Letter to the Editor Regarding the Paper "Coping with Gender Dysphoria in a Rural Environment during Adolescence"

Carta ao Editor Referente ao Artigo "Manifestações da Disforia de Género no Adolescente em Ambiente Rural"

**Keywords:** Delivery of Health Care; Gender Dysphoria; Transgender Persons

Palavras-chave: Disforia de Género; Pessoas Transgénero; Prestação de Cuidados de Saúde

## Dear Editor,

The article "Coping with Gender Dysphoria in a Rural Environment during Adolescence", published in May 2024 in your journal, authored by Ribeiro *et al*, aims to describe a clinical case of early intervention in gender incongruence (ICD-11)² or gender dysphoria (DSM-V TR)³ and its respective multidisciplinary approach centered on the patient and their family. It highlights not only positive aspects but also concerns and needs already identified regarding the correct practices of gender-affirming intervention.

The published clinical case reinforces the weaknesses of the healthcare system for a minority population, where responses are scarce, often requiring travels of over 200 km for access to specialized healthcare. Multidisciplinary teams intervening in gender incongruence are currently located in three urban centers: Porto, Coimbra, and Lisbon; their number decreases when dealing with individuals under 18 years old.

Many diverse gender adolescents, through informed consent and legal representatives, within the context of integrated and multidisciplinary intervention, may benefit from medical gender-affirming interventions (pubertal blockade, gender-affirming hormone therapy, and mastectomy), with a positive impact on reducing dysphoria and improving the psychosocial functioning of the individual.<sup>4,5</sup>

The article reveals several apparent system failures, including the lack of response by a specialized team because the patient is outside the hospital's catchment area; gate-keeping by a mental health professional with no apparent

subsequent referral to a specialized multidisciplinary team; and the intervention by a pediatric endocrinologist without apparent integration into a multidisciplinary team.

In light of the above, it is urgent to train and empower healthcare professionals by integrating specific gender diversity content into national medical schools' curricula, as well as in medical residency programs with greater contact with this population (family medicine, child and adolescent psychiatry, psychiatry, pediatrics, endocrinology, obstetrics and gynecology, urology, plastic surgery, otorhinolaryngology, physical medicine, and rehabilitation). This training should also be extended to other healthcare professionals, such as nurses, social workers, physiotherapists, speech therapists, among others.<sup>6</sup>

Nevertheless, we must commend the intervention and dedication of the family health team which quickly identified and acted in the best interest of the patient with a comprehensive view of their intervention at individual, family, and community levels. There is an urgent need for greater intervention capacity at various levels of healthcare in terms of gender diversity and the reduction of stigma, discrimination, and barriers to access to appropriate care through genderaffirming intervention training.

## **COMPETING INTERESTS**

The author received participation fees associated with training sessions for healthcare professions in the fields of depression promoted by Angelini and Lundbeck. These fees are not related to this paper.

The author is also a Consultant of Direção Geral da Saúde (National General Health Administration) in the field of LGBTI+ people health, and a Member of the Task Force in charge of Following-Up the Implementation of a LGTBI oriented Health Strategy (Secretaria do Estado do Ministério da Saúde/ State Secretariat for the Health Ministry).

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