INVITED SPEAKERS

In-practice policies to promote an inclusive health care for transgender people

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Studies carried out across a variety of different contexts have shown that transgender people face significant barriers to accessing health care and health-determining resources, such as education, employment and housing. Harassment and discrimination contribute to high rates of stress and make transgender individuals significantly more likely to experience poor health outcomes. The scientific and institutional debate has highlighted some issues to be tackled for better well-being and health of transgender population. First, there is scarce information on the general status of transgender people's health. In fact, trans-sensitive health care is not only about accessing hormonal and/or surgical gender affirming pathway but it also includes prevention and screening programs, care for chronic conditions, etc. Second, many health care providers lack basic knowledge of the health experiences of transgender people. Third, the lack of independent, certified and up-to-date information, easily accessible to users, both in terms of health and legal rights, contributes to social exclusion mechanisms undermining the right to health for transgender people. Thus, it is urgently warranted to fill all these gaps to provide an effective and appropriate evidence-based prevention and care so as to ensure health equity for transgender people. In this regard, the Reference Center for Gender Medicine at the Italian National Institute of Health, thanks to a close network of collaborations, has been carrying out different projects on transgender well-being and health including research activity, training of health care providers, and communication to citizens. In particular, we recently conducted a study concerning health condition of transgender adults which highlighted the difficulty of accessing health services, in particular cancer screening, with the percentage of those who feel discriminated against because of their gender identity reaching almost 50%. This study also showed that lack of knowledge on transgender health and the use of inappropriate terminology by health care providers were reported by users as the main obstacles in accessing health services. Moreover, as shown by another survey we recently carried out, health care providers themselves underline the need for specific training on health aspects related to gender identity that is not currently part of the university curriculum. In this regard, our center is organizing CME courses, conferences, and is carrying out the publication of brochures and books on transgender issues dedicated to health care providers. Finally, a crucial aspect that we are dealing with is about informing citizens with the creation of Infotrans.it, the first institutional web site providing transgender population with health and legal information. Communication campaigns aimed on the one hand at making general population more aware of discrimination and on the other hand at making transgender people more informed about the importance of prevention for what concerns their health are also underway. All these activities could represent a first step towards a more inclusive health policy aimed at improving access to transgender health care.

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INVITED SPEAKERS

Why are rheumatic autoimmune diseases on the rise? The history of gender role

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Autoimmune diseases (AID) are a group of disorders characterized by damaging immune responses to self-antigens which are for the most part of unknown etiology. Number of epidemiological studies have demonstrated that AID affect about 3-5% of western population, in particular women, with a prevalence that continue to increase progressively. Since rheumatic AID (RAID) are the most frequent non organ specific AID, the careful observation of their characteristics may contribute to understand the possible origin and development of main AID. First of all, as the most common biomarker of autoimmunity are the antinuclear antibodies (ANA), their determination in the general population may be useful to establish the role of some relevant aspects, including demographic factors such as older age, female sex and parity, genetic factors, and various environmental exposures, including chemicals, infections, and medications [1]. Another relevant point which may be offered by studying RAID is the possible origin of these diseases, due to the possibility of recognizing them by means of literature, picture, sculpture and mainly, by palaeopathology. In this context, it is very important the observation that rheumatoid arthritis (RA), the most frequent non-organ specific AID was first described only in 1800 and attributable to the French physician Landré Beauvais, who reported the observation of nine cases, all females affected with a polyarthritis evolving in non-reducible deformations [2]. These patients were pales and skinny, coming from a poor milieu, in contrast with patients with gout who habitually are overweight and ruddy, and coming from upper class. He defined this disease "astenic gout", while the name of RA was introduced by the English Garrod in 1859. Thus, this observation is crucial because strongly suggest that AID, at least RAID, are recent diseases and, on the other hand, affirm the central role of the femal sex in the their pathogenesis. Among the various hypotheses able to explain this "explosion" of AID, one of the most convincing is the "genetic bottle-necks" [3]. Probably some genetic variants, including those associated with HLA-DRB1* loci, while conferring resistance toward infections, in