

Telemedicine for endocrinological care of transgender subjects during COVID-19 pandemic

The transpopulation represents a vulnerable population segment both socially and medically, with a higher incidence of mental health issues. During the COVID-19 outbreak, transgender persons have faced additional social, psychological and physical difficulties.^{1,2} In Italy and in several other countries access to healthcare has been difficult or impossible thereby hindering the start or continuation of hormonal and psychological treatments. Furthermore, several planned gender-affirming surgeries have been postponed. These obstacles may have caused an additional psychological burden given the positive effects of medical and surgical treatments on well-being, directly and indirectly, reducing stressors such as workplace discrimination and social inequalities.³ Some organisational aspects should also be considered: binary gender policies may worsen inequalities and marginalisation of transgender subjects potentially increasing the risk of morbidity and mortality.

As with the general population, during the lockdown, the Internet and social media were useful in reducing isolation and, in this particular population, were also relevant for keeping in touch with associations and healthcare facilities with the support of telemedicine services.⁴ Addressing the role of the telemedicine in the transpopulation, between May and June 2020 we conducted an anonymous web-based survey among transgenders living in Italy (ClinicalTrials.gov Identifier NCT04448418). Among the 108 respondents, with a mean age of

34.3±11.7 years, 73.1% were transmen and 26.9% transwomen and 88.9% were undergoing gender-affirming hormonal treatment (GAHT). One in four subjects (24.1%) presented a moderate-to-severe impact of the pandemic event (Impact of Event Scale score ≥26). The availability of telematic endocrinological visit was associated with better Mental Health Scores in the 12-items Short Form Health Survey(SF-12) (p=0.030) and better IES (p=0.006).

Our survey suggests a positive effect of telemedicine as the availability of telematic endocrinological consultations may have relieved the distress caused by the pandemic by offering the opportunity to avoid halting GAHT. In fact, deprivation of GAHT may result in several negative effects such as the increase in short-term self-medication and in depression and suicidal behaviour not only for those waiting for the start of treatment but also for those already using hormones.⁵ In conclusion, particular attention should be paid to vulnerable groups like the transpopulation who may pay a higher price during the pandemic. The use of telemedicine for continuation and monitoring of GAHT may be an effective tool for mitigating the negative effects of the pandemic.

Giulia Gava , Renato Seracchioli, M. Cristina Meriggiola

Correspondence to Dr Giulia Gava, Department of Medical and Surgical Sciences (DIMEC), Gynecology and Physiopathology of Human Reproduction, University of Bologna Hospital of Bologna Sant'Orsola-Malpighi Polyclinic, Bologna, Emilia-Romagna, Italy; giulia.gava2@unibo.it

Acknowledgements The authors thank Julie Norbury for English copy editing.

Contributors All the authors contributed to the letter.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests No, there are no competing interests.

Patient consent for publication Not required.

Provenance and peer review Not commissioned; internally peer reviewed.

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To cite Gava G, Seracchioli R, Meriggiola MC. *Evid Based Ment Health* 2020;**23**:e1.

Received 6 September 2020

Revised 21 September 2020

Accepted 28 September 2020

Published Online First 8 October 2020

Evid Based Ment Health 2020;**23**:e1. doi:10.1136/ebmental-2020-300201

ORCID iD

Giulia Gava <http://orcid.org/0000-0001-9232-312X>

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