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Overview

1. The Public Healthcare System for GD in Spain
2. The Main Gender Units in Spain
   1. Demand
   2. Sex ratio
   3. Number of surgeries
3. Standards of Care in the Units
4. Lines of research in Spain
5. Some Controversial Topics
6. Conclusions
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

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


8% OF GENDER DYSPHORIC PATIENTS ARE MINORS

\[ \cong 1000 \text{ SURGERIES} \]
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 Suppression.
    - 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

ANDALUSIA*  CATALONIA

5. Lines of research in Spain (I):

1. Epidemiology

2. Familiality

3. Mental Health
5. Lines of research in Spain (II):

4. Neuroimage

5. Genetic
- **Association Study of ERβ, AR, and CYP19A1 Genes and MtF Transsexualism.** J Sex Med. 2014

6. Personality

7. Quality of life
- **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 transexual 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