suffer restricted opportunities, discrimination and harassment at work despite the existence of anti-discrimination and equalities legislation. It is estimated that up to 40% of people with gender dysphoria may not be receiving appropriate help.
Objective Review of UK policies, guidelines, legislation and research on challenges faced by gender-variant people and ways to improve their care and lives.
Aims To improve gender-variant people access to care and ways to fight inequalities.
Methods MEDLINE, PsycINFO databases were searched for articles published between 2005–2015 containing the keywords "gender dysphoria", "gender-variant people" and "transgender people". Relevant policies, guidelines and legislations were also reviewed.
Results Transgender people still face major health inequalities and discrimination. National statistics show that 80% have experienced harassment, 62% suffered discrimination at work or home and 54% reported being denied access to NHS care due to lack of cultural competency from staff. Guidelines, research, policies and equality legislation have begun to be implemented to protect transgender people from discrimination and accord rights.
Conclusions Many areas need attention and improvement including not only healthcare but also employment, education, housing and media perception. Promotion of equality in the general population with the aim of achieving cultural change and improvement of cultural competency of health professionals is needed.
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EV1206

Personality traits and personality disorders in gender dysphoria

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Investigations in the field of gender dysphoria (GD) have been mostly related to psychiatric comorbidity and severe psychiatric disorders, but have focused less on personality traits and personality disorders (PDs).
We aimed to assess personality and the presence of PDs in a sample of 25 persons with GD attending the Psychiatric Clinic or the Department of Endocrinology of the University of Cagliari requesting sex reassignment therapy. They were assessed through the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) and the Structured Clinical Interview for DSM-IV Axis II (SCID-II).
The sample consisted of 14 MtF and 11 FtM, with a mean age of 29.6 ± 9.5. Overall, 39.1% of the sample met the criteria for at least one PD, more frequently cluster-B PD (21.7%). MtF met a higher number of SCID-II criteria than FtM, especially regarding histrionic personality traits ($P = 0.001$). A total of 20 persons (9 MtF and 11 FtM) completed the MMPI-2. Mean T scores did not differ from the general population, except for the Psychopathic Deviate (Pd) scale (mean $T = 66.2 \pm 11.2$). The Masculinity-Femininity (Mf) scale was slightly increased, and its score reduced after correction for perceived sex ($P = 0.037$). MtF scored significantly higher at the Family Problems (FAM) scale ($P = 0.052$) and lower at the Social Discomfort (SOD) scale ($P = 0.005$) compared to FtM.
The high prevalence of PDs confirms that this kind of assessment in GD is of great importance, as a key part of personalized treatment plan tailoring. The high scores on the Pd scale suggest misidentification with societal standards.
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Body image and gender role perceived in gender dysphoria: Cross-sex hormone therapy effects

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The gender dysphoria (GD) refers to the distress caused by the incongruence between gender identity and biological sex. This occurs, especially in pre-treatment cross-sex hormone therapy (CHT), with a marked dissatisfaction with their body image.
The purpose of this study is to evaluate the role of perceived gender in a total of 20 subjects (9 MtFs and 11 FtMs), presented for initiation of CHT at the Psychiatric Clinic or Department of Endocrinology of University Hospital of Cagliari and deemed appropriate to take the transition path aimed at sex reassignment. On a subsample of 7 patients (2 MtFs and 5 FtMs) were then evaluated changes, in terms of improving the acceptance of body image, at 2 months after initiation of CHT, using the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) (focusing on MF, Gm and Gf scale), the Bem Sex Role Inventory (BSRI), and the Body Uneasiness Test (BUT).
The MF scale shows a moderate elevation, which is reduced significantly as a result of correction for perceived gender rather than biological sex. MtFs get higher scores on the Gf scale and lower scores on the Gm scale than FtMs. This trend is confirmed by the average scores of BSRI: MtFs are more "feminine"; while the FtMs are less "masculine". This denotes an excessive identification by MtFs with the female gender role. Before initiating the CHT, the BUT score was indicative of clinically significant distress, which decreased during the CHT.
In conclusion, CHT reduces evidently body discomfort, due to the progressive reduction of the discrepancy between biological and desired gender.
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Clinical characteristics of gender identity disorder

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Traditionally, gender identity disorder (GID) is associated with high level of psychiatric comorbidity, particularly psychotic and affective disorders. The aim of this study is to evaluate clinical aspect of GID in a sample of patients in charge of the Operative Unit for Diagnosis and Therapy of GID, Psychiatric Clinic and the Department of Endocrinology, University of Cagliari.
Assessment was made by SCID-I, for Axis I comorbidity, GAF, for global functioning, BUT for body discomfort (BUT-A measures different aspects of body image, BUT-B looks at worries about particular body parts).
The sample comprised 14 MtF (56%) and 11 FtM (44%), of age between 17–49 years; a diagnosed psychiatric disorder was reported in 32%: 16% mood disorders, 12% anxiety disorders, 4%