

Fast Forward: Danish Experiences with a Non-Pathologizing Approach towards Treatment of Gender Incongruence – a Journey from 1930 to 2021 in 6 years.

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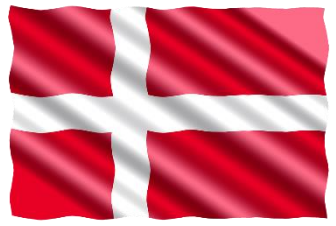


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Presentation and setting

- The population of Denmark is 5.8 millions
- Mean lifespan is 79 years for AMAB and 82.9 years for AFAB
- Large public health system, all consultations, blood tests and surgical treatments (within limits) are fully reimbursed by taxpayers
- Medicine (HT) is partially reimbursed
- The presenter is a gynecologist, specialized in endocrinology and head of one of three gender identity centers in Denmark.





Gender incongruence in Denmark

• Transgender prevalence	0.10 %	}	0.54 %
• Transfemales	0.05 %		
• Transmales	0.05 %		
• Non-binary identities	0.44 %		
• Non binary AMAB	0.14%		
• Non binary AFAB	0.30%		

If all transgender persons sought medical help it would equal $0.10\% \times 5.8 \text{ mill} = 5.800$.

If all gender incongruent people sought medical help it would equal 31.320 persons.

Only appxm 3000 persons are officially treated

The development

Until 2014



- Changing legal gender required a psychiatric diagnosis of "transsexualism".
- Monopoly: Sexological Clinic in Copenhagen (Psychiatric outpatient clinic).
- Assessment duration: 5.9 - 8.1 years for AFAB - AMAB
- After a diagnosis had been made, the Ministry of Internal Affairs had to be applied for permission to castrate the patient before legal gender change.
- If the person was married, divorce was mandatory.

Legal gender change after 2014



- Online application twice with a reflection period of 6 months by the citizen.
- A diagnosis of "transsexualism" is no longer needed.
- (But the diagnosis still existed)

The diagnosis “transsexualism” is abolished January 1, 2017

- “Transsexualism” DF 640 is removed from the psychiatric list of diagnoses by law from the Danish Parliament – the transgender issue is a hot political topic after a very critical report from Amnesty.
- The diagnosis is replaced by a contact code DZ 768e1.
- DZ diagnoses neither designates morbidities nor sexual problems.
- This represents a major depathologizing step forwards.



The monopoly of only one Gender Identity Center in Denmark is ended October 2, 2017

A second Center is established at the University Hospital in Aalborg

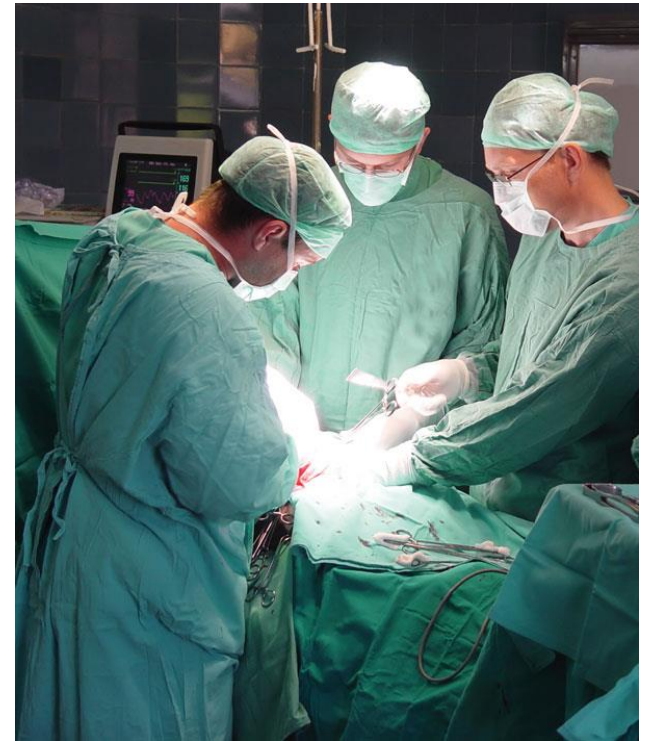
and later a 3rd center at the University Hospital in Odense



Changes in the Law of Castration (sorry!)

August 8, 2018

- Permission is no longer mandatory
- Orchiectomy / oophorectomy (gonadectomy) is henceforward a surgical procedure as any other procedure.



Present day in Denmark

Guidelines August 17, 2018 regarding assessment and treatment – MDT is mandatory

- Gynecologists trained in endocrinology or endocrinologists
- Psychiatrists
- Clinical psychologists
- Plastic surgeons
- Heavy focus on respect, integrity and patient involvement
- The MDT must agree on each treatment step



Requirements before each step of hormonal / surgical treatment step

1. Gender discomfort is present (diagnosis not relevant)
2. “Certain” duration and “substantial” discomfort
3. Informed consent: Expected outcome, irreversibility, possible fertility and other complications
4. No physical / psychological contraindications
5. MDT consent
6. Patient has an appointed team-leader: Gynecologist / endocrinologist
7. Psychiatric assessment not mandatory – only in selected cases

Assessment time has gone from 8 years to ½ year with MDT

The role of the gynecologist / endocrinologist

- The specialist makes a general somatic evaluation.
- The specialist gives information on expected changes due to hormones /surgery, side effects, complications, irreversibility, fertility consequences and decides on dosages of hormones and informs patient on this – so the patient is fully prepared
- Refers to sperm sampling if needed
- Refers to laser epilation if needed
- The specialist presents the case at the MDT, being team leader at the time of decisions
- After MDT all prescriptions are carried out online, patient is pinged by app.

After referral and history taking

- Other specialists are involved when needed: dietitians, thrombosis specialists, cardiologists.....
- Information on time schedule.

The role of the psychiatrist / psychologist

- History taking – issues that need to be taken into account before GAT
 - Offering psychological support regarding coming out, social stigma, family issues, parenting or couple issues.
 - If relevant: focus on capability to give informed consent. (IQ, psychosis)
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- Note: psychiatric morbidity does not hinder treatment – but an active psychosis may delay treatment.



Time- and other limits

BMI < 35 to access treatment.

BMI < 27 to have top / bottom surgery.

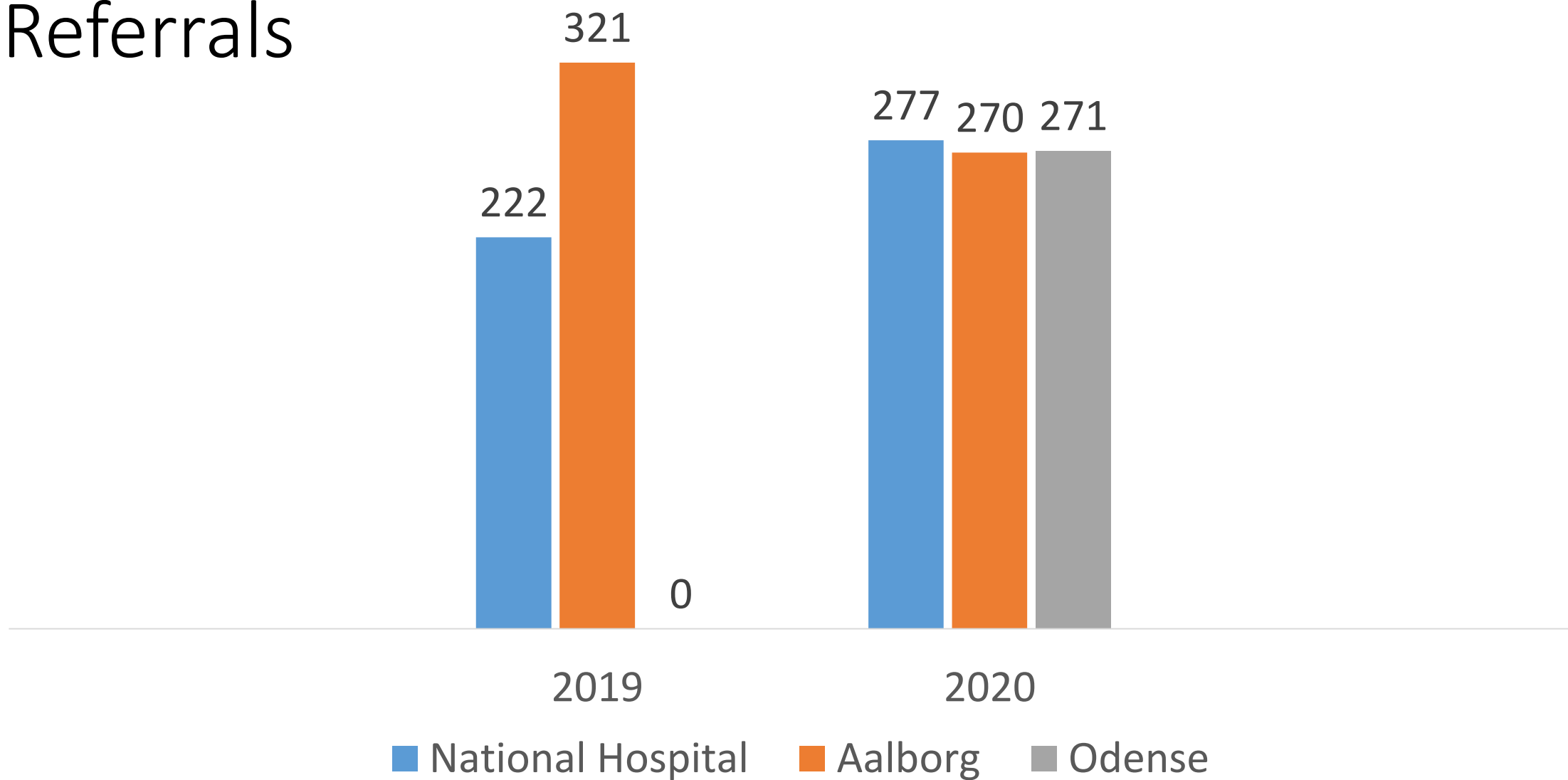
≥ 6 months of hormonal treatment: Mastectomy is optional
(In Aalborg no demand of testosterone pre treatment).

≥ 12 months hormonal treatment: Gonadectomy as lone treatment
(Aalborg), or referral after national MDT to constructive bottom
surgery. (Only performed in Copenhagen.) Waiting list several years.

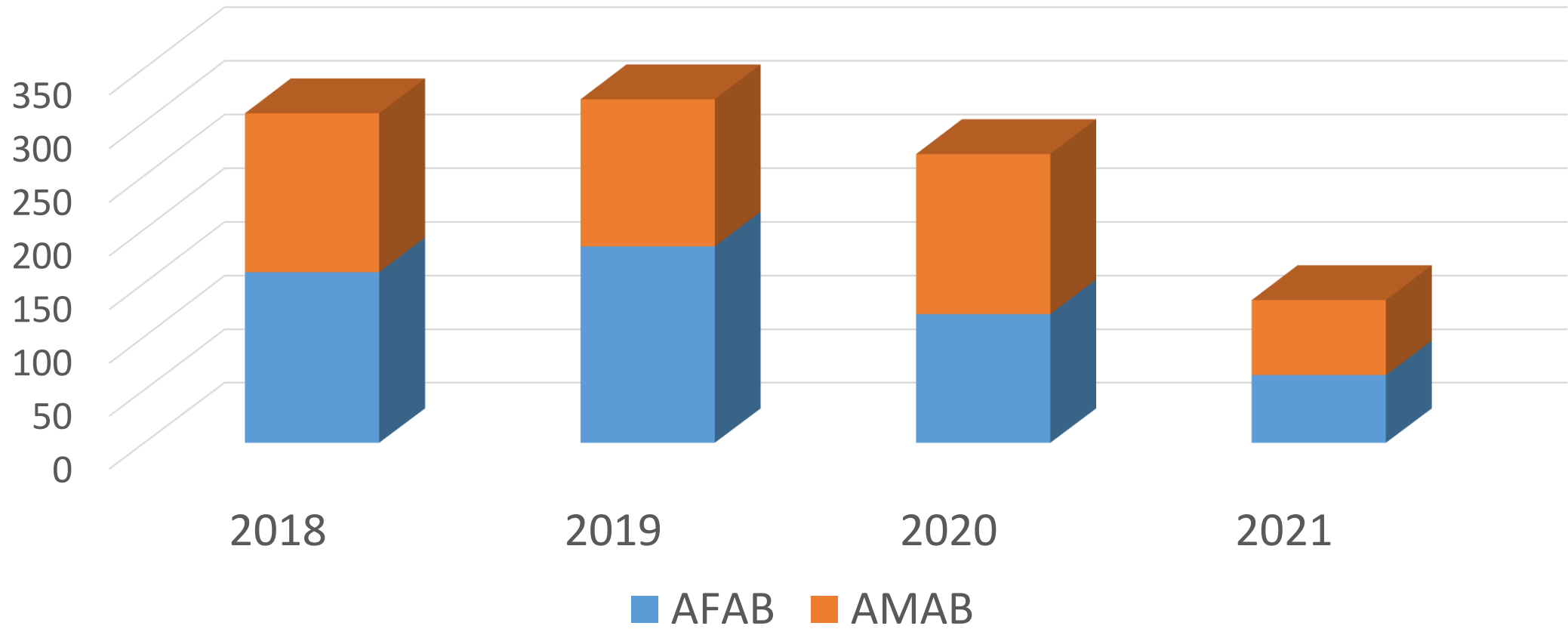
≥ 24 months breast enhancement is optional.

Voice training is offered locally without referral or costs.

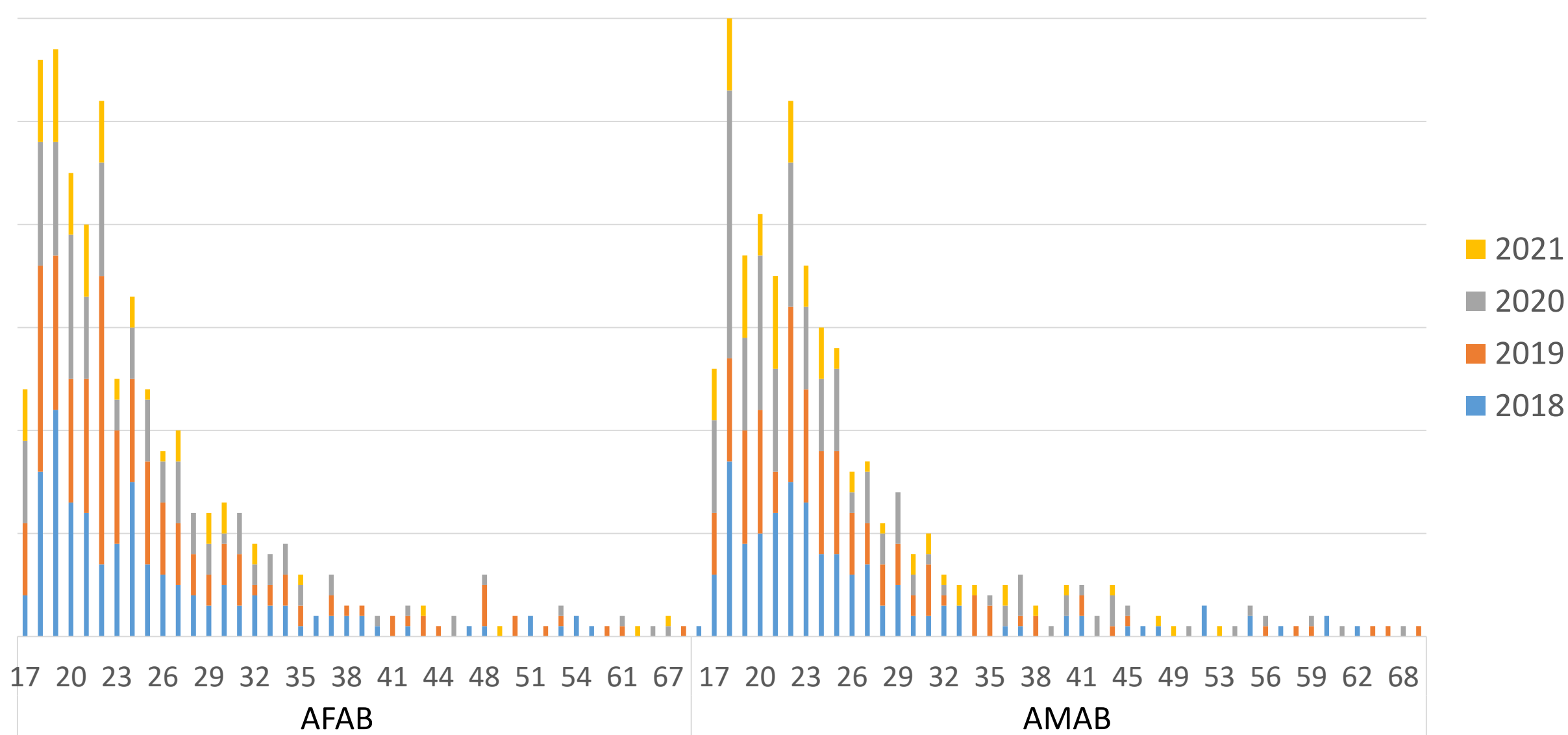
Referrals



Aalborg Center for Gender Identity, referral pattern



Age distribution, Aalborg Center for Gender Identity





Unsolved problems (from my perspective)

- Non binary persons left out
- Bottom surgery waiting list
- Bottom surgery aims at binary result – thus no shallow depth vagina
- No facial surgery offered.
- No oocyte preservation offered
- Only few thousand people have sought help – unmet need?

Thank you!

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