

# Observational and Longitudinal Study: Determining the Relationship Between the Transition Pathway in “Gender Dysphoria” and the Presence of Concomitant Anxiety-Depressive Symptoms.

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## INTRODUCTION

Gender dysphoria (GD) is frequently associated with anxiety and depressive symptoms. This real-world longitudinal observational study examined their course during the early stages of gender affirmation. To assess changes in depression and anxiety from T0 (intake) to T1 (~1 month, after GD diagnosis) and T2 (6 months after initiation of gender-affirming hormone therapy); (2) to compare clinician-rated (HDRS/HAM-D; HARS/HAM-A) and self-report measures (BDI-II; STAI-Y1/Y2); (3) to explore T0-T1 correlations; (4) to describe socio-clinical features and psychotropic use.

## METHODS

Seventeen adults were followed in an outpatient GD clinic (mean age  $25.5 \pm 6.7$  years; 58.8% assigned female at birth; 10 FtM, 7 MtF). RMANOVA was conducted on nine participants with complete T0-T1-T2 data for each scale; Pearson correlations used all 17 with T0-T1 data. Clinical-demographic and treatment information was collected.

## RESULTS

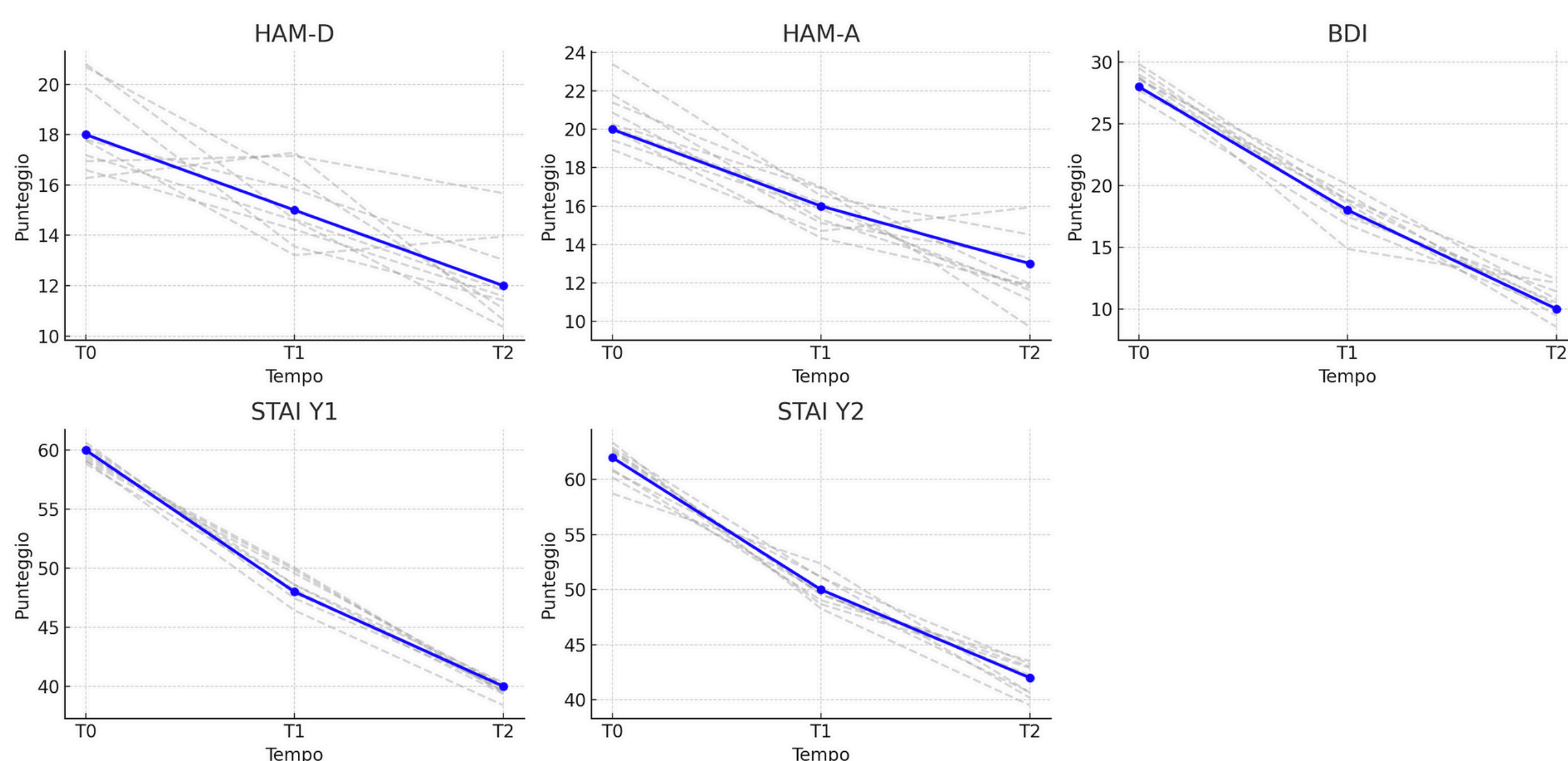


FIG. 1: Trend of mean scores and individual trajectories for each scale.

Repeated-measures ANOVA showed significant improvements over time for HDRS ( $F(2,16)=3.80$ ;  $p=0.045$ ), HAM-A ( $F(2,16)=4.77$ ;  $p=0.024$ ), BDI-II ( $F(2,16)=42.58$ ;  $p<0.000001$ ), STAI-Y1 ( $F(2,16)=16.47$ ;  $p=0.00013$ ), and STAI-Y2 ( $F(2,16)=15.00$ ;  $p=0.00021$ ). Trajectories were more uniform for self-report measures, with reductions evident by T1 and further decline at T2. T0-T1 correlations were weak/non-significant for HDRS ( $r=0.36$ ;  $p=0.152$ ) and HAM-A ( $r=0.44$ ;  $p=0.081$ ), but very high and significant for BDI-II ( $r=0.89$ ;  $p=0.000002$ ), STAI-Y1 ( $r=0.87$ ;  $p=0.000006$ ), and STAI-Y2 ( $r=0.84$ ;  $p=0.000023$ ) [Fig1].

## CONCLUSIONS

Access to dedicated care and initiation of the gender-affirmation process (including hormones) are associated with clinically and statistically significant reductions in depressive and anxious symptoms, more readily captured by self-report tools. Clinician-rated scales show greater inter-individual variability, suggesting heterogeneous change trajectories. Limitations include small sample size and naturalistic setting. Findings support integrated, culturally sensitive, multidisciplinary care and warrant larger longitudinal studies.

