

BODY IMAGE, QUALITY OF LIFE AND THE RELATIONSHIP BETWEEN GENDER-AFFIRMING CARE AND DEPRESSIVE SYMPTOM SEVERITY IN TRANS MEN FOLLOWED AT THE GENDER IDENTITY CLINIC OF KOCAELI UNIVERSITY**İlay Dalkıran¹, Ezgi Şişman², Aslıhan Polat¹**¹*Department of Psychiatry, Kocaeli University, Kocaeli, Türkiye*²*Department of Psychiatry, Kocaeli City Hospital, Kocaeli, Türkiye*

BACKGROUND AND AIM: This study examined relationships among body image, quality of life, and depression in trans men followed at the Gender Identity Clinic of Kocaeli University and identified variables predicting depressive symptom severity. It also aimed to clarify the role of body image in psychological and functional outcomes within gender-affirming treatment.

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). This cross-sectional study included 51 trans men receiving follow-up care at the Gender Identity Clinic of Kocaeli University. Data were collected using the Body Image Scale for Transsexuals, the World Health Organization Quality of Life–Brief Form, and the Beck Depression Inventory. Ethical approval was obtained from the Kocaeli University Faculty of Medicine Ethics Committee (Project No: KÜ GOKAEK 2026/39).

RESULTS: Employment, hormone use, longer duration of hormone therapy, and having undergone mastectomy and total abdominal hysterectomy with bilateral salpingo-oophorectomy were associated with lower body image–related distress. Older age, partner presence, hormone use, longer hormone exposure, mastectomy, and longer real-life experience in the affirmed

gender were positively associated with quality of life. Depressive symptom severity was lower among participants who were older, employed, and had longer smoking histories and real-life experience. Total body image scores were negatively correlated with total quality of life scores, while quality of life scores were negatively correlated with depression scores. Quality of life strongly predicted depressive symptom severity, whereas body image predicted depression indirectly through quality of life.

CONCLUSIONS: Depressive symptoms in trans men appear to be shaped primarily through perceived quality of life rather than directly by medical interventions. Hormone therapy and surgical procedures may contribute indirectly to improved quality of life by alleviating body image–related distress. These findings underscore the need for treatment approaches extending beyond symptom reduction and prioritizing comprehensive strategies that enhance overall quality of life. Such an approach may improve long-term psychosocial functioning and support sustained wellbeing across life domains.

Keywords: Body image, depression, gender-affirming treatment, quality of life, trans men