A Plausible Explanation of Increased Suicidal Behaviors Among Transgender Youths through Interpersonal Theory of Suicide (IPTS): Case Series and Systematic Review

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Introduction

- 2-4 fold higher rates of depression, and anxiety disorders, plus 6 fold increase of SI, and SA in transgender vs cis-gender youth2,3
- NTDS study demonstrated that within transgender group, trans men and trans females have highest rate of SI and SA (46 and 45% vs 41%)4,5
- IPTS is evolving as a model to understand SI in gender minorities6

Objectives

This study aims to examine the pathologic basis of treatment-resistant suicidality in transgender youth using the theoretical framework of IPTS, through report of three patient cases and systematic review.

Methods

- Verbal consent was obtained for the purpose of the study.
- A systematic review was conducted which included an extensive literature search using PubMed and Psych Info (78 articles reviewed)
- Exclusion criteria included eliminating non-English and irrelevant articles to narrow articles down to ~20, until April 2020.

Discussion

- Suicidal ideation and suicide rates among transgender youths is approximately 6 times higher than general population of youths.
- Transgender youths experience depression and SI despite supportive family structures.
- Joiner’s IPTS offers an explanation for suicidality.
- Multifactorial approaches to culture and societal norms need to be revised in order to reduce the likely development of SI in these youth.

Case Series

<table>
<thead>
<tr>
<th>History</th>
<th>Case 1</th>
<th>Case 2</th>
<th>Case 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief complaint</td>
<td>“I don’t want to live”</td>
<td>“I got tired”</td>
<td>“Depression and anxiety”</td>
</tr>
<tr>
<td>Age</td>
<td>11</td>
<td>14</td>
<td>17</td>
</tr>
<tr>
<td>Development</td>
<td>Typical</td>
<td>Typical</td>
<td>Typical</td>
</tr>
<tr>
<td>Transgender status</td>
<td>FTM</td>
<td>FTM</td>
<td>FTM</td>
</tr>
<tr>
<td>Age of realization</td>
<td>4 or 5</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>Age of &quot;coming out&quot;</td>
<td>9</td>
<td>11</td>
<td>14</td>
</tr>
<tr>
<td>Rejected by family</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>SI</td>
<td>Ongoing</td>
<td>Intermittent</td>
<td>Intermittent</td>
</tr>
<tr>
<td>SA</td>
<td>None, but parasuicidal</td>
<td>Yes x 2</td>
<td>Yes x 2</td>
</tr>
<tr>
<td>Interpersonal relatedness</td>
<td>Perceived burdensomeness</td>
<td>Perceived burdensomeness</td>
<td>Perceived burdensomeness, thwarted belongingness</td>
</tr>
</tbody>
</table>

Conclusions

Pediatric transgender populations are at risk of gender dysphoria and suicide despite lacking history of mental illness or family dysfunction. This may be well explained by an inherent sense of burden and isolation as defined by the interpersonal theory of suicide. Understanding unique risk factors and presentations among this population may help us better deliver effective care when faced with resistance to traditional approaches.

Acknowledgments

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References