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2173-5050/

Comments on differences of gender dysphoria between children and teenagers☆

Comentarios sobre las diferencias de disforia de identidad de género entre niños y adolescentes

Dear Editor,

In connection with the paper by Sánchez Lorenzo et al.[1] on psycho-medical care in cases of gender identity dysphoria during adolescence that was recently published in your journal, we would like to comment on certain key points in this information, centring on the differences between gender identity dysphoria in children as opposed to teenagers that were not raised in the paper.

As the work describes, the development of gender dysphoria in these children and teenagers is variable and uncertain, given that only a few cases will be transsexual in adult life. It is therefore prudent to distinguish between children pre- and post-puberty. In the stage before puberty, prospective and retrospective follow-up studies report a persistence of gender dysphoria into adult age in from 12% to 27% of cases.[2,3] Nevertheless, this datum contrasts with the fact that gender dysphoria rarely changes or disappears in those teenagers whose gender dysphoria commenced during childhood and remained stable following puberty.[4,5] In fact, de Vries et al.,[6] in a longitudinal prospective study of 70 young people with gender dysphoria who had been treated using hormonal suppression, observed that all of them achieved diagnostic stability and progression towards crossed hormone therapy.

Due to all of the above factors, the transition period from pre- to post-puberty is of key importance for teenagers to become aware of whether the gender dysphoria they presented during childhood will persist or cease. A study by Steensma et al.[7] states that from the ages of 10 to 13 years old teenagers were aware of whether their gender dysphoria would remain stable or cease.

Another difference between children and teenagers with gender dysphoria lies in the proportion of sexes in each age group. In clinical terms, in children under the age of 12 years old with gender dysphoria the proportion of men to women varies from 6:1 to 3:1.[8] In teenagers over the age of 12 years old with gender dysphoria the proportion of men to women stands at close to 1:1.[9]

To conclude, we agree with the authors that the evolution of gender identity dysphoria in these children and teenagers is variable and uncertain, that this is a complex clinical entity, that it requires a correct response to the demand expressed by the patient, and that this response must be given by a multidisciplinary team (endocrinology, surgery and mental health). Likewise, we consider it to be important to take into account the differences between indi-

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viduals with gender dysphoria pre- and post puberty when informing the patients themselves and their family members, as well as when carrying out the diagnostic process and favouring the proper psycho-social development of the minor. We would like to underline that in spite of the fact that gender dysphoria usually manifests from the first stages of infancy, it is indispensible to consider that the younger the individual with gender dysphoria is, the more important it is to monitor the case and be conservative with medical treatments. This is because the said condition is unstable over time. We consider it to be fundamental to evaluate whether the said dysphoria consolidates and increases in the stages after puberty, to achieve a maximum degree of certainty before starting irreversible medical treatments.

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Tianeptine, antidepressant with positive benefit/risk☆

Tianeptina, antidepresivo con perfil beneficio/riesgo positivo

Dear Editor,

In reply to the letter published in the Rev Psiquiatr Salud Ment (Barc.). 2016;9:176–177 by Calabozo et al.,[1] under the title ''Tianeptine: why has it not been classified as a narcotic in Spain?'', here in Juste SAQF we would like to express certain considerations. Firstly, Juste SAQF is a pharmaceutical company which commenced the commercialisation of medicines in the Spanish market in the year 1922, and since its origins it has always been characterised by strict compliance with the parameters that guarantee patient safety and well-being. Health is the chief objective of Juste, and therefore, according to the pharmacovigilance regulations in force, it monitors medicines and continuously and permanently evaluates their safety profile.

Tianeptina (Zinosal®) is a generic medicine which was authorised in Spain on 13/08/2014, and it is currently commercialised by our company. Tianeptine has been commercialised in France since 1988, and it is authorised in 15 European countries and in 66 countries around the world. The safety profile of Tianeptine is still monitored in the countries where it is authorised, and additionally, it is included in the EURD-list of the EMA for single evaluation of the Periodical Safety Report (PSUSA/00002943/201806; updated DLP: 04/03/2016).

This pharmacovigilance is fundamental given that, as with all medicines, adverse effects may arise which permit the evaluation of each drug in terms of its benefits and risks for each specific disease. In this respect, it is necessary to underline that the last revision undertaken by the French authorities on 5 December 2012, on Tianeptine, concluded that its benefit/risk ratio is still positive.[2] Based on this evaluation, in the section of adverse reactions of the technical data sheet of Zinosal®, it is said that it may be involved in ''*substance abuse and dependency*'', although it states that this basically involves a specific type of patient: ''*above all in patients under 50 years old with a history of drug or alcohol abuse*'', while this adverse reaction is classified under the heading of ''Rare'' (>1/10,000 to >1/1000).

Two years later, in 2014, the French National Medicine and Health Products Safety Agency re-evaluated the information from 2012 to 2013, concluding that the number cases of abuse involving Tianeptine had fallen, given that only 7 cases[3] had been described (ANSM, 2014).

Moreover, it is important to emphasise that Tianeptine has a different pharmacodynamic profile from those of current antidepressants,[4,5] and that it has been proven in

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