



GENDER DYSPHORIA DISORDER

INTRODUCTION:

Gender Dysphoria, while being a new addition to DSM-5, is the new term for Gender Identity Disorder. In order to prevent stigma guarantee clinical care for people who perceive and believe they are a different sex than their designated gender, the new term was introduced (American Psychiatric Publishing, 2013). The DSM-5 diagnostic measures for gender dysphoria include tough and unrelenting cross-gender classification that go further than a need for an alleged cultural benefit.

Adults and teenagers may have a fixation with doing away of primary and secondary gender features, and have the thought that they are not being characterized by the right sex. One should realize that individuals, who have gender dysphoria, do not have a coexisting physical intersex situation. Noted pain or difficulty is seen in the work place, dealing with others, as well as in other vital areas of life. This is the defining factor of gender dysphoria (American Psychiatric Publishing, 2013). It is significant to state that gender dysphoria is frequently seen in children, though many children do not end up being adults with gender dysphoria (Canadian Psychological Association, 2013).

Always consult a mental health or medical professional regarding any questions you may have about a mental health diagnosis and treatment options.



SYMPTOMS:

DSM-5 states that the initial condition for the identification of gender dysphoria in both adults and teenagers is a noticeable incongruence between the gender the patient believes they are, and what society perceives them to be. This disparity should be ongoing for at least 6 months and should consist of 2 or more of the subsequent criteria (American Psychiatric Association, 2013):

- Noticeable incongruence between the gender that the patient sees themselves as, and what their classified gender assignment
- An intense need to do away with his or her primary or secondary sex features (or, in the case of young teenagers, to avert the maturity of the likely secondary features)
- An intense desire to have the primary or secondary sex features of the other gender
- A deep desire to transform into another gender
- A profound need for society to treat them as another gender
- A powerful assurance of having the characteristic feelings and responses of the other gender
- The second necessity is that the condition should be connected with clinically important distress, or affects the individual significantly socially, at work, and in other important areas of life.

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TREATMENT:

Fortunately treatment options exist that are beneficial for gender dysphoria, and these consist of psychotherapy, pharmacologic therapy, as well as other nonpharmacologic therapies, and sexual reassignment surgery (SRS) (Royal College of Psychiatrists, 2013). Professionals are changing pessimistic attitudes regarding SRS, plus more scientific evidence has shown the benefit of this procedure (Royal College of Psychiatrists, 2013). All the same, it should be stated that SRS does not automatically mean any issue is resolved, and much psychotherapy may be needed after the procedure in order to improve outcome generally (Cohen-Kettenis & Pfaf in, 2009).

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