LETTER TO THE EDITOR

A psycho-endocrinological overview of transsexualism

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Hormone replacement therapy (HRT) is one of the main components in the treatment of transsexuals, and I am happy that Michel *et al.* (1) have published a paper dealing with this issue. However, I would like to add some remarks which may be useful to the readers of the journal.

The mismatch between body and soul is the fundamental issue a transsexual faces. The choice of entering a full transition, e.g. to live full-time as a woman, to start HRT and to have sex reassignment surgery, are not required prerequisites for a diagnosis of 'gender identity dysphoria' by either Diagnostic and Statistical Manual of Mental Disorders – fourth edition or the International Statistical Classification of Diseases and Related Health Problems – tenth revision criteria. In the standards of care (SOC) version 6 from the Harry Benjamin International Gender Dysphoria Association (HBIGDA) (2), under ICD-10 is stated: '... usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment'. Some transsexuals choose not to enter a full transition, due to secondary reasons, e.g. choosing for a partner and/or children, fear for operations, etc. These individuals differ from transgenderists, who, by primary choice, wish to have only a partial transition.

Also, it is worth mentioning that the crude separation that Blanchard *et al.* (3) make between androphilic (under the age of 30, and therefore having a sexual orientation towards men) and autogynephilic (above 30, and therefore having a sexual orientation towards women) transsexuals has found only a limited number of followers among researchers and transsexuals, since many fall outside this artificial categorisation.

Although Michel *et al.* (1) recognise the beneficial effect of androgens on the well-being of female-to-male transsexuals, they consider this well-being to be 'secondary to body transformation' for male-to-female transsexuals. It is often difficult to distinguish between direct physiological effects of the HRT, and secondary effects caused by psychological relief because of the body transformation. However, in some cases with a mild form of gender identity dysphoria, small amounts of oestrogens or anti-androgens below the dosages needed for feminisation prove to give sufficient psychological relief even in the absence of body transformation, suggesting a direct influence of the hormones on the psychological well-being of the patient.

The important paper by Asscheman and colleagues (4) was missed in the review. These authors showed that, besides the dosage dependency, ethinyloestradiol pills by themselves increase the risk of elevated prolactin levels and prolactinomas.

Michel *et al.* (1) state that the diagnostic phase lasts a minimum of 6 months, but can last up to 12 months. This is in disagreement with the SOC of the HBIGDA (version 6) (2) which state, under the eligibility criteria for hormone therapy, either: (a) documented real-life experience of at least 3 months prior to the administration of hormones; or (b) a period of psychotherapy of a duration specified by the mental health professional after the initial evaluation (usually a minimum of 3 months). It seems that Michel *et al.* (1) have described their own local protocol, without stating this explicitly.

Also, the statement that 'In the HBIGDA, all gender identity disorder interventions are required to arise from an interdisciplinary team which includes psychiatrists, psychologists and surgeons' is not correct. The SOC (version 6 and 5) of the HBIGDA, on the contrary, state that 'The Mental Health Professional's Documentation Letter for Hormone Therapy or Surgery should succinctly specify whether the author of the report is part of a gender team'.

Although Michel *et al.* (1) gives a very good overview of many important aspects of transsexualism, *An overview of transsexualism, the Liège perspective*, would have been a more appropriate title.

References

- 1 Michel A, Mormont C & Legros JJ. A psycho-endocrinological overview of transsexualism. *European Journal of Endocrinology* 2001 **145** 365–376.
- 2 Meyer W III, Bockting W, Cohen-Kettenis PT, Coleman E, DiCeglie D, Devor H *et al.* The standards of care for gender identity disorders – sixth version. http://www.symposion.com/ijt/soc_2001/index.htm February 2001.
- 3 Blanchard R, Clemmensen L & Steiner B. Heterosexual and homosexual gender dysphoria. *Archives of Sexual Behavior* 1987 **16** 139–152.
- 4 Asscheman H, Gooren LJG, Assies J, Smits JPH & Deslegte R. Prolactin levels and pituitary enlargement in hormone-treated male-to-female transsexuals. *Clinical Endocrinology* 1988 **28** 583–588.

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