DR HELENA TEMPLE-REDDISH

MENTAL HEALTH ISSUES AMONG TRANSGENDER INDIVIDUALS WITH NEURODEVELOPMENTAL CONDITIONS

Experiences from General Practice

ABOUT ME

- GP principle in North Norfolk
  - 15,000 patient practice
  - 10 GPs
  - Market town with large surrounding rural patch
- Practice lead for:
  - Mental health, Women's health, Sexual Health, Safeguarding
- Honorary senior lecturer Norwich Medical School
  - Year 4 - "The Mind"

- 1/3 of children & young people referred to GIDS had ASD
- How can we best care for those with ASD and gender dysphoria?
- Case based discussion

WHY THIS TOPIC?

DISCLAIMER

CASE PRESENTATION

21 YR OLD TRANSGENDER MALE - PETER

- First met; 15 year old Sarah
  - PC: problematic periods on contraceptive implant
  - During the consultation the symptoms of gender dysphoria became apparent
    - Not wanting periods at all
    - Not wanting to be female
    - From age 14 described herself as “asexual”:
      - Not wanting to be a boy or girl
      - Not wanting to have sexual relations with anyone
      - Hiding breast development
      - Cutting hair short
      - Wearing loose clothing
    - Mum present and supportive
    - Plan made to address bleeding issues + discuss gender dysphoria plan in another appointment

BACKGROUND

- **PMH:**
  - **Born at term, NVD, no ante/post natal complications**
  - **Met normal developmental milestones**
  - **Anxiety and DSH from age 12**
  - **Diagnosed ASD age 14 following CAMHS referral for anxiety + DSH**

- **Married parents; Mother shop assistant, Father ANP**
- **1 older brother (cisgender male)**
- **Stable/uneventful childhood**
- **Some bullying at school both primary + secondary (verbal)**

MENTAL HEALTH BACKGROUND

- **DSH:**
  - **Self harming with a knife superficial cuts upper arms and thighs, wanting to experience pain, occasionally pinching skin with pegs.**
  - **Started age 11; scratching herself when upset**
  - **Escalated to cutting age 13**
  - **No associated suicidal thoughts**
- **Anxiety:**
  - **Anxious an obsessive about death**
  - **Self reported phobias; wasps, balloons, blood, loud noises**
  - **Panic attacks in school or the thought of going to school; worried about people staring at her and teachers telling her off.**

CAMHS ASSESSMENT

- Strong impression of ASD and awaiting formal confirmation from community paeds
  - Only area of doubt was a “good imagination”; Sarah described as having a “rich fantasy world but struggles with creativity and imagination”
  - Can participate in telling a good story but unable to create it from scratch
  - Struggles with friendships, working in groups, change or disruption to routine.
  - Obsessions with Anime and learning Russian.
  - Talks on the internet with people but struggles in person
  - Sensory sensitivities; helped by wearing headphones and being alone
- Self harm reported as addictive and has since found other ways of managing stress + anxiety
- Bright in mood
- Felt her difficulties were due to a lack of understanding/diagnosis of ASD

ASD ASSESSMENT DETAILS

- **School reported:**
  - **Good communication skills i.e. eloquent and articulate**
  - **Prefers working alone rather than in groups**
  - **Anxiety in crowded places eg. In between lessons with high levels of people movement and noise**
  - **Prefers structured routine**
  - **Concerned people stare at her**
  - **Outspoken strong sense of justice**
  - **No academic difficulties, statement of SEN or EHCP**

BACK TO GENERAL PRACTICE…

- Review of gender dysphoria symptoms:
  - Reported as being "on hold" due to periods now being controlled (absent)
- 6 months later (age 16) re-presents with worsening low mood and self harm
  - Underlying issue thought to be due to gender dysphoria
  - Referred to GIDS
  - Changed name and socially transitioned
- Age 17 - reporting intrusive thoughts about hurting animals, self harm and sexual thoughts about others
  - Encouraged to continue to discuss with private counsellor (seeing every 2 weeks)
- Just before turning 18 was transferred from child to adult waiting list with GIDS

TRANSGENDER ASSESSMENTS & TREATMENT

- Age 18 sought private assessment to start hormone therapy
  - Seen by consultant psychiatrist in transgender health working also for the NHS at the Tavistock
  - Second opinion recommended given MH history and seen by a consultant psychologist also working in NHS capacity at the Tavistock
  - Both concluded he met the diagnostic criteria of DSM-5 Gender Dysphoria and recommended him to an endocrinologist for starting testosterone therapy.
- New health record started under male gender
- Started testosterone age 19
- Bilateral mastectomy age 19 privately
- Seen by Tavistock age 20 when already established on testosterone + referred for hysterectomy and BSO
- Hysterectomy + BSO age 21

ASSESSMENT DETAIL

- ASD diagnosis noted but not explored
- Tom boy-ish as a child:
  - enjoyed playing with cars, football, rugby
  - looked up to his older brother
  - disliked dresses and preferred shorts and t-shirts
- Puberty onset age 11, started compressing breasts when they started to develop.
- Did lots of online research about gender dissonance
- No significant romantic relationships but reports to being bisexual
- Further mention of not wanting periods, wanting to be infertile, having a fear of pregnancy and menstruation and specifically not wanting biological children
- Self-reported his gender dysphoria has resolved with treatment
- Expressing himself in a more feminine way (rings, nail varnish, pink hair) since medically/surgically transitioning

MENTAL HEALTH POST-TRANSITION

- **Age 19 (post top surgery + established testosterone therapy) reporting anxiety interfering with day to day life:**
  - **Generalised but worse with going out/social interactions**
  - **Reporting body dysmorphia - feeling too fat, wanting to lose weight, going to the gym, calorie restricting, some self-induced vomiting**
  - **Seen private counsellor, employing mindfulness**
  - **Started on propranolol for physical symptoms**

- **1 month later reviewed:**
  - **Physical symptoms better controlled but mood dipping**
  - **Reporting self harming a problem again**
  - **Citalopram 10mg OD started**

MENTAL HEALTH POST-TRANSITION CONT.

- 1 month later citalopram increased to 20mg with some effect
- 2 months later family encouraged him to come back due to
  - side effects of citalopram outweighing benefits
  - persistent low mood, low motivation, lack of enjoyment in things
  - Worsening DSH - quite extensive cutting with a knife or nail clippers to thighs, cutting words like "freak" into himself
  - Still engaging with talking therapy
  - Switched to escitalopram 5mg OD
- 1 month later - anxiety much more manageable, self harm stopped (still having desire to do it)
- 3 months later escitalopram increased to 10mg due to dip in mood again + no further symptoms reported after this
- 6 months later de-registered as started at university

QUESTIONS I ASK MYSELF

Were his neurodivergent thought processes considered thoroughly enough in the assessment period?

- **Thorough assessment process but ASD only ever noted**
- **Do we need to consider the impact of more black + white / rigid thought processes in neurodivergent individuals with gender dysphoria?**
- **Unanswered questions: where did the aversion to periods, pregnancy and children come from?**
- **ASD concluded as the trigger for anxiety initially**
- **Gender dysphoria considered to be cause of MH problems subsequently**
- **After transition still experienced significant MH challenges - were there issues that could have been addressed earlier?**

QUESTIONS I ASK MYSELF

What role do I have as a GP in the process of supporting a person with gender dysphoria +/- ASD?

- **GPs feel quite powerless and worry about seeming obstructive**
- **Concerns if someone were to de-transition**
- **Suppressing mental health problems to ensure this isn't a barrier to the transition process**
- **How to support people on the waiting list**

QUESTIONS I ASK MYSELF

How can I best look after patients with the intersections of ASD and mental health problems?

- **Risk of medicalising**
- **Lack of access to talking therapies specifically for those with ASD**
- **Increase in self-diagnosis of ASD**

DISCUSSION