time 2.

Conclusion

Research evidence reporting on the effects of physical interventions in young people is limited and annual reports on the effects of physical interventions have not been undertaken. In particular there is no evidence base for a cohort of young people who started accessing puberty suppression under the age of 15. In view of the fact that this is a widely used treatment an annual review of the effect that physical interventions has on young people with GD provides an important addition to the evidence base. This data will add to our understanding of the respective impact on psychological functioning and gender dysphoria of puberty suppression alone and puberty suppression and gender affirming hormones.

Possible differences between accessing puberty suppression treatment for 2 years and start accessing CSH treatment and which effect this has had on young people's psychological functioning, body image and feelings of GD. It is important to keep in mind the differences in participants' ages and the differences in assigned gender at birth when interpreting this data.

Body fat changes in adolescents diagnosed with gender dysphoria and treated with GnRH analogues and cross-sex hormones

Saturday, 8th April - 12:00 - Children & Adolescents III: Baseline and Follow-up Characteristics of Transgender Youth - Atlantic 2

Ms. Maartje Klaver [1], *Mr. Niek Van Regteren* [1], *Dr. Joost Rotteveel* [2], *Prof. Martin den Heijer* [1], *Dr. Daniel Klink* [2]

1. VU University Medical Center, Department of Endocrinology and Center of Expertise on Gender Dysphoria, Amsterdam, 2. VU Medical Center Amsterdam

Background

Body fat is preferably stored in the hip region in women and in the waist region in men. This results in a peripheral body fat distribution with a low waist-hip ratio (WHR) in women and a central fat distribution with a high WHR in men. In adult transgender health care there is increasing knowledge on the effects of cross-sex hormones (CSH) on total body fat and body fat distribution. However, little is known how body fat and its distribution are affected in adolescents diagnosed with gender dysphoria (GD) who are first treated with gonadotropin releasing hormone analogues (GnRHa) solely and subsequently combined with CSH.

Aim(s)

The aim of this study is to determine the effects of endocrine treatment on total body fat, android body fat, gynoid body fat and WHR in adolescents with a GD diagnosis during GnRHa monotherapy and subsequently with the addition of CSH.

Methods

This retrospective study included young adults diagnosed with GD (DSM-IV TR) in their teens and who were treated by a four-step protocol. This four-step protocol included psychological evaluation, treatment with GnRHa, the addition of CSH from the age of 16 and gonadectomy from the age of 18 with cessation of GnRHa. At the start of GnRHa treatment, at the start of the addition of CSH and at the age of 22 body composition was measured using Dual Energy X-ray Absorptiometry (DXA) (Hologic Discovery A, Hologic Inc., USA). In addition, waist and hip circumferences were measured with a measure tape. All statistical analyses were performed with STATA 13.1. For all analyses, missing data were excluded. Since all data were not normally distributed, medians and ranges were reported and Wilcoxon rank tests were used. All participants signed informed consent.

Main Outcome Measures

Outcome measures include total body fat, android fat percentage, gynoid fat percentage and WHR in adolescents with a GD diagnosis during GnRHa monotherapy and subsequently with the addition of CSH.

Results

24 transwomen and 31 transmen were included. GnRHa were started at a median age of 15.1 years (13.3-18.0), CSH were added at a median age of 17.6 years (15.4-19.1).

In transwomen, during GnRHa monotherapy total body fat (TBF) increased with +6% (0-12) (p=0.01), percentage gynoid fat increased with +8% (2-13) (p=0.01) whereas the percentage android fat increased with +4% (0-11) (p=0.01). When estrogens were added till the age of 22, these increases were +3% (-2-12) (p=0.03), +3% (-2-9) (p=0.01) and +1% (-5-17) (p=0.20), respectively. From start of GnRHa monotherapy till the age of 22, WHR decreased with 0.05 (-0.1-0.2) (p=0.05).

In transmen, during GnRHa monotherapy TBF increased with +3% (1-7) (p<0.01), percentage android fat increased with +2% (-1-11) (p=0.01) and percentage gynoid fat with +3% (1-7) (p<0.01). However after the addition

of androgens until the age of 22, TBF decreased with -6% (-16-5) ($p<0.01$), percentage android fat with -2% (-19-13) ($p=0.03$) and percentage gynoid fat with -8% (-16;-1) ($p<0.01$). From the start of GnRHa monotherapy till the age of 22, WHR increased with 0.03 (-0.2-0.1) ($p=0.09$).

Conclusion

Conclusion and Discussion.

During endocrine treatment TBF, gynoid fat and android fat increased in transwomen. This increase was most pronounced during GnRHa monotherapy coinciding with a higher increase in gynoid fat than in android fat. In addition, there was a trend in WHR reduction. These changes may reflect a more feminized phenotype of body fat distribution. In contrast, TBF in transmen decreased during testosterone suppletion with a larger decrease of gynoid fat than android fat. Together with a trend of WHR increase, these changes suggest a masculinized body fat distribution phenotype.

Sex steroids mediate the sex differences in the metabolism, accumulation and distribution of adipose tissues. This may partially be explained by varying amounts of the estrogen-, progesterone- and androgen receptors present in adipose tissues in men and women. A sex steroid profile matching the karyotype results in a sex typical distribution of body fat. Alteration of sex steroid hormone levels and/or balance between androgens and estrogens causes a change in fat deposition. This may explain why the loss of androgens in transwomen had a greater effect than the presence of estrogens. Indeed, taking together that testosterone more markedly affected body fat in transmen, suggests a dominant role for androgens.

Resting-state functional connectivity patterns are altered in adolescents diagnosed with gender dysphoria

Saturday, 8th April - 11:15 - Endocrinology III: Neurobiology - Atlantic 3

Ms. Nienke Nota [1], *Dr. Baudewijntje Kreukels* [1], *Dr. Julie Bakker* [2], *Prof. Martin den Heijer* [1], *Prof. Peggy Cohen-Kettenis* [1], *Prof. Dick Veltman* [1], *Dr. Sarah Burke* [1]

1. VU University Medical Center, 2. VU Medical Center Amsterdam

Background

While several studies showed altered functional connectivity (FC) patterns in brain resting-state networks in transgender adults, it is unclear whether such patterns also exist in children and adolescents diagnosed with gender dysphoria (GD). Besides, it is not elucidated yet whether FC alterations are induced by an atypical sexual brain differentiation or by subjective experiences associated with GD.

Aim(s)

We aimed to address both above-described research questions by determining how FC patterns in boys diagnosed with GD, girls diagnosed with GD, cisgender boys (CBs) and cisgender girls (CGs) are related to each other.

Methods

We included 31 pre-pubertal children (18 boys) and 40 adolescents (19 boys) diagnosed with GD and 39 pre-pubertal (21 boys) and 41 adolescent (20 boys) cisgender controls. Using independent component analysis we identified the following well-known resting-state networks: sensorimotor network (SMN) I and II, auditory network, visual network I and II, dorsal attention network (DAN), left and right working memory networks (WMNs), default mode network (DMN) and salience network (SN). These spatial maps were used for group comparisons.

Main Outcome Measures

FC connectivity within the SMNs, auditory network, visual networks, DAN, left and right WMNs, DMN and SN.

Results

In cisgender children, no group differences in FC in any of the networks were observed. In cisgender adolescents, we found a sex difference in FC within the SMN-II and DMN. In the same networks we found a difference between boys diagnosed with GD and CBs. However, girls diagnosed with GD only showed a difference with CGs in the SMN-II. While in visual network-II no sex differences were observed, boys diagnosed with GD showed higher FC than all other groups.

Conclusion

In adolescents diagnosed with GD we found evidence for sex-atypical FC patterns within the SMN-II and DMN. In visual network-II, no sex differences were found but boys diagnosed with GD differed from all other groups. Hence, these findings suggest that FC alterations are induced by subjective GD experiences rather than atypical sexual differentiation of the brain.

The influence of prenatal and pubertal testosterone on brain lateralisation

Saturday, 8th April - 11:15 - Endocrinology III: Neurobiology - Atlantic 3

Ms. Tess Beking [1], ***Dr. Reint Geuze*** [1], ***Dr. Baudewijntje Kreukels*** [2], ***Prof. Ton Groothuis*** [1]

1. University of Groningen, 2. VUMC

Background

Several studies have examined the role of sex hormones on sexual differentiation of the brain. We investigate the influence of prenatal and pubertal testosterone on the development of brain lateralisation. Brain lateralisation is the functional specialization of the brain, with some functions accommodated more by the left hemisphere, and others by the right hemisphere. Lateralisation differs in strength and direction between individuals. The development of brain lateralisation is still elusive, but prenatal testosterone has been put forward as major factor influencing lateralisation. It is as yet unknown if pubertal testosterone also influences lateralisation.

Aim(s)

There is long standing debate to what extent individual differences in lateralisation are due to variation in early or late exposure to testosterone. We use a unique data set to test this:

Methods

In the year 2000, prenatal testosterone levels were measured in the amniotic fluid of pregnant women. In the year 2015, brain lateralisation and cognitive performance is assessed in the children born from these pregnancies (30 boys, 30 girls), and saliva samples are taken to measure pubertal testosterone levels.

Main Outcome Measures

Brain lateralisation of verbal fluency, mental rotation and facial emotion processing is measured with functional transcranial Doppler sonography (fTCD). Tanner's stage is assessed via an online questionnaire.

Results

When only prenatal testosterone levels were included in the analysis, no effects on brain lateralisation were found. However, when both prenatal and pubertal testosterone levels were included in the analysis, we find interesting effects for boys. There is a significant interaction-effect for the mental rotation task and the chimeric faces task: in boys with low prenatal testosterone levels, pubertal testosterone strengthens brain lateralisation, while in boys with high prenatal testosterone levels, pubertal testosterone weakens brain lateralisation. In addition, mental rotation is significantly stronger lateralized in the right hemisphere in boys than in girls. For the word generation task there is no significant interaction effect, but there is a significant negative relation between pubertal testosterone and the lateralisation index: higher pubertal testosterone levels are related weaker lateralisation.

Conclusion

It is important to take both prenatal and pubertal testosterone into account. The effect of testosterone on brain lateralisation is task-dependent.

The influence of cross-sex hormone treatment on brain lateralisation in persons with Gender Dysphoria

Saturday, 8th April - 11:15 - Endocrinology III: Neurobiology - Atlantic 3

Ms. Tess Beking [1]***, Dr. Sarah Burke*** [2]***, Dr. Baudewijntje Kreukels*** [3]***, Dr. Reint Geuze*** [1]***, Prof. Ton Groothuis*** [1]

***1.** University of Groningen, **2.** Leiden University, **3.** VUMC*

Background

We investigate the influence of cross-sex hormone treatment on brain lateralisation in adolescents with Gender Dysphoria (>16 years of age). Brain lateralisation is the functional specialization of the brain, with some functions accomodated more by the left hemisphere, and others by the right hemisphere. There is long standing debate to what extent individual differences in lateralisation are due to variation in exposure to sex hormones.

Aim(s)

A very interesting case (and perhaps the only way) for the experimental study of effects of testosterone on lateralisation in humans, is the hormonal treatment in persons with Gender Dysphoria (GD).

Methods

We will investigate the effect of testosterone administration in 21 transboys (FtM). Brain lateralisation is measured with fMRI during the Mental Rotation task. This task is generally lateralised to the right hemisphere. The adolescents with GD were first scanned during puberty suppression (mean age FtM= 16.13±0.77) and 1 year later during cross-sex hormone treatment. Control groups (16 males, 20 females), who received no treatment, were examined as well.

Main Outcome Measures

Lateralisation of brain activation before and during cross-sex hormone treatment will be compared, also in comparison to the control groups.

Results

Results are being processed at this moment.

Conclusion

Will be presented at the conference.

Neural correlates of social rejection sensitivity in trans persons on cross-sex hormone therapy

Saturday, 8th April - 11:15 - Endocrinology III: Neurobiology - Atlantic 3

Prof. Sven Mueller [1]**, *Dr. Katrien Wierckx*** [1]**, *Prof. Guy T'Sjoen*** [1]

***1.** Ghent University*

Background

Trans persons continue to be stigmatized and marginalized in society. However, little is known how the experience of social rejection manifests at the neurobiological level.

Aim(s)

To assess the neurobiological correlates of social rejection experience in trans persons on cross-sex hormone therapy.

Methods

In the present study, 20 trans men, 19 trans women, 20 cisgender men and 20 cisgender women completed a computerized social rejection task, the cyberball task, whilst undergoing fMRI scanning. This task includes a game of toss-the-ball by which the participant will at some point be excluded. However, after this exclusion conditions, participants are then re-included.

Main Outcome Measures

Neural activations during the exclusion relative to the inclusion condition and the social re-inclusion after exclusion condition. Moreover, functional connectiovity analyses (PPI) were also conducted, which assess the relationship between the activations of different brain regions.

Results

During the experience of social exclusion, cisgender women showed neural activations in the inferior frontal gyrus (IFG) and anterior cingulate cortex (ACC), regions involved in behavioral control and affective regulation, respectively. None of the other groups showed any effect. By contrast, during the experience of re-inclusion into the game, cisgender men, trans men and trans women, but not cisgender women showed activations in the IFG. Group-specific differences in the direct comparison revealed predominantly differences in the ACC. Functional connectivity analyses of the ACC indicated greater association with the lateral prefrontal cortex in trans men relative to cisgender men and women during social exclusion and reinclusion.

Conclusion

The present findings highlight the neurobiological correlates of the processing of social rejection experience, particularly in trans men.

Neural correlates of sexual arousal in trans persons on cross-sex hormone therapy

Saturday, 8th April - 11:15 - Endocrinology III: Neurobiology - Atlantic 3

Prof. Sven Mueller [1], *Dr. Katrien Wierckx* [1], *Prof. Guy T'Sjoen* [1]

1. Ghent University

Background

Little is known whether differences exist in how trans persons perceive and process sexually arousing material differently at the neurobiological level from cisgender persons.

Aim(s)

To assess neurobiological processing of erotic material in trans persons on cross-sex hormone therapy.

Methods

Twenty trans men, 19 trans women, 20 cisgender men and 20 cisgender women watched 8 erotic and 8 neutral video clips (each clip being 45 seconds long) whilst undergoing fMRI scanning at 3T.

Main Outcome Measures

Neural activation in the contrast for erotic relative to neutral video clips.

Results

The results showed that two regions, the insula and the anterior cingulate cortex (ACC), regions known to be involved in affective processing and regulation and in self-referential processing, were differentially activated between the groups. Specifically, cisgender men revealed larger neural activity during the erotic arousal condition than trans men, trans women, or cisgender women in the insula and the ACC. Similarly, trans men tended to differ from cisgender men while trans women tended to differ from cisgender women.

Conclusion

The findings suggest little differences between trans persons and cisgender persons but indicate generally larger activations in cisgender men during erotic arousal.

Negotiating the (bio)medical gaze – Care-users' experiences of trans-specific healthcare in Sweden

Saturday, 8th April - 11:15 - Social Sciences III: Transgender Citizenship - Mediterranean

Mx. Ida Linander [1]***, Dr. Erika Alm*** [2]***, Dr. Lisa Harryson*** [1]***, Prof. Anne Hammarström*** [1]

***1.** Umeå University, **2.** Gothenburg University*

Background

An increasing number of people in Sweden are seeking help from the healthcare in order to get access to gender confirming medical procedures. However, few studies have explored how people experience the Swedish trans-specific healthcare. In this qualitative study with care-users, biomedicalisation (Clarke et al 2003) is used as a theoretical framework in order to analyse how technoscientific and neoliberal developments are parts of constructing specific experiences within the trans-specific healthcare.

Aim(s)

The aim of this study is to explore and analyse care-user's experiences of navigating and negotiating access to trans-specific healthcare in Sweden.

Methods

The material consists of 14 interviews, which are analysed with constructivist grounded theory (Charmaz 2014). The participants were contacted through networks for people with trans experiences in Sweden. The participants consists of both both binary and non-binary identified people, their age ranged from 23 to 69 years and they lived in different parts of Sweden.

Main Outcome Measures

Not relevant for this qualitative study.

Results

Through analysing the participants' experiences of trans-specific healthcare, we identified the categories "Being evaluated and dependent", "Governed through time", "Negotiating the expert-lay relationship", and "Shifting responsibility of support". In summary, the participants experienced trans-specific as difficult to navigate because of waiting times, lack of support, provider ignorance and relationships of dependency between healthcare-users and providers. To navigate and negotiate the access to care in relation to these barriers, the users to took responsibility for the care process themselves, through ordering hormones from abroad, acquiring medical knowledge and finding alternative healthcare providers and support.

Conclusion

Based on the participants' experiences, we argue that the shift of responsibility from care-providers to users is connected to a lack of resources within trans-specific care, to neoliberal developments within the Swedish healthcare system, but also to discourses that frame taking charge of the care process as an indicator that a person is in need of or ready for care. Thus, the access to gender-confirming medical procedures becomes stratified, based on the ability and opportunity to adopt a charge-taking role and on economic and geographic conditions. Based on the results and discussion, we conclude that trans-specific care ought to focus on supporting the care seekers in their decisions and throughout the medical process, instead of the current focus on evaluating the need for care. There is also a need for increased knowledge and financial resources. A separation between legal and medical gender reassignment could contribute to a better relationship between care-providers and care-users and thus increase the quality of care.

Gender Pluralism: How useful is it in supporting the health of transgender people?

Saturday, 8th April - 11:15 - Social Sciences III: Transgender Citizenship - Mediterranean

Prof. Surya Monro [1], *Dr. Daniela Crocetti* [1], *Dr. Tracey Yeadon-lee* [1]

1. University of Huddersfield

Background

Gender pluralist theory was introduced in 2005 as a means of including all sex/gender identities within the realm of plausible identities – it includes unusual, marginalised, and fluid identities as well as those that are normalised and socially accepted. It was developed via an empirical project based in the UK which had contributors who self identified as transsexual men, transsexual women, gender fluid people, cross dressers, intersex people and androgynes. The aim was to find a way of thinking about sex and gender that foregrounded agency and self determination (whether living as male or female, or as another identity), as a basis for positive change. Gender and sex are seen as a spectrum and/or continuum, which includes male and female identities but is not limited to them. Personal choice and autonomy are central tenets of gender pluralism. From a social justice perspective, gender pluralism can be used to develop social models of transgender, gender-variant and intersex health and wellbeing, but the implications of it have not been fully considered. Gender pluralism sits alongside other approaches (degendering and extended ideas of gender) which can be used at the same time to understand sex and gender.

Aim(s)

This paper addresses gender pluralism in the light of recent and current changes to transgender healthcare, wellbeing, and related citizenship rights. It looks at developments such as the emergence of non binary identities, transgender activist moves to challenge the pathologisation of transgender, and changes to legislative and human rights frameworks in Europe that support greater personal choice regarding sex and gender. It also addresses some of the policy changes in healthcare provision and related policy sectors such as education. The paper recognises the differences between intersex and transgender identities, politics and activist agendas and it emphasises the importance of personal choice regarding gender for both these groups. It includes intersex because there are some shared agendas and issues, including in the areas of health citizenship, socially viable identities, and activist strategies. The paper discusses the importance of person-centred healthcare provision where personal choice is recognised, and some of the positive ways in which healthcare professionals and policy makers are responding to calls for change.

Methods

The paper draws on six bodies of empirical material: The original UK 1990s study by Monro; three large published pan-European studies carried out by the Fundamental Rights Agency (2013, 2014, and 2016 - the lead author of this paper led the final analysis/report writing for the 2016 study); a qualitative study of non-binary trans identities in Norway (fieldwork conducted by Janneke vd Ros; analysis project underway by Monro and vd Ros); and finally initial findings from a European Commission funded study about Intersex Citizenship in Italy, Switzerland and the UK, led by Monro, with Daniella Crocetti and Tracey Yeadon-Lee (ongoing). The paper will provide an overview of developments in relation to gender pluralism, analysing the utility of the theory, possible ways of extending it, alternative approaches, and specific implications in relation to healthcare.

Main Outcome Measures

This is a conceptual and policy-related paper that is informed by a range of qualitative and quantitative studies and by policy analysis. It does not have specific outcome measures.

Results

The results of this paper concern the utility of gender pluralist theory for understanding trans and intersex peoples' healthcare and related aspects of policy and practice.

Conclusion

Gender pluralist theory is shown to be useful in supporting peoples' autonomy, self determination, and possibilities of considering different healthcare options. Utilising a social model of health, gender pluralist approaches locate the social marginalisation and stress that transgender and intersex people face within wider social forces. These include social traditionalism, religion-related prejudice, sexism, homophobia, biphobia and transphobia, body-prejudice, and bigotry from cisgender women who identify as feminist. A further set of barriers to the wellbeing of gender-diverse people concerns material factors, including economic barriers that prevent trans and intersex people from receiving the healthcare that some of them require.

There are tensions concerning gender-binaried approaches to healthcare in relation to the agendas of non binary-identified people, for example those sometimes espoused by trans men and women and by people who identify as having Disorders of Sexual Development (DSD). Gender pluralist theory finds means of addressing these, by emphasising peoples' autonomy to determine their own identities. Healthcare provision remains important in terms of psychological support for people dealing with minority stress and because of the hormone and surgical treatment that some trans and intersex/DSD people need. This needs to be combined with wider public education regarding gender variance and equality.

What is Gender Dysphoria?: A meta-narrative review

Saturday, 8th April - 11:15 - Social Sciences III: Transgender Citizenship - Mediterranean

Dr. Zowie Davy [1], *Mr. Michael Toze* [2]

1. Centre for LGBTQ Research, De Montfort University, 2. University of Lincoln

Background

In the DSM-5 (APA, 2013), the authors have changed the diagnosis for trans people of all ages from Gender Identity Disorder (GID) to Gender Dysphoria (GD). They have also broadened the diagnosis to include intersex. The (contested) GD diagnosis is argued to better describe the distress that some trans and intersex people experience when their gender identity feels incongruent to their assigned sex (Davy, 2015). Critics have suggested however that the previous GID and current GD diagnoses are both stigmatizing and lacking in scientific rigor (Hegarty, 2009; Davy, 2015), and that the distress from experiencing gender identity differently to that assigned at birth does not necessarily emerge from gender incongruence per se, but from numerous psychosocial sources, including transphobia, familial and friendship rejection and bodily discontent. Moreover, the author has studied gender and sexuality for many years, and particularly trans gender and sexualities, and noticed that the term Gender Dysphoria was being used in particular ways in the literature, often differently from the diagnostic criterion. The present study is a meta-narrative review of the characterization of Gender Dysphoria.

Aim(s)

In this paper, we determine what GD is (in the literature), and then make some recommendations to journals' editorial teams about characterizations of GD regarding consistency of use, descriptions of participants in the methodology sections of articles, and referencing in order to inform the rigor of publications in the area of trans people and intersex people who continue to be stigmatized, pathologized and misrepresented in academic fora.

Methods

The present study is a meta-narrative review, which identified 598 papers, and asks simply: What is Gender Dysphoria? We searched multiple journal databases from all disciplines. The terms we used were Gender Dysphoria and Gender Dysphoric inclusive of the dates April 2013 and June 2016.

Results

We coded the literature inductively resulting in a number of substantive narrative themes. We have developed an analysis, which tells the stories of how GD is characterized in sexological, medical, sociological and the humanities literature. The major themes we will be drawing on in this paper are: 1. Gender dysphoria as identity, which includes sub-themes of identity (mis)characterizations, identity management and research samples. 2. Gender dysphoria as distress, which includes sub-themes of body, social and sexual distress, clinical thresholds and etiological stories. 3. Gender Dysphoria and Health Policies will include sub-themes of Gender Dysphoria and Teamwork and Guiding Principles.

Conclusion

We will draw together the narrative characterization of Gender Dysphoria, the implications and limitations of the eclectic array of usage in academic literature. We will make some recommendations about how best to make more rigorous the use of the diagnostic concept across the disciplines, attest its misuse and clarify what Gender Dysphoria is.

Latissimus dorsi phalloplasty combined with urethral lengthening as a one stage surgery for female transsexuals

Saturday, 8th April - 11:15 - Surgery III: Phalloplasty: Techniques, Outcomes, and Complications - Aegean

Dr. Vladimir Kojovic [1], *Dr. Marta Bizic* [1], *Dr. Borko Stojanovic* [1], *Prof. Miroslav Djordjevic* [1]

1. Belgrade gender dysphoria team

Background

Total phalloplasty represents creation of a neophallus from an extragenital tissue, and is one of the most difficult surgical procedures in female-to-male gender confirmation surgery. Urethral lengthening in is usually performed in a second stage, using buccal mucosa graft. However, urethral reconstruction with all available vascularized genital flaps, performed simultaneously with total phalloplasty, can produce neourethra long enough to ultimately enable voiding in standing position, without additional urethroplasty.

Aim(s)

We present our results in musculocutaneous latissimus dorsi (MLD) free flap phalloplasty and urethroplasty.

Methods

From 2012 to 2016, 72 female transsexuals underwent total MLD free flap phalloplasty, without previously performed metoidioplasty. Our technique included: removal of female genitalia using transvaginal approach, creation of neophallus using latissimus dorsi free flap, clitoral incorporation into the base of the neophallus, urethral lengthening and insertion of testicular implants into the new created scrotum. Urethroplasty was performed by combining vaginal flap, labia minora and majora flaps, clitoral skin flap, as well as variety of local genital flaps. Penile prosthesis implantation was done in the second stage.

Main Outcome Measures

We report postoperative results based on the neophallic size, length and function of the neourethra, cosmetic appearance of new genitalia, patient's satisfaction and postoperative complications.

Results

Follow-up ranged from 10 to 51 months (mean 23 months). The mean neophallic length was 14 cm (range 12.5 to 18 cm), and the mean length of the neourethra was 9 cm (range 8 to 12.5 cm). Voiding in standing position was achieved in 58 patients (80%). There were no cases of complete flap necrosis. There were five urethral fistulas and three strictures that required minor revision, while four fistulas resolved spontaneously. Most patients (86%) reported satisfaction with cosmetic outcome. Preserved erogenous sensation was reported in all cases, based on the clitoris incorporated at the base of the neophallus.

Conclusion

Total MLD flap phalloplasty with urethral lengthening in female transsexuals is challenging and complex surgical procedure, with good cosmetic outcome and preserved sexual arousal. It results in neophallus large enough to enable implantation of penile prostheses, and enables voiding while standing. The main advantage is complete simultaneous reconstruction of neophallus and neourethra, in order to avoid multi-staged gender reassignment surgery.

Immediate pedicled gracilis flap in radial forearm flap phalloplasty for transgender male patients to reduce urinary fistula

Saturday, 8th April - 11:15 - Surgery III: Phalloplasty: Techniques, Outcomes, and Complications - Aegean

Prof. Christopher Salgado [1], ***Mr. Harvey Chim*** [1], ***Mr. Christopher Gomez*** [1]

1. *University of Miami*

Background

Radial forearm phalloplasty is plagued by high rates of fistula formation.

We examined the effect of placing a pedicled gracilis myofascial flap around the urethral anastomosis at the time of radial forearm flap transfer on the development of postoperative urethrocutaneous fistula.

Aim(s)

Our aim was to investigate if using a gracilis flap wrapped circumferentially around the anastomosis of the previously extended native urethra to the radial forearm flap prelaminated neourethra, at the time of flap transfer, would lead to decreased urinary fistulas.

Methods

Twenty patients underwent neo-urethra prelamination of their radial forearm flap phalloplasty in the first stage and in the second stage flap transfer with urethroplasty between June 2012 and October 2015 and met inclusion and exclusion criteria for the study. Tube within a tube radial forearm flaps were excluded. We retrospectively reviewed patients' medical records and extracted patient demographic data, prelamination technique (mucosa, skin graft, both, or neither), and whether or not a gracilis myofascial flap was harvested at the time of flap transfer to reinforce the native and neourethra anastomosis. The chi-squared test was used to evaluate the association between the presence of a gracilis flap and fistula formation.

Main Outcome Measures

Main outcome measures were the presence of a urethral fistula following second stage flap transfer phalloplasty construction. Retrograde cystourethrograms and clinical exam were used to identify the presence of a fistula.

Results

The chi-square test was used to evaluate the association between categorical variables. A two-tailed p-value was calculated. Values for $p<0.05$ were considered statistically significant. Follow up time ranged from 2.5 to 25.1 months, with an average follow-up time of 14.1 month.

Nine patients received a gracilis flap as part of their primary phalloplasty operation. None of these patients developed a fistula. Eleven patients did not receive a gracilis flap at the time of initial surgery and seven developed a fistula.

Conclusion

In our patient series, inclusion of a pedicled myofascial gracilis flap at time
of radial forearm phalloplasty with urethroplasty was associated with an absence of fistula formation. We have since made inclusion of this flap a standard practice for all trans-males undergoing phalloplasty with urethroplasty.

Patients' priorities regarding Female-to-Male gender affirmation surgery of the genitalia - A pilot study of 47 patients in Sweden

Saturday, 8th April - 11:15 - Surgery III: Phalloplasty: Techniques, Outcomes, and Complications - Aegean

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Background

No surgical technique is reported to be the best option for gender affirmation surgery of the genitalia (GAS) in trans-men. Despite the fact that the patients' preferences are central when choosing surgical technique, no studies are reporting what patients prefer. We aim to investigate trans-men patients' priorities and preferences regarding GAS of the genitalia.

Aim(s)

To investigate patients' priorities and preferences regarding GAS for transmen thereby enabling future research to be better aligned with patients' needs.

Methods

From November 2015 to March 2016, 54 trans-men patients with the diagnosis of gender dysphoria, who were referred to Sahlgrenska University Hospital for discussing therapeutic steps (surgery and hormonal treatments), were asked to fill in a questionnaire regarding different attributes achievable with GAS, such as sexual and urinary function, appearance, etc. 47 (87%) patients answered the questionnaire. Age ranged between 18 and 52 years with a mean of 26 years (standard deviation 7.4). At the time of interview, no patient had undergone any GAS of the genitalia.

Main Outcome Measures

Out of the patients who reported on their gender identity, 76% identified themselves as male and 24% wrote other terms, such as "mostly male", "intergender" and "non-binary".

Results

Gender identity had significant impact on patients' preferences in two questions: the importance of vaginal removal, and the importance of having a penis that would be passable in places such as male dressing rooms. Both these items were more important to patients identifying themselves as male. The most important attributes requested were: preserved orgasm ability and tactile sensation. The least important attribute was the removal of the vagina, followed by having a penis by human material, minimal scarring, and size. The ability to urinate while standing was considered of highly priority by some, and least priority by others.

All answers ranged from being scored as "unimportant" to "imperative".

Conclusion

Our series of patientspresents a considerable heterogeneity among trans-men patients in both gender identity and preferences regarding GAS, which supports the need of several techniques. The patients must be accurately informed regarding the different techniques and their specific benefits and limitations in order to make an informed choice.

A novel biological device to secure and protect neophallus penile prosthesis cylinders and the neourethra for phalloplasty: acellularized while penile Tunica & Glans tissues made from human penis following vaginoplasty

Saturday, 8th April - 11:15 - Surgery III: Phalloplasty: Techniques, Outcomes, and Complications - Aegean

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Background
Common risks/challenges related to penile prosthesis placement after phalloplasty in transgender men are: 1. Migration of the penile prosthetic cylinder(s) within the neophallus base and shaft; and 2. Extrusion of a component of the penile prosthetic cylinder(s) through the phallus skin; 3. Infection of anchoring graft material and/or prosthesis, both from the urinary tract, and from bacterial seeding of graft (e.g. Dacron).

To date, no novel device or neourethroplasty technique has been shown to prevent these complications.

Aim(s)
1. We propose that human penis specimens (freshly harvested during MtoF GCS vaginoplasty surgery, or cadaveric) can serve as a source from which to harvest intact (i.e. still tubularized) penile Tunica tissue for processing to render an acellular matrix of the same structure

2. We describe our technique

3. We illustrate how our device could be used at time of phalloplasty using a cadaveric radial artery forearm flap neophallus

Methods
We used 5 human penises discarded following MtoF vaginoplasty surgery. While these did not include a portion of the glans, the entire neurovascular bundle, and the proximal urethra, the specimen's Tunica was completely preserved and was at least 6 inches in length in all specimens.

We processed the fresh tissues in a chemical bath by a protocol we have developed– but similar to protocols described in previous studies to create mouse-bladder acellular matrix.

We performed immunohistochemistry (Hemotoxylin, Eosin, Masson's Trichrome) to assess for residual nuclei, other cellular material, and protein, and to identify collagen.

We placed one of our matrices into a neophallus radial artery forearm flap to illustrate how it could be used.

We inserted inflatable and malleable penile prosthesis cylinders into the acellular matrix and grossly assessed the matrices for strength.

Main Outcome Measures
Gross and histologic assessment of human tunica and glans tissues after chemical treatment to render them

acellular

Use of an inflatable penile prosthesis and a radial artery forearm flap neophallus with neourethra to demonstrate proposed use

Results
Tunical tissues remained completely intact after chemical processing. Length was preserved. Immunohistochemistry revealed no residual cellular material in 4/5 specimens after chemical processing for 30-days, and questionable residual protein in 1 focal area of 1 specimen after processing for ~25 days.

Penile prosthetics fit well into the tunica matrices, and the matrices appeared to withstand manual pulling.

There was residual acellular tissue distal to the tunica-end (which could be used to support the glans or a glans-prosthetic).

One detubularized channel of the corpora was fitted around the neourethra, and one intact channel was left in place for future use to accommodate a penile prosthesis cylinder.

Conclusion
Chemical processing for at least 30 days rendered all specimens acellular/devoid of protein. This should render the matrices non-immunogenic.

The proposed device (Patents Pending) offers numerous potential safety and durability advantages after FtoM phalloplasty. First, this technique yields two already-intact closed-ended cylinders into which penile prostheses can be inserted; Second, there is sufficient Tunica matrix length to allow the proximal end of the Tunica matrix sheath to be anchored with suture to pubic-area bone; Third: as this is a biological material, the risk of infection is lower than with prosthetic graft material; Fourth: The Tunica serves as a protective barrier to both the prosthesis, and to surrounding neourethra at the time of prosthesis cylinder replacement.
Fifth: This device can be placed at the time of phalloplasty (as we demonstrated). When only one prosthesis cylinder will be used, the extra Tunica-tube can be opened and used to envelope part/all of the neourethra, or, it can be removed.

Furthermore, a small semi-filled (saline) prosthetic could be secured to the Tunica and inserted into residual glans acellular matrix, to better support the neophallus glans.

Further clinical studies, beginning with an animal model of immunogenicity, are warranted.

Urethral complications after female to male gender reassignment surgery

Saturday, 8th April - 11:15 - Surgery III: Phalloplasty: Techniques, Outcomes, and Complications - Aegean

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Background

For over 98% of patients seeking female to male gender confirmation surgery, one of the more important goals is to void from a standing position. This involves construction of a neourethra with either a phalloplasty or metoidioplasty. Complications from neourethral construction are common (37%-61%), and are usually occur at anastomotic sites.

Aim(s)

We aim to examine and understand the basis for complications following female to male gender reassignment surgery in order to improve outcomes of salvage reconstruction.

Methods

Retrospective analysis of consecutive patients who presented to our institutions from August 2013 to October 2016 for salvage reconstruction after urethral complications of adult female to male gender-reassignment surgery were identified and reviewed. Patient demographics, clinical presentation, pre- and intraoperative findings and pathologic data are reported.

Main Outcome Measures

This is a descriptive study, we did not have pre-identified outcomes

Results

22 patients were included in the study. The average age at presentation of complication was 32.5 years (17-54), and 3.7 months (1-12) after gender reassignment surgery. The initial reconstruction was more often phalloplasty versus metoidoplasty. Patient presented with urinary retention, 13 required suprapubic catheter, 4 with urethral self-calibration and 3 with perineal urethrostomy.

The most common preoperative findings were neourethral stricture in 86%, cutaneous fistulization 68%, and anastomotic leak from the native urethral opening to a pelvic cavity 45%.

Fistula repair required buccal mucosa in 60% of cases, with rotational local tissue flaps. In 9 patients a second surgery was necessary, and required mobilization of large thigh flaps for additional coverage.

Intraoperatively, a vaginal remnant was identified in 63%, despite history of vaginectomy. Neourethral in 82% of patients, the majority had isolated anastomotic strictures. 40% of patients with strictures had obliteration of the entire urethra and many had concurrent meatal stenosis. 92% of urethral stricture cases required buccal mucosa, and 13% of patients required a perineal urethrostomy for staged repair.

In total 92% of patients had at least two complications following transgender surgery: neourethral stricture, remnant vagina, urethrocutaneous fistula, or meatal stenosis.

Conclusion

The majority of patients with urethral complications after adult female to male gender reassignment surgery will have multiple concurrent pathologies. Distal obstruction by a neourethral stricture may predispose to fistulization proximal to the anastomosis causing urethrocutaneous fistula and dilation of previously obliterated vaginal cavity. Most patients will have more than one problems. These findings are important in understanding

of the complex nature of the urinary complications after female to male gender reassignment, and for planning salvage reconstruction in these patients.

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