Does Gender Identity Impact Clinical High Risk for Psychosis? A Call for More Research.

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Literature Review Results

- Some overlap in presented mental challenges between those at CHR and gender nonconforming individuals: depression, anxiety, suicidal ideations, and victimization/trauma1-3, 11-14
- Childhood trauma/adversities may have some link to increasing the risk of being CHR1
- Childhood adversities are common among GNC individuals4-6
- Some differences found in psychosis symptom presentation/severity among males and females7-8
- Men tend to have more negative symptoms and substance use9
- Women tend to have more positive symptoms and better social integration10
- Family dynamics may be important for both gender nondisclosing and those experiencing psychosis or schizophrenia4-5
- Positive family environments can help mitigate CHR symptoms1, 3
- Positive family environments can also alleviate some GNC challenges4-5
- Possible evidence that gender nonconforming individuals might be at higher risk for psychotic disorders
- Evidence for higher rates of psychotic disorder diagnoses among TG individuals1, 2

Future Directions

- More CHR rating data and gender demographic data from other CHR-P clinics to see if there is a significant difference
- Understand of the unique backgound and difficulties of this who are GNC as it related to CHR
- More research on GNC/TG in relation to CHR
- Develop more informed CHR treatments for GNC and TG individuals with an understanding of unique difficulties depending on the individuals gender identity
- Adjusted family therapy in relation to the client’s gender identity and CHR status

Considerations

- Small sample population analyzed
- Societal gender roles’ impact
- Client’s referral locations
- Limited literature/research on CHR and gender nonconforming individuals
- Some individuals did not give a gender

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Reference Document

CHR-P

- Clinical high risk for psychosis
- ~1.7% prevalence in the USA
- ~15-30% transition rate to acute psychosis14-16
- Specialized clinics for identification, study, and treatments across the country such as Program for Early Assessment, Care, and Study (PEACS) at the University of Colorado School of Medicine – Anschutz Medical Center1

Gender Identity

- Gender identity: cis-gender (CG), gender nonconforming (GNC), transgender (TG)
- ~1.3% TG prevalence in USA1

Exploratory Question

- Do gender non-conforming clients show more psychosis symptoms?

Participants

- Adolescents and young adults (n= 37) who were seen for evaluation at the PEACS and had sufficiently complete gender identity and baseline data

Procedures

- Extensive review of current literature relating to psychosis, CHR, and gender identity
- Gender demographic and clinical assessment data analysis

Measures

- Demographics questionnaire, Self-report age, gender, race, etc. from REDcap
- Structured interview for psychosis-risk syndromes17. A semi structured clinician interview, which measures 5 positive symptoms (unusual thought content, delusion ideas, suspiciousness, grandiose ideas, perceptual changes, disorganized communication) on a spectrum (0 – 6 scale; 0=fully psychotic; 3=threshold for CHR-P, 6=fully psychotic). The SIPS gathers data relevant to determining Current Clinical State (CCS: no psychosis, CHR-P range, and psychotic range)

Clinical Assessment Data

- CG Ratings
  - 17% non psychosis
  - 21% CHR
  - 62% Psychotic

- GNC and TG Ratings
  - 0% non psychosis
  - 0% CHR
  - 100% Psychotic

- 37 clients consisting of 14 cis-female, 15 cis-male, 2 trans-male, 1 trans-female, 5 other/non-binary individuals
- 79% cisgender and 21% GNC and TG

- Levene’s Test for Equality of Variances
  - F 4.341
  - Sig. .045
  - t 652
  - df 35
  - Sig. (2-tailed) .431
  - Mean Difference .661
  - Std. Error Difference .911
  - 95% Confidence Interval of the Difference
    - Lower 1.773
    - Upper .101

- Independent Samples Effect Sizes
  - Cohen’s d 1.692
  - Hedges’ correction 1.692
  - Glass’s delta .535
  - Point Estimate 260
  - 95% Confidence Interval
    - Lower -.515
    - Upper 1.021
  - P 0.000

- Demographic data from PEACS suggests higher a proportion of CHR ratings for gender nonconforming individuals than cis-gender However, the statistical analysis showed no substantial significance.