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Sexual desire in transgender persons in relation with gender affirming hormone treatment: Results from ENIGI, a large multicenter prospective cohort study in transgender people

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Background: The effect of testosterone on sexual arousal has been described in testosterone withdrawal and re-administration studies in birth-assigned males. In birth-assigned females, the relationship between sex steroids and sexual arousal is complex. Several steps in the transitioning process may affect sexual desire: hormone therapy (HT) and gender affirming surgery. HT in transgender men (TM) generally leads to increased sexual desire, masturbation frequency, sexual fantasies and arousal. Studies in transgender women (TW) are often inconclusive.

Methods: This prospective cohort study was part of the European Network for the Investigation of Gender Incongruence (ENIGI). Upon first clinical contact, psychological questionnaires were completed. Sexual desire (the Sexual Desire Inventory), serum levels of sex steroids, relationship status and surgical interventions were prospectively assessed in 766 participants (401 TW, 364 TM) during a three-year follow-up period, starting at the initiation of HT. Data were analyzed cross-sectionally and prospectively.

Results: Baseline SDI scores were comparable in TW and TM ($P=0.342$). In TW, SDI scores decreased from 39.0 [23.0–54.5] (baseline) to 33.0 [16.3–49.8] (12 months) (-4.77 , $P<0.001$), returning to scores comparable to baseline after 18 months ($P=0.114$). After 36 months, SDI scores were higher than baseline scores (51.5 [39.5–61.0], $P=0.003$). In TM, total SDI scores increased from 40.0 [17.0–52.0] (baseline) to 55.0 [40.5–67.0] (+14.61, $P<0.001$) (12 months), remaining stable over the following year and returning to scores comparable to baseline scores (58.0 [23.0 – 62.0], $P=0.250$) after 36 months. Factors associated with higher SDI-scores included having a partner ($P<0.001$), having lower levels of self-reported gender dysphoria at baseline (Utrecht Gender Dysphoria Scale, UGDS) (TW only: $P=0.002$) and undergoing hysterectomy/oophorectomy (TW only: $P=0.035$). Serum levels of sex steroids, type of HT and undergoing other types of surgery did not influence cross-sectional SDI scores. Factors associated with a higher

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prospective increase in SDI scores included undergoing gonadectomy (TW: $P=0.041$, TM: $P=0.001$) and having lower levels UGDS scores at baseline ($P<0.001$). Serum levels of sex steroids, type of HT and undergoing other types of surgery did not influence prospective changes in SDI scores.

Conclusions: Overall, sexual desire scores initially increased in TM and decreased in TW, although three-year results show a small increase in TW and status quo in TM, compared to baseline scores. We observed no association between sexual desire and serum levels of sex steroids. Other factors, such as undergoing gonadectomy, relationship status and gender dysphoria may influence sexual desire in transgender people.

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