

## ***Drastic methods to work against gender dysphoria don't achieve satisfaction***

### ***Risk for mental health increases after gender confirming surgery***

In the 'good old days,' the word gender was alternatively used to sex, meaning essentially the same, men and women, while discussing the importance of the variable in health and disease. This has changed considerably. Identified as the LGBTQ+ issue, the gender controversy even influenced the 2025 election of the US president, who, as soon as in office, put an end to the controversy, allowing the declaration of an individual as only one of the two sexes at birth. The move even seems to stimulate opposing scientists to move from the US to Germany, where the law and regulations insist on supporting the gender mainstream (1).

### Transgender and surgery

One might like the present US president or not, as a scientist and devoted to curing in medicine and supporting health and preventing diseases in public health, one must admit that the LGBTQ+ movement could be dangerous to health and well-being. This was pointed out in several entries on this blog (2-4). Straightforwardly describing what is done to adjust transwomen and transmen to the desired physical appearance through surgery might have caused nightmares to sensitive readers by mentioning castrating, cutting of the penis, operating vaginoplasties on transwomen, and removing the breasts for transmen (4). Less frightening but likewise dangerous for health is the application of hormones for individuals, claiming to suffer from gender dysphoria, against their sex at birth (3).

### The muddle of gender mainstream

The 'gender' advocates definition of a transgender individual is those 'who experience a mismatch between their gender identity and the sex assigned at birth' (5). The word 'mismatch' is a euphemism in light of the setback that followed the gender mainstreaming movement in research on women's health. This already made the 'Biden' government try to correct, because in research, specialisms of the female sex were ignored (6).

Also, the word 'normal' seems to be banned by the activists, fearing that it will discredit those who are not like the overwhelming proportion of the population, namely, male and female. Nowadays, it is quintessential to distinguish between sex and gender, and be familiar with the nomenclature demanded to be used by the gender activists. According to them, ordinary men and women should consider themselves as 'cismen' or 'ciswomen'.

Cis male and cis female are regularly supposed to be heterosexual, attracted to the opposite sex. Since ancient times, it is known that the attraction to the same sex is also common ((7) page 33), so these persons are 'cis' but not heterosexual (8). The main health problems occur with transwomen and transmen, and with children and adolescents, who, during puberty, might sway in their mental condition between the two sexes and are given hormone preparations. This group is often termed as gender diversity.

## Proportion of the main gender categories in a Canadian study and 'suicidal ideation' and mental health

The proportions across gender groups may vary significantly across countries. A Canadian study of 6.800 adolescents, aged 15 to 17 years, gives an impression of the magnitude of the different groups, in that 16.5% had 'some degree of same gender attraction, 4.3% were unsure which sex they are attracted to, and 0.6% identified themselves as transgender. This study identified, compared with 'cis' individuals, a relatively high risk of 'suicidal ideation' among the groups (9). Reports that gender-affirming care initially improved the mental health of transgender and 'nonbinary' youth through 'pharmacological intervention' (10) are used to justify this treatment, with hints of the frequency of this trend.

About 30.000 transgender and gender diverse patients between 2015 and 2018 in the Northwestern US were found with higher odds of suicidal ideation compared to cisgender individuals (11). A systematic literature review of 33 relevant publications did not hint at suicidal mental problems, but concluded that transgender and gender diverse children and adolescents had more mental health problems compared to their cis counterparts. The main reason for the problem seems to be that, within the society, the transgender and gender diverse youth did not behave and react as one would expect from a similar 'cis' population (12).

## Retrospective national study about gender-affirming surgery and gender dysphoria

The most drastic reaction to try to relieve stress and unhappiness for trans individuals will be to go through a 'Sex Reassignment Surgery (SRS)', also known as gender-affirming surgery. Whether mental health improved after the procedure in the long run was tested in a retrospective national study (5).

Through a database called TriNetX, patients aged 18 and above with gender dysphoria were analyzed. The condition 'gender dysphoria' is listed in ICD-10 (F64). Data were collected from 2014 to 2024 and controlled for age, race, and ethnicity. Mental health was separately assessed for four cohorts experiencing gender dysphoria, separately for males and females undergoing surgery or not. The two groups for males included 2.774 versus 48.090 individuals, and for females, 3.358 versus 67.579 persons.

An additional two cohorts consisted of transgender males (female by birth) who underwent 'masculinizing gender affirming' surgery and transgender females (male by birth) who underwent feminizing surgery. For both cohorts, the diagnosis of gender dysphoria was not considered. Cohorts with surgery were followed for two years. The unhealthy mental status included depression, anxiety, suicidal ideation, and substance use disorder (5).

## Study results as a proportion

For the cohorts with surgery, the prevalence of depression and anxiety increased above that of those avoiding surgery. For females, suicidal ideation with 19.8% was significantly higher to males with 3.4%. Both surgery groups had high substance use disorder. Prevalence for the two groups without an operation but with gender dysphoria were not free from mental health

problems. Suicidal ideation for males accounted for 2.5%, but was significantly higher for females with 8.4%. Substance abuse, with 8.2% for males, was similar for females with 7.1%.

Considering the cohorts with surgery to resemble the opposite sex, i.e., male to transwomen and women to transmen, was particularly harmful for transmen, in that the prevalence of depression amounted to 44.2% versus 24.7%, for anxiety to 14.1% to 8.9%, for suicidal ideation to 5.5% to 4.6%, and substance abuse to 14.4% to 11.2%. All variables differed significantly between groups.

### Risks assessment

The results of the study, expressed as risks, confirm that undergoing surgery is associated with a higher risk for depression, anxiety, suicidal ideation, and substance use disorder compared with those who abstained from surgery. For males undergoing surgery Risk ratio (RR) for depression amounted to 2.203 (95% CI: 1.477 – 3.287), and the RR 4.882 (95% CI: 4.505 – 5.29), as well as substance use disorder with a RR 2.299 (95% CI: 2.158 – 2.45).

In Table 3 of the publication (probably wrongly mentioned in the abstract), the results of mental health after surgery for 3.790 transgender males compared with 4.643 transgender females are given, not considering ‘documented gender dysphoria. Risk assessment of transgender males (girls at birth) in comparison with transgender females (boys at birth) is more harmful for those born as girls compared to boys. RR for depression accounted for 1.789 (95% CI: 1.327-2.389) for depression, and RR 1.284 (95% CI: 1.137-1.45) for substance abuse. The proportion of all variables under investigation, namely depression, anxiety, suicidal ideation, and substance use disorder, differs significantly and is more prevalent among transgender males.

### Body dysmorphic disorder (BDD)

Another, not yet mentioned variable, that was assessed alongside the more obvious mental health diseases, is ‘body dysmorphic disorder’ (BDD) (13). Patients suffering from BDD are obsessed with the impression that their appearance, such as hair, nose, eyes, or the overall body shape, is terribly flawed. The image of a disfigurement is worrying them permanently and affects their function in society as a whole, in daily life, and can lead to suicidal ideation. The severe mental condition, however, was insignificant for all cohorts tested, ranging from 0.3 to 0.4%.

### Authors conclusion and discussion

In the discussion, the absence of BDD is taken as an indication that transgender individuals are generally satisfied with their body image and surgical outcome. This interpretation isn’t validated by the authors and does not seem to go along with the results of the study. The authors finally conclude that ‘male and female patients with gender dysphoria who undergo gender-affirming surgery are at significantly higher risk for adverse mental health outcomes.’ The ‘justification’ of gender dysphoria for gender affirming surgery is nowhere questioned in the discussion. At least it is admitted that girls who identify as transgender males, with gender affirming surgery, meaning having their breasts, their uterus, and ovaries removed, obviously are more affected by serious mental health conditions than transwomen.

## Comments on the gender doctrine

An attempt to get a short insight into the aftereffects of gender affirming surgery for men (with a Google search) resulted in a warning remark against pornography. It's not pornography, but the frightening description of mutilation for males, one should be warned about. Whether it is a good idea to advertise operations to tourists, to be conducted in Thailand, was raised in a foregoing entry, and it was mentioned that the Thai Gay Lobby was less happy with the gender mainstream (4). A group of Thai medical doctors also doesn't appear satisfied with a certain political party that supports the gender mainstreaming trend in Thailand (14).

The authors of the publication referred above are in agreement with the advocates for the gender mainstream doctrine outlined in a letter to the journal *Science*, demanding 'that with support for state and local government institutions should commit to continued insurance coverage for transgender and gender non-confirming people with additional grants and funding' (15). In the Thai context, the necessity of treatment of the aftereffects of surgery is not questionable, but instead the meaning of gender dysphoria in the context of Thai culture should be clarified, and to prevent 'gender confirming' surgery as well as pharmacological intervention against the sex at birth. In particular, this should be intensified for girls, adolescents, and young females. In addition, the aftereffects of 'gender confirming treatment' should be investigated in more depth. In particular, regret after surgery and pharmaceutical intervention should be investigated by sex, age, and time since 'treatment' was administered.

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Frank P. Schelp is responsible for the manuscript's content, and the points of view expressed might not reflect the stance and policy of the Faculty of Public Health, Khon Kaen University, Thailand.

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Grammarly software was used to improve English, but the AI function was disabled.