

TRANSSEXUALISM AND SCHIZOPHRENIA: A CASE REPORT

SUBHASH C. BHARGAVA & SUJATA SETHI

ABSTRACT

Delusion of sex change is not uncommon as a part of the schizophrenic illness. But the co-existence of gender identity disorder (GID) and schizophrenia is rare and show differential response to treatment with anti-psychotics .

Key words: GID, schizophrenia

Transsexualism or gender identity disorder (GID) is described as a strong and persistent cross gender identification with a persistent discomfort about one's assigned sex, and a significant impairment in social, occupational or other areas of functioning in the absence of concurrent physical condition. The prevalence data are scanty. The European statistics and the referrals suggest that roughly 1 per 30,000 males and 1 per 100,000 adult females seek sex reassignment surgery (APA, 1994). The delusions of sex change and associated cross-dressing have been described in the schizophrenic illness (Akhtar and Thompson, 1980) and a parallel improvement in the symptomatic transsexualism and psychotic symptoms with antipsychotic medication has been reported (Commander and Dean, 1990; Caldwell and Keshwan, 1991; Jiloha et al., 1998). The co-existence of schizophrenia and gender identity disorder is very rare. A manual and computer literature search did not reveal any such case. A case of gender identity disorder with co-morbid schizophrenia is reported here.

CASE REPORT

A 25-year-old male presented with hostile

behaviour, disturbed sleep, poor socialization and not doing any work for the past more than six years. He was reported to be different since childhood in that he often dressed like a female and played with girls. His parents hoped that he would outgrow this phase but this continued. He often reported that though he had a body of a man but from inside he felt like a woman. He had homosexual liaison in his adolescence and early adulthood. He insisted for sex reassignment surgery. He was an average student who neither did complete his graduation nor did he make any attempt to find a job. He became increasingly isolated and had no friends. He seldom left the house. Sometimes he showed outbursts of anger and violence especially towards his family. He neglected personal hygiene. At the time of examination he had delusions of persecution, inappropriate affect and auditory hallucinations. Physical examination revealed normal male external genitalia and male secondary sexual characteristics. Diagnosis of schizophrenia with gender identity disorder as co-morbidity was made. Treatment with risperidone (6mg/day) showed favorable response in psychotic symptoms and during a follow up period of two years he did not have any relapse. Sexual dysphoria and GID however persisted.

DISCUSSION

Delusions of sex change as a part of schizophrenic syndrome have been reported in the literature. The present case however, is different in that the transsexualism presented as a co-morbid condition and not as a symptom of schizophrenia. Hyde and Kenna (1977) described a twin pair concordant for trans-sexualism but discordant for schizophrenia and suggested the possibility of these occurring as spectrum disorders. The present case supports this view as the patient showed features of GID much before the onset of schizophrenia and the latter remitted with the treatment but not the former. This may suggest that the gender identity disorder (GID) is a comparatively stable belief of sex change and the schizophrenic symptoms occurred as florid exacerbation of the trait.

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*SUBHASH C. BHARGAVA**, M.D., Associate Professor, *SUJATA SETHI*, M.D., Lecturer, Department of Psychiatry, *PT. B.D. Sharma Postgraduate Institute of Medical Sciences, Rohtak-124001.*

* Correspondence