

were obtained through a structured interview.

Results: when we stratified our patients according to the clinical diagnosis of Hypoactive Sexual Desire Disorder (HSDD), we found that those with HSDD showed a worst psychological profile than those without, in particular a higher score at EDE-Q and BDI (all $p < 0.05$). To further verify the impact of the different psychopathological aspects on the risk of having HSDD, we found that the only questionnaires scores that contributed to this dysfunction were EDE-Q (OR 1.678, IC [1.164-2.421]; $p = 0.006$), total BDI (OR 1.055, IC [1.006-1.107]; $p = 0.027$) and SIS1 (OR 1.101, IC [1.109-1.190]; $p = 0.015$), after adjustment for age. After simultaneous analysis in a multivariate model of the three questionnaires, we found that both a higher EDE-Q score and a higher SIS1 score were significant risk factors for HSDD ($p = 0.007$ and $p = 0.034$, respectively). Finally, we observed a significant positive association between frequency of BE and sexual distress, as assessed by FSDS-R total score.

Conclusions: In a population of women affected by FSD, ED traits could negatively affect sexual desire, representing a relevant risk factor for the clinical diagnosis of HSDD. In a clinical perspective, it would worth to investigate the relative change in FSD and ED after treatment for ED and vice versa.

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POSTERS

Well-being and health of transgender people: a national survey on training needs for general practitioners

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Transgender is an umbrella term that refers to people whose gender identity differs from the sex assigned at birth. This condition is also defined as 'gender incongruence'. In some cases, gender incongruence is associated with deep suffering, anxiety, depression and/or impaired functioning in social, occupational or other important areas. For these reasons, some transgender people intervene on their body through a medical gender affirming pathway that includes different stages, such as hormonal and / or surgical treatments, in order to match physical characteristics with identified gender. According to international recommendations, this process involves a multidisciplinary team, where general practitioners represent the first contact for the individual.

International data underline that the lack of knowledge on transgender well-being and health, as well as the use of inappropriate terminology by health professionals, represent the main obstacles

encountered by transgender people. Furthermore, most of the transgender associations report that transgender people suffer discrimination in accessing health services. Therefore, transgender people often decide not to contact health services (or leave them after the first access), sometimes resorting to self-administration of drugs, particularly sex hormones, without adequate medical checks. On the other hand, health care to transgender people requires specific skills which are not provided by training courses.

The Reference Center for Gender Medicine (Italian National Institute of Health) in collaboration with The Bridge Foundation and the Italian College of General Practitioners and Primary Care, has launched a national survey aimed at assessing general practitioners' degree of knowledge on well-being and health of transgender people, carried out through an anonymous questionnaire. The results obtained will be analyzed with the purpose of investigating general practitioners' training needs in order to plan specific training courses.

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POSTERS

Health status of the adult Italian transgender population: a preview of lifestyle and nutritional habits

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Transgender persons suffer from numerous health disparities including difficult access to quality care due to several factors such as poor knowledge about transgender health needs. The Reference Center for Gender Medicine at the Italian National Institute of Health, in collaboration with other public health institutes and transgender communities recently carried out a cross sectional study aimed to investigate the health status of the adult transgender population in Italy in order to provide useful data for a more inclusive health planning. The study consisted of an electronic questionnaire, filled out anonymously, partially by respondents and partially by health care providers, through the use of codes. 961 subjects were enrolled (mean age \pm SD, 30 years \pm 11): 335 Assigned Males