

Gender Confirming Medical Interventions and Eating Disorder Symptoms Among Transgender Individuals

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Transgender individuals are at increased risk for disordered eating. This may be related to body dissatisfaction, social pressures to conform to traditional gender ideals, and having nonaffirming experiences of gender (for example, being misgendered by being referred to by incorrect pronouns). Gender-confirming medical interventions (GCMIs; such as hormones and surgeries) in those who desire such interventions may help prevent or reduce the risk of ED symptoms.

Testa et al (2017) examined the relationships between various GCMIs (genital surgery, chest surgery, hormone use, hysterectomy, and hair removal) and ED symptoms for transfeminine spectrum (TFS; those assigned male at birth and currently identify as female or on the feminine spectrum) and transmasculine spectrum (TMS; those assigned female at birth and currently identify as male or the masculine spectrum) individuals. They hypothesized that for TFS and TMS individuals, utilization of GCMIs would be associated with decreased ED symptoms. They also assessed whether body dissatisfaction and affirmation of one's gender mediate the relationship between GCMIs and ED symptoms.

Participants were 304 individuals who completed the Trans Health Survey online and identified as either TFS (n=154) or TMS (n=288) and reported either having completed GCMIs or were planning or considering a procedure. People who expressed no interest in having a GCMi were excluded from the study.

Results indicated high rates of clinically significant ED symptoms in both TFS (23%) and TMS (22%) participants. People with lower SES reported higher levels of ED symptoms. Participants (both TFS and TMS) who completed GCMIs experienced more body satisfaction and less nonaffirmation of gender identity than those who were planning or considering GCMIs. TMS participants (but not TFS participants) who completed GCMIs reported lower levels of ED symptoms than those who were planning or considering a procedure. For transgender individuals who express the desire or need for GCMIs, utilization of these procedures was indirectly associated with fewer ED symptoms through a pathway of less nonaffirmation of gender which led to higher levels of body satisfaction.

This study raises an interesting question in terms of the treatment of eating disorders in transgender individuals who seek GCMIs. A common recommendation is for GCMIs to be postponed until ED issues are resolved. However, the authors of this study emphasize that GCMIs may help improve ED symptoms by decreasing nonaffirming gender experiences and improving body image. This study also highlights the importance of gender affirmation and the harmful outcomes of nonaffirming experiences for transgender individuals. In addition to increased risk for ED symptoms, prior research has also found that nonaffirming experiences are associated with higher levels of internalized stigma as well as negative mental health

outcomes including suicidality. These studies underscore the importance of talking with patients about gender identity and asking--not making assumptions-- about which pronouns to use.

Reference: Testa RJ, Rider GN, Haug NA, & Balsam KF (2017) Gender Confirming Medical Interventions and Eating Disorder Symptoms Among Transgender Individuals. *Health Psychology, 10*, 927-936.