

Management of Gender Dysphoria and Creation of a “Gender Team”

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Gender Dysphoria (GD) is an always existing condition but often denied or ghettoized. Currently it is increasingly in the headlines but not always correctly interpreted. DG, as shown in the DSM-V (Diagnostic and Statistical Manual of Mental Disorders), is no longer considered a mental disorder of the sexual sphere but is perceived as a strong incongruence, that the individual feels between gender that feels to belong and their biological sex, ie the one assigned at birth by birth. This inconsistency creates an illness such that the individual experiences a clinically significant distress [1].

The person with GD often addresses to health services for assistance in the sex reassignment path. Because individuals with GD undergo irreversible medical and surgical therapies, an accurate differential diagnosis is critical to distinguish it from any of the conditions that can mimic somehow its the features but that with this disorder have nothing to do. It is also essential a path and multidisciplinary approach involving various professionals: psychotherapist, endocrinologist, surgeon, urologist, lawyer [2].

The approach to the patient with GD requires a multidisciplinary and multi-professional model of care. The work of the Gender Team starts with taking care of the person with GD and the first consultation with the plastic surgeon and the urologist. Before beginning the process that will lead to sex reassignment surgery, all the treatment options are explained, both medical and surgical, and the patient is informed of all the procedures and therapies to deal with, the consequences and the risks that will arise from them.

After the preliminary discussion, it immediately directs the person to the psycho-therapist who begins an evaluation, which aims at developing the identity conflict and cognitive conflicts that arise along the way.

As a result of irreversible effects on the physical level and the

implications that can occur, even on a psychological level after taking hormones, it is necessary that certain conditions are fulfilled:

- A period of at least six months of psychotherapy before starting hormone therapy;
- Real-life experience of not less than one year in the chosen gender role;
- It is necessary an unanimous opinion of the professionals who have taken care of the person, to obtain the final consent for surgery.

The hormone therapy and sex reassignment surgery (SRS) represent the end point of the path but it is essential an accurate period of follow-up to ensure the well-being, social and psychophysiological conditions of the patient [3].

The creation of the Gender Team is a long and challenging process that requires skilled and motivated professionals. The selection of the involved professionals is essential, as well as the choice of the hosting medical facility and the setting of an intimate environment for visits, follow up visits and hospitalization.

The approach to the subject with Gender Dysphoria, must always be understood as a multidisciplinary process that involves several figures professionally qualified and competent to work together in team with the purpose of the psycho-physical well-being, and patient's comfort.

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