



Gender Dysphoria in Adolescence

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Introduction

- Assigned gender is the gender a person has at birth.
- Affirmed gender is the gender by which one wishes to be known.
- A transgender person identifies with a different gender than their assigned gender.
- Gender dysphoria is psychological distress that results from an incongruence between one's sex assigned at birth and one's gender identity.
- Adolescents experiencing gender dysphoria do not typically disclose this at regular doctor's appointments.
- Adolescents with gender dysphoria often present with anxiety/depressive traits, mood disorder, decline in academic performance or school truancy.
- The increasing prevalence of gender dysphoria in adolescents increases the importance of identifying it early.
- Social transitioning is a change to an affirmed gender that typically includes name, pronoun, and clothing changes.
- Gender-affirming care has been shown to improve the mental health of those experiencing gender dysphoria.
- By providing support with social transitioning, primary care providers can support adolescents with gender dysphoria thereby decreasing their risk of suicidality, substance abuse, and other negative outcomes.

Case Report

The patient is a 11-year-old adolescent assigned female at birth who presents to the psychiatry clinic as a new patient for evaluation of mood swings and irritability after a screening PHQ-A revealed a score of 18 at recent PCP visit. The patient has no known previous psychiatric history and takes no medications. Of primary concern to the patient and parent was minute-to-minute mood swings associated with distractibility, irritability, and dysphoria but no paranoia or hallucinations. The patient feels their mood swings are exacerbated by stress associated with transitioning to virtual schooling but that they have a solid support system of friends online and in school.

Of note, throughout the interview the patient's mother frequently encouraged her to share her secret but the patient consistently refused. At the end of the interview, upon the patient's mother prompting, the patient revealed that they wish to be a boy and wish to identify with a different name. They also report that they have not identified as a girl since the age of 6. At the end of the interview, the patient's desired name was recorded. The patient reported significant relief after sharing their new gender identity with the care team. On mental status examination, the patient appeared neatly dressed in male clothing with normal speech. Eye contact and motor activity was normal. The patient was guarded with normal range of affect.

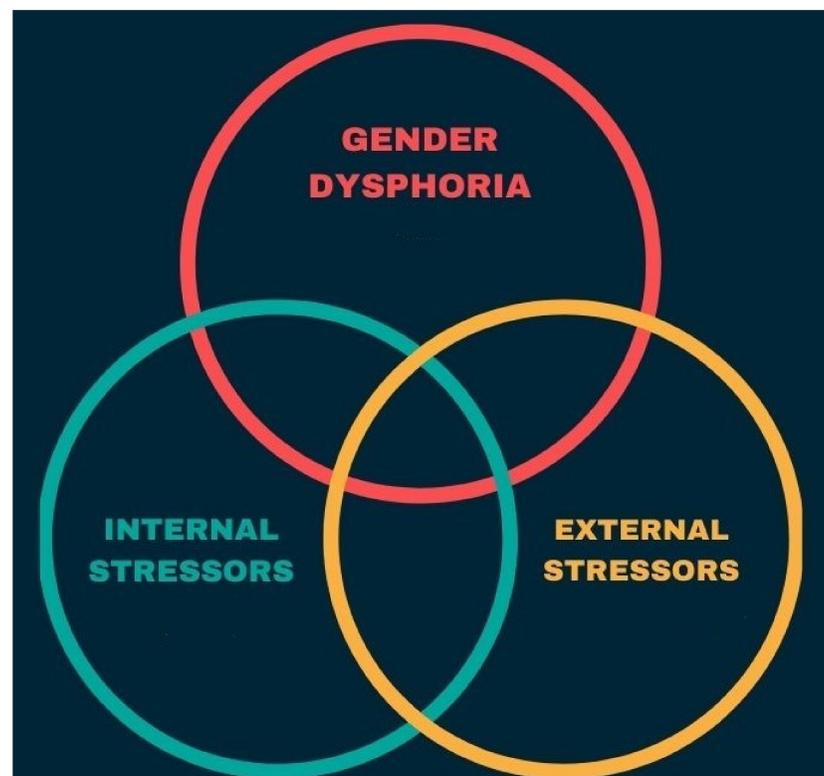


Figure 1: Internal stressors include depression, anxiety, guilt, shame, and anxiety. External stressors are cultural transphobia and lack of personal acceptance. Gender dysphoria is an intense desire to be seen as the affirmed gender.

Discussion

- Identifying adolescents and children with gender dysphoria is crucial to their care, as their depressive/anxious symptoms may be a symptom of their dysphoria.
- Gender dysphoria may exacerbate underlying mental health problems.
- Stigmatization may present an obstacle to social transitioning that interferes with an individual identifying as their affirmed gender.
- Primary care providers are often the first to encounter patients with gender dysphoria. As such, they have a unique role in providing gender-affirming care.
- Including preferred name and pronoun on a regular doctor's office intake form is one easy way of making them feel comfortable. This may in turn help them open up to their care team about gender identity.
- Adding their preferred name in the chart can help the care team consistently refer to them with that name.
- Asking a patient how they would like to be called and referred to can make a huge difference especially if they are ambivalent about social transitioning.

References

1. Bonifacio, J., Maser, C., Stadelman, K., & Palmert, M. (2021). Management of gender dysphoria in adolescents in primary care.
2. Kameg, B., & Nativio, D. (2021). Bonifacio, H., & Rosenthal, S. (2015). Gender Variance and Dysphoria in Children and Adolescents. *Pediatric Clinics Of North America*, 62(4), 1001-1016. doi: 10.1016/j.pcl.2015.04.013
3. Kameg, B. and Nativio, D., 2021. Gender dysphoria in youth: An overview for primary care providers.