

Six years with gender identity disorder – a study of case series

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Background. As gender variant youth seeks medical help at an increasing rate, efforts should be directed towards preventing adverse outcomes and ensuring adequate care by prompt diagnostic tactics and fitting treatment of comorbid pathologies, as well as the underlying cause. An assessment of existing experience is essential for suitable methods to be implemented.

Aim. The aim was to summarize the current data and analyse the dynamic of gender identity disorder (GID) patient care in Latvia.

Methods. With medical records provided by Children's Clinical University Hospital, all clinical cases of child/adolescent patients diagnosed with gender identity or other sexual disorders (ICD-10, F64, F66) during years 2015–2020 were analysed.

Results. 28 patient records were analysed. 10.71% (n=3) were diagnosed in 2015 with the rest spread steadily over the following years and an upswing in 2020, diagnosing 50% (n=14). In 2015–2016, 50% (n=2) of the diagnosed patients were assigned females at birth, subsequently 83.33% (n=5) in 2017–2018 and 83.33% (n=15) in 2019–2020.

75% (n=3) of the patients diagnosed in 2015–2016 were hospitalized in their first contact with psychiatric care, followed by 66.67% (n=4) and 33.33% (n=6) in the following time periods, respectively. Suicidal ideation/attempt was the most commonly described reason for seeking psychiatric help – found in 75% (n=3) of the diagnosed during 2015–2016, 33.33% (n=2) and 33.33% (n=6) in the subsequent years. An opposite trend is seen with newly presenting patients claiming GID as the primary concern – 7 new cases since 2018, none in the previous years.

Nearly all the patients (85.71%, n=24) have at least one psychiatric comorbidity, however, patients presenting with GID as the primary concern, seem less likely to be diagnosed with a coexisting mental disorder, i.e., 4 out of 7 patients initially presenting with GID have no comorbid disorders.

Conclusion. The number of newly diagnosed GID patients is rapidly increasing. During the analysed years, patients of female-assigned gender are presented more frequently. GID patient hospitalization rates, alongside suicidal ideation/attempt at the initial presentation, although still remaining prominent, tend to decrease. Consequently, more patients seem to seek GID directed psychiatric help in an outpatient clinic and appear to have a slightly lesser likelihood of having additional mental health issues at the time of presentation.

With the observed increase in patients diagnosed with GID, further improvement of management and care is required; application of clear guidelines regarding diagnostic and treatment process is needed.

Acknowledgements. The authors declare the absence of conflict of interest.