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DEPRESSION UNFOLDING GENDER DYSPHORIA: AN UNUSUAL CASE OF RURAL INDIA.

Dr. Prabhmeet Singh*	Junior Resident, Department of Psychiatry, Pt.B.D. Sharma, PGIMS, Rohtak, Haryana, India. *Corresponding Author
Dr. Purushottam Jangir	Associate Professor, Department of Psychiatry, Pt.B.D. Sharma, PGIMS, Rohtak, Haryana, India.
Dr. Priti Singh	Professor, Department of Psychiatry, Pt.B.D. Sharma, PGIMS, Rohtak, Haryana, India.

ABSTRACT

BACKGROUND: Gender dysphoria is a rare condition, rarer in females and rarest in rural areas of India. From the surface case presented with depressive features, but inside the core diagnosis of gender dysphoria was met. The objective of index case is highlighting presentation of a female with stigmatizing condition and role of various available treatment options and utilization of services.

Case presentation: A 20-year-old female from rural background demonstrating symptoms of low mood, easy fatiguability and ideas of self-harm from past few months with a long -standing history of distress and incongruence between experienced and assigned gender. According to DSM-5, diagnosis of gender dysphoria was made and further evaluated on Gender Identity/Gender Dysphoria Questionnaire for Adolescents and Adults (GIDYQ-AA) and Hamilton depression rating scale. SSRI was started along with supportive psychotherapy sessions and various treatment options for gender dysphoria discussed.

DISCUSSION: This case illustrates importance of history taking which becomes paramount in case of rare disorders like gender dysphoria. Multi-level interventions at the individual, interpersonal, and structural levels to reduce stigma toward transgenders, better acceptability would lead to further clarify hypothesis and early diagnosis of the disorder.

KEYWORDS : Gender dysphoria, depressive disorder, stigma.

INTRODUCTION:

Gender identity is a person's intrinsic sense of self as male, female, or an alternate gender.[1] The term "Gender dysphoria" is introduced into the diagnostic classificatory systems, in the current Diagnostic and Statistical Manual of Mental Disorder V (DSM-V), to replace the previous "Gender Identity Disorder" in DSM-IV. "Gender dysphoria" addresses the "distress" that is perceived by an individual due to the incongruence between one's experienced or expressed gender and one's assigned gender.

The prevalence rates range from 0.005% to 0.014% in adult males and from 0.002% to 0.003% in adult females.[2]

The number of people who seek treatment suggest that male to-female transsexualism has a prevalence of 6.8/100,000 and female-to-male transsexualism has a prevalence of 2.6/100,000 among adults.[3]

The census in India revealed the total population of transgender to be around 4.88 lakh. The 2011 census also reported 55,000 children as transgender identified by their parents.[4]

Gender dysphoria seems to remain largely underreported in India because of the stigma for bothgender dysphoria and homosexuality, more so in the female population.

Anxiety, eating disorders, substance use disorder, self-harm attempts are various co-morbidities associated with gender dysphoria, but most commonly depression or dysthymia affect adolescents with gender dysphoria (range: 12%–64%), with most studies reporting a prevalence of around 30%.[5] A written informed consent was taken from the patient.

CASE DESCRIPTION:

Ms. T, a 20-year-old, an assigned female at birth, presented with a history of strong desire to be a male right from her childhood. She would prefer to dress like a boy, playing often the stereotyped "boyish" games along with other boys. Her behavior was encouraged by her father as he did not have any male children. As she grew up, she desired for the sex characteristics, primary and secondary, of the experienced gender and to be rid of the assigned gender's sex characteristics due to incongruence. She started to get attracted towards women and used to consider her orientation as heterosexual with them. She used to constantly feel that she was trapped in the wrong body. She strongly believed that she had feelings and reactions just like the other men and was feeling helpless as she was not able to lead a normal life like them. In her late adolescent, she fell in love with a woman and started to have a live-in relationship with her. She considers it as a heterosexual relationship and reportedly identified herself as the male partner of the couple. She reported that she was not comfortable when called by female name by relatives and friends and wanted herself to be named as opposite. She started to develop symptoms such as irritability, worthlessness, hopelessness, occasional suicidal ideas from past 4-5 months of her presentation in the out-patient department. She expresses the desire to get operated so as to become a man. She feels that her life is not worth living as she is not a female but has to be trapped in a female body. Patient was brought for her depressive symptoms by family members, when gender issues were discussed in front of them they considered it as illogical and unacceptable.

Her vitals were stable, physical examination and hormonal profile came out to be normal, on mental status examination revealed depressed, ideas with worthlessness, hopelessness, and helplessness, over-valued ideas about her sexual identity that she was indeed, a male gender, with poor insight towards illness. She was assessed on self-reported Gender Identity/Gender Dysphoria Questionnaire for Adolescents and Adults (GIDYQ-AA) and her mean score was 2.9 and score on Hamilton depression rating scale was 22 showing moderate depressive symptoms. A diagnosis of gender dysphoria with moderate depression was made as per DSM-5 classification. She was started on SSRI on out-patient basis and high-risk management was advised, supportive psychotherapy was done to reduce depressive ideas on subsequent visit she was psycho-educated about her illness and different treatment modalities in form of hormonal therapy and gender affirmation surgery for gender dysphoria. She had been on a regular follow up thereafter. On subsequent visits there was improvement in depressive symptoms and HDRS decreased to 10 within 6 weeks and significant reduction in distress, patient was planning for gender affirmation surgery.

DISCUSSION:

Gender dysphoria is itself a rare condition if we go by prevalence and is less common in women. We came across a case which presented with depressive symptoms and on exploration, a diagnosis of gender dysphoria with co-morbid moderate depression was made. There are stigma and socio-cultural barriers attached with this disorder and it was seen that stigma is one of fundamental cause of adverse health conditions and makes transgender persons vulnerable to stress and subsequent mental and physical health problems. [6] Psychoeducation of family member regarding nature and acceptance of illness of gender dysphoria and stigma related to the disorder.

Women were significantly more likely to show a favorable response to SSRIs than to TCAs, Gender and type of medication were also

significantly related to dropout rates; men and women with chronic depression show differential responsivity to and tolerability of SSRIs and tricyclic antidepressants.[7] Moreover, the conditions such as depression and anxiety have to be treated adequately as these cause significant morbidity and compromised functioning. The gender dysphoria treatment for adults is psychotherapy to explore gender issues, hormonal treatment, and surgical treatment.[8]

On an end note, this case is reported to discuss the interesting evolution of the symptoms in a patient with gender dysphoria with difficulties in adjusting to the assigned sexual role, relationship problems, and moderate depressive features with suicidal ideations. Treating the patient's depression with SSRIs and supportive psychotherapy resulted in significant improvement in functional impairment and further gender affirmation surgery planned.

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