

"Contemporary Trans Health in Europe: Focus on Challenges and Improvements"

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Adult « desisters » from sex reassignment surgery


FOCH Hospital, Transgender unit, Suresnes, France

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OBJECTIVES

- Evaluation of number and profil of the patients who consulted our transgender unit and don't undergo the SRS, dropping out of our protocol.
- Motivations' assessment for the withdrawal.




Foch transgender unit

- Belong to the SOFECT (French society for transgender study and care) since 2007.
- We follow the WPATH recommendations.
- French social security ask for 2 years of psychodiagnosis assessment before surgery.
- We accept surgery after a multi-disciplinary staff decision.




MATERIAL and METHOD

- Transgender Unit of Foch Hospital (France)
- Computerised systematic data surveying of 1297 patient's medical records
 - ◆ From 1991 to 2015
 - ◆ B. CORDIER, psychiatrist
 - ◆ B. GARDEL, psychiatrist (since Nov. 2001)
- Review of the desisters' medical records by our psychiatrists.




Desisters/persisters Childrens

First Author	Year	N	Persisters	Desisters
Zucker K	1985	94	5.3%	96.7%
Green R	1987	66 boys	2%	98%
Drummond KD	2008	25 girls	12%	88%
Wallien MS	2008	54	39% Boy: 30%, Girl: 64%	61% Boy: 70%, Girl: 36%
Steensma TD	2010	53	54.7%	45.3%
Singh D	2012	139 boys	12.2%	87.8%
Steensma TD	2013	127	37% Boy: 29% girl: 50%	63% Boy: 71% Girl: 50%



Desisters/persisters Adults

First author	Year	N	Persisters	Desisters
Lothstein M	1981	50	30%	70%
Smith YL	2004	325	57%	43%
Vujovic S.	2009		90%	10%
Johansson A	2010	42	76%	24%
Aydin D.	2016	158	79.7% MIF 72%, FtM 63%	20.3% MIF 18% FtM 27%



RESULTS

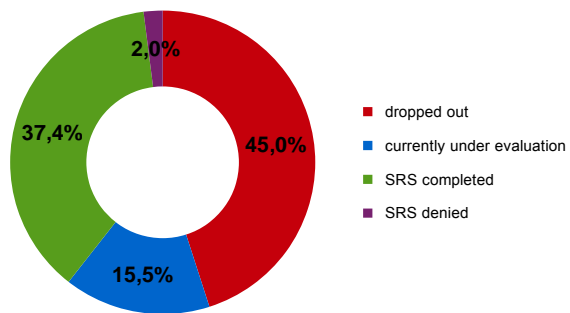
Never came	9.5%
Came only once	13%
Only psychodiagnosis assessment	23.5%
Psychodiagnosis assessment in progress	12.6%
Sex reassignment surgery	30.3%
Patient rejected after multidisciplinary staff	1.6%
2nd opinion for external psychiatrists, post-surgery consultations and others	9%
Deceased patients	0.5%

Studied population

Drop out patients (N=473)	45.1%
Psychodiagnosis in progress	15.5%
Sex reassignment surgery	37.4%
Ejected patients	2%
Total	N=1050

Studied population

n = 1050



Distribution Male/Female

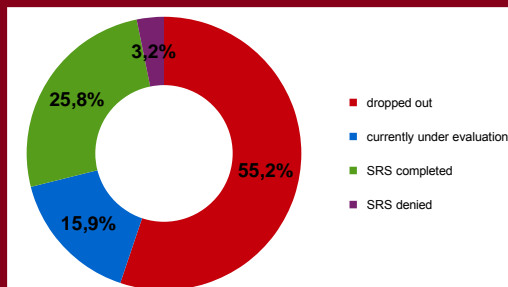
MtF = 660

FtM = 389

	Male to Female	Female to Male
Drop out	55.2%	28%
Assessment in progress	15.9%	14.9%
Sex reassignment	25.8%	57.1%
Rejected patient	3.2%	0%
Total	100%	100%
	N=660	N=389

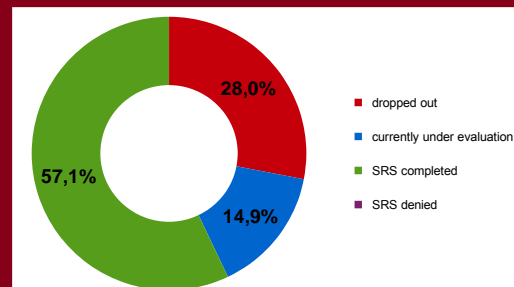
MtF's Process

n = 660



FtM's Process

n = 389



The desisters

MtF = 364 FtM = 109

	Male to Female	Female to Male
Came only once	80.5%	19.5%
Only psychodiagnosis assessment	76%	24%
Total	N=364 77%	N= 109 23%

Studied population

n = 1050

Category	Percentage
Ψ	16,0%
suivi Ψ	25,0%
hormoné	4,0%
en cours Ψ	8,4%
en cours H	7,1%
THC	37,4%
refusé	2,0%

Age distribution

	Persisters	Desisters
Male to Female	34 years old	37.6 y.o
Female to Male	30 years old	29.8 y.o
Total	31.7 years old In average	36 y.o In average

Assessment average duration

	Global	MtF	FtM
Psychodiagnosis assessment	2.4 years	2.3 years	2.8 years
Psychodiagnosis assessment and hormotherapy	4.3 years	4.2 years	4.8 years

Motives of desisting

Desisters' motivations

N = 473

	Not motivated
Came only once	70.2%
Only Psychodiagnosis assessment	70.7%
Psychodiagnosis assessment and Hormotherapy	54.8%
Total	69.1%

70 % of our patients gave no explanation to their dropping out

Multiples motives of desisting Nb of motives=521

Only Psychiatric' hypothesis	Patient's personal motives	Motives related to the protocol	No motive, no hypothesis
41.2%	35.2%	20.6%	3%
N=221	N=189	N=111	N=16

Psychiatrists' hypothesis

Severe Personnality disorders	17.5%
Psychiatric disorders	15.8%
Differential diagnosis	11.6%
Severe Addiction	1%
Non persuasive	0.6%
TOTAL	46.5% of patients

Psychiatrists' hypothesis

Psychiatric diagnosis	MtF ↓	FtM ↓
Severe personnality disorders	19.1 %	23.6 %
Psychiatric disorders	24.2 %	12.5 %
Differential diagnosis	17.2 %	2.8 %
Addiction	0.8 %	2.8 %
Non persuasive	1.2 %	1.4 %

Patient personal motives 39.7%

DROP OUT OUR UNIT		DROP OUT SRS	
Another french team	8.6%	Renoncement	7.3%
A foreign team	7.2%	Family contest	4%
Protocol refusal	3.8%	Fear of surgery	3.6%
Moved away	0.8%	Doubt	3%
Private surgery in France	0.6%	Religious motives	0.6%
Total	21% of patients	Transphobia attack	0.2%
		Total	18.7% of patients

Motives related to the Procotol 22.8%

Parents of minor	10.5%	Married	0.8%
Too old	4.6%	Mental retardation	0.6%
Illness	3.8%	Minors	0.4%
Legal difficulties	1.7%	Only hormonotherapy	0.4%

Summary of motives by patient

Psychiatrist' hypothesis	Patient personal motives	Motives related to the protocol
46.5% of our patients	39.7% of our patients	22.8% of our patients

Main motives



- Severe personality disorders 17.5%
- Psychiatric disorders 15.8%
- Differential diagnosis 11.6%
- Parents of minor 10.5%
- Departure for another french team 8.6%

Conclusion



- Finally, the psychodiagnosis assessment filter seems effective.
- Withdrawals are partly motivated by the patients themselves, their doubts, their questions (40%).
- They are equally motivated by the psychiatrist diagnosis.
- The next step of this research would be to contact the desisters.

Gender dysphoria without surgery



- Some of our patients come to us questioning themselves and expecting an evaluation of their gender dysphoria.
- Among the desisters, remain the queer zones.
- These patients will live with their gender dysphoria without undergoing SRS: butch, travestites, homosexuals, drag queens and kings, transgenders, gender neutral, gender blenders, etc...
- Our unit can help them to assume their gender dysphoria, undefined according to our criteria but perhaps serene according to theirs.

Need for psychological approach



- Patients have to explain their doubts, their questions, their fears
- Patients need psychological support