

The Public Healthcare System for GD in Spain.



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Overview

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1. The Public Healthcare System for Gender Dysphoria in Spain



FOUNDING OF GD UNITS

- First Specific Unit: **Andalusia** in 1999
- Two more Specific Units: **Catalonia** and **Madrid** in 2006
- Within the last six years: 6 more communities have offered these services
- Just 4 of them offer **Genital SR surgery**.

2. The Main Gender Units in Spain

	Year of onset (year of the first surgery)	Total GD/minors (January 2015)	Sex ratio (MF/FM)*	FM surgeries Mastectomies + hysterectomies +Phalloplasties	MF surgeries Vaginoplasties + Mammoplasties
Andalusia	1999 (2000)	1600/192	1.6/1	174+ 146 + 25	177 + 0
Catalonia	2000 (2008)	1048/87	2.1/1	108 + 90 +4	70 + 0
Madrid	2000 (2007)	850/40	2.1/1	16*+19*+4*	21* +35*
Basque Country	2008 (2009)	80/15	1/1	7*	4* + 5*
Other five	Since 2007	781	2.6/1-2/1	27*+11*	0*+39*
TOTAL		≅ 4359/334	1.9/1*	≅ 332+266+29	≅ 272/ 79

8% OF GENDER DYSPHORIC
PATIENTS ARE MINORS

≅ 1000 SURGERIES

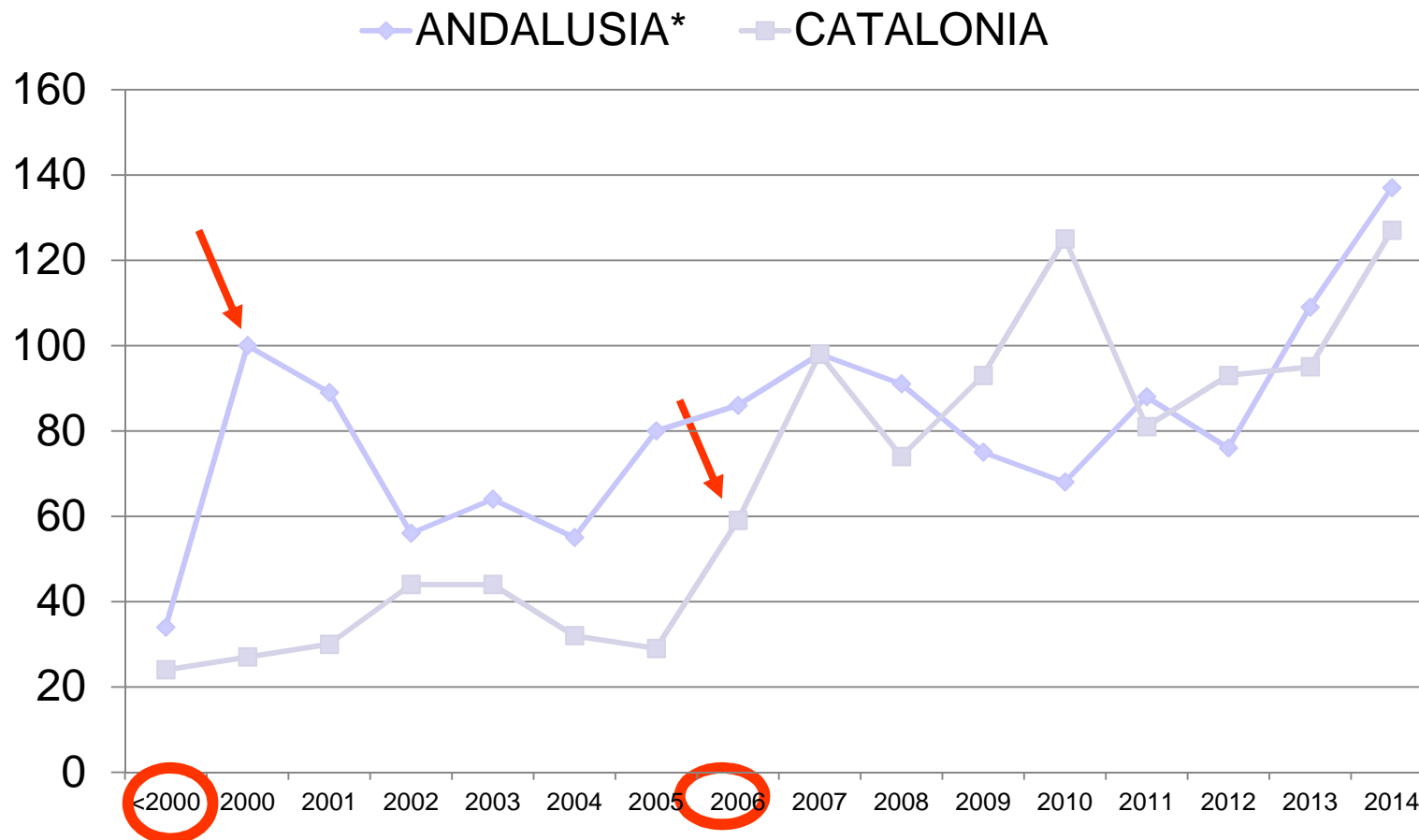
*Esteva et al. Gac Sanit. 2012;26(3):203–210

3. Standards of Care in the Units

- GD Units (GIDSEEN* Group) follow Standards of Care of the WPATH (though every case is studied individually).
- Multidisciplinary team:
 - Mental health professionals and endocrinologists .
 - Surgeons and gynecologists in the 4 largest units.
- Psychological evaluation: Catalonia, Andalusia and Madrid have two professionals that independently evaluate each patient. In smaller units, there is just one professional.
- Hormone Treatment in minors:
 - (Andalusia) and Catalonia:
 - Younger than 16 years old and on II or III Tanner Stadium: Puberty Supression.
 - Older than 16 years old: Cross-sex hormone treatment.
 - Madrid does not allow hormone treatment to minors, but the law is under revision
 - In other units, it depends on professional experience.

*GIDSEEN Group: Sexual Identity and Sexual Differentiation Group, Spanish Endocrinology Society.

4. Demand Evolution



5. Lines of research in Spain (I):

● 1. Epidemiology

- [\[The **demand** for health care services in the gender identity units of Andalusia and Catalonia during the period of 2000 to 2009\].](#) Rev Clin Esp. 2011 May;211(5):233-9.
- [\[**Organization** of healthcare for transsexual persons in the Spanish national health system.\]](#) Gac Sanit. 2012 Mar 6.
- [\[**Coordination** of healthcare for transsexual persons: a multidisciplinary approach.](#) Curr Opin Endocrinol Diabetes Obes. 2013 Dec;20(6):585-91

● 2. Familiarity

- [\[**Familiarity** of gender identity disorder in **non-twin siblings**\].](#) Arch Sex Behav. 2010 Apr;39(2):546-52.
- [\[**Birth order** and **ratio of brothers to sisters** in Spanish transsexuals\].](#) Arch Sex Behav. 2011 Jun;40(3):505-10.

● 3. Mental Health

- [\[**Sociodemographic, clinical, and psychiatric characteristics** of transsexuals from Spain\].](#) Arch Sex Behav. 2009 Jun;38(3):378-92.
- [\[**Hormone-treated transsexuals report less social distress, anxiety and depression**\].](#) Psychoneuroendocrinology. 2012 May;37(5):662-70.
- [\[**MMPI-2 characteristics** of transsexuals requesting sex reassignment: comparison of patients in prehormonal and presurgical phases\].](#) J Pers Assess. 2008 Jul;90(4):368-74.
- [\[**Androgen treatment effects on memory** in female-to-male transsexuals\].](#) Psychoneuroendocrinology. 2009 Jan;34(1):110-7.

5. Lines of research in Spain (II):

● 4. Neuroimage

- [Effects of Cross-Sex Hormone Treatment on Cortical Thickness in Transsexual Individuals.](#) J Sex Med. 2014
- [Effects of androgenization on the white matter microstructure of female-to-male transsexuals. A diffusion tensor imaging study.](#) Psychoneuroendocrinology. 2012 Jan 17.
- [The microstructure of white matter in male to female transsexuals before cross-sex hormonal treatment. A DTI study.](#) J Psychiatr Res. 2011 Jul;45(7):949-54. [White matter microstructure in female to male transsexuals before cross-sex hormonal treatment. A diffusion tensor imaging study.](#) J Psychiatr Res. 2011 Feb;45(2):199-204.
- [Cortical activation during mental rotation in male-to-female and female-to-male transsexuals under hormonal treatment.](#) Psychoneuroendocrinology. 2010 Sep;35(8):1213-22.

● 5. Genetic

- [Association Study of ER \$\beta\$, AR, and CYP19A1 Genes and MtF Transsexualism.](#) J Sex Med. 2014
- [The \(CA\)_n Polymorphism of ER \$\beta\$ Gene is Associated with FtM Transsexualism.](#) J Sex Med. 2014 Mar;11(3):720-8.

● 6. Personality

- [Temperament and character in transsexuals.](#) Psychiatry Res. 2013 Dec 30;210(3):969-74.
- [Clinical Utility of the Bem Sex Role Inventory \(BSRI\) in the Spanish Transsexual and Nontranssexual Population.](#) J Pers Assess. 2012 Jan 13.

● 7. Quality of life

- [Determinants of quality of life in Spanish transsexuals attending a gender unit before genital sex reassignment surgery.](#) Qual Life Res. 2013 Aug 13.
- [Sexual Quality of Life in Gender-Dysphoric Adults before Genital Sex Reassignment Surgery.](#) J Sex Med. 2014

6. Some Controversial Topics

STOP PATHOLOGIZATION

No psychological evaluation



SURGERIES

- **Limited** number of **surgeries**
- Increasing **waiting list**
- Public → Private System
- Uncertain future

CHILDREN

Surgery is forbidden under 18 years old



In some regions, **hormone treatment**, or even evaluations, **are forbidden.**

Organizations push for really **early intervention** (Real life test, change name in ID..)



OTHER PROFESSIONALS



7. Conclusions (I)

1. UNEQUAL HEALTHCARE AVAILABILITY FOR SPANISH CITIZENS
 - Only 9 of the 19 autonomous regions (55%) provide assistance to GD patients. Only four provide genitoplastic procedures.
 - Composition and proportion of working hours of specialists, as well as the kind of treatments provided, differ widely in each region.
2. HEALTHCARE QUALITY:
 - In all the units, none of the specialists exclusively attend to gender dysphoric patients.
 - Number of applicants since 1999 (4359) exceeds the number estimated by our national health system (2087) , which it is more than double.

7. Conclusions (II)



3. SOME DATA:

- The male-to-female/female-to-male transsexual ratio was around 2:1(range 2.6/1 to 1.9/1)
- Around 1000 surgical procedures have been performed in the public health system until 2014.
- Vaginoplasties have been performed in just 10% of MF patients; mastectomies in 15% and phalloplasties in 0.5% of FM patients.
- Wide research has recently been done within the last 5 years.

4. Controversial topics

- The message of some organizations is not representative of the transsexual population and could bring problems for the correct public care of these people.
- There are professionals that do not follow European Healthcare Standards and prescribe hormone treatment or perform surgeries without a previous evaluation.
- Finances are limited so there are less surgeries than which are needed.



Thanks very much