

Mortality, morbidity and criminal rate amongst post-operative transsexuals.

Danish Study, March 2011. The following abstract is quite significant:

CONTEXT: The treatment for transsexualism is sex reassignment, including hormonal treatment and surgery aimed at making the person's body as congruent with the opposite sex as possible. There is a dearth of long term, follow-up studies after sex reassignment.

OBJECTIVE: To estimate mortality, morbidity, and criminal rate after surgical sex reassignment of transsexual persons.

DESIGN: A population-based matched cohort study.

SETTING: Sweden, 1973-2003.

PARTICIPANTS: All 324 sex-reassigned persons (191 male-to-females, 133 female-to-males) in Sweden, 1973-2003. Random population controls (10ratio1) were matched by birth year and birth sex or reassigned (final) sex, respectively.

MAIN OUTCOME MEASURES: Hazard ratios (HR) with 95% confidence intervals (CI) for mortality and psychiatric morbidity were obtained with Cox regression models, which were adjusted for immigrant status and psychiatric morbidity prior to sex reassignment (adjusted HR [aHR]).

RESULTS: The overall mortality for sex-reassigned persons was higher during follow-up (aHR 2.8; 95% CI 1.8-4.3) than for controls of the same birth sex, particularly death from suicide (aHR 19.1; 95% CI 5.8-62.9). Sex-reassigned persons also had an increased risk for suicide attempts (aHR 4.9; 95% CI 2.9-8.5) and psychiatric inpatient care (aHR 2.8; 95% CI 2.0-3.9). Comparisons with controls matched on reassigned sex yielded similar results. Female-to-males, but not male-to-females, had a higher risk for criminal convictions than their respective birth sex controls.

CONCLUSIONS: Persons with transsexualism, after sex reassignment, have considerably higher risks for mortality, suicidal behaviour, and psychiatric morbidity than the general population. Our findings suggest that sex reassignment, although alleviating gender dysphoria, may not suffice as treatment for transsexualism, and should inspire improved psychiatric and somatic care after sex reassignment for this patient group.

Dhejne, C., Lichtenstein, P., Boman, M., Johansson, A.L., Langstrom, N. and Landen, M. (2011) Long-term follow-up of transsexual persons undergoing sex reassignment surgery: cohort study in sweden. PLoS One 6, e16885

A summary in plainer English: those undergoing sex reassignment are 2.8 times as likely to die from all causes as controls; 19.1 times as likely to die by suicide, 4.9x as likely to attempt suicide, 2.8x as likely to undergo psychiatric inpatient treatment, and had higher criminal convictions.

It is utterly unsurprising that there is so many psychiatric problems, but it has been fashionable to brush this known fact aside.