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**GENDER INCONGRUENCE IN ADOLESCENTS: DIAGNOSTIC (IN)STABILITY OF NEW CLASSIFICATION SYSTEMS**

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**Background:** Gender Incongruence (GI) is a rare condition in adolescence characterized by a marked incongruence between one's experienced gender and the assigned sex. It presents as a combination of: a strong discomfort and/or intense rejection of the behavior/attributes of the born gender, a strong desire to live (and be treated) of the experienced gender, and/or a determination to follow the process of transition (i.e. hormonal therapy, sex reassignment surgery). Psychological functioning and treatment outcome has shown significant variation across transgender individuals.

**Objectives:** This study aimed to investigate the diagnostic stability of GI in adolescents across ICD-10, DSM-IV-TR, DSM-5, and ICD-11.

**Methods:** Case series of four adolescents aged 16-17 (3 female-born and 1 male-born) with GI seen at Child and Adolescent Mental Health Services (London, UK) in 2012, who completed clinical assessments and questionnaires (Utrecht Gender Dysphoria Scale and Gender identity/GD questionnaire for adolescents and adults).

**Results:** GI diagnostic criteria varied across diagnostic systems regarding: (1) number of indicators required, (2) symptoms duration, and (3) presence of clinical distress/impairment. In our case series, the latter led to diagnostic instability: two adolescents did not fulfill DMS-IV-TR and DSM-5 criteria. Nonetheless, the dimensional approach supported the GI diagnosis for the four adolescents.

**Conclusions:** Classification systems evolved in their conceptualization of GI over time evidenced by a shift in the condition name and diagnostic criteria. Diagnostic instability across classification systems may have an impact on their clinical utility. Evidenced-based investigations are required to further assess the clinical utility of the new classification systems.