changes in adiposity markers and multiple adjustments including for the effects of depressive episodes will be presented. The cohort included 2479 randomly selected 35 to 66 year-old white residents (mean age 49.9 years, 53.3% women) of an urban area who accepted the physical and psychiatric evaluations at baseline and follow-up (76.8% participation at the follow-up). Diagnostic information on mental disorders, treatment use including psychotropic drugs was elicited using a semi-structured interview. Independently of the effect of antidepressants used during the follow-up and the effects of depressive episodes, the number of any antidepressant compounds used prior to baseline was associated with lower increase of body mass index (BMI), whereas the use of antidepressants during the follow-up was associated with steeper increase in BMI and waist circumference. Within AD classes, the use of tricyclic AD (TCA) and selective serotonin reuptake inhibitor (SSRI) prior to baseline was associated with lower increase, the use of SSRI during follow-up was associated with steeper increases in BMI. Similarly, the use of SSRI prior to baseline was associated with lower increase, the use of TCA and SSRI during the follow-up was associated with steeper increase in waist circumference. Finally, the use of SSRI during follow-up was also associated with steeper increase in fat mass. The findings support unfavorable obesogenic effects of sustained treatment not only with TCAs but also with SSRIs, suggesting that the benefit of long-term administration of these AD classes should be carefully weighed against the potential risk of weight gain.

Disclosure of Interest: None Declared

SP0048

Gender Diversity-Related Mental Health Care: Evidence, Trends, Obstacles

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Abstract: Gender identity may be experienced within a broad spectrum beyond the binary understanding of sex concerning genital characteristics. In people with gender identities not congruent with the gender culturally associated with the sex assigned at birth, distress related to biopsychosocial correlates of this condition may arise. In current diagnostic systems, this is considered within the framework of "Gender Incongruence" (ICD-11) and "Gender Dysphoria" (DSM 5). Although this diversity is known to be present throughout the ages, the terms related to gender identity were introduced to medical literature a hundred years ago. They were popularized with the advances in medical procedures that assist individuals in acquiring physical features aligning with their gender identity and expression. There has been an increase in research interest with increasing numbers in medical centers working on gender-affirmative medical procedures. Starting from the 1970s, international organizations prepared guidelines on the standards of care for trans and gender diverse (TGD) individuals. Despite all the progress in the gender-affirming medical care provided to TGD individuals and the changes in the legal recognition of gender, health inequalities persist globally. The discrepancy in mental and physical health conditions has long been shown to be associated with "minority stress." The minority stress perspective suggests that distal and proximal chronic stressors arising from society are associated with adverse health outcomes for TGD individuals. Resilience against these stressors is more robust with better coping styles and social support. Lately, structural stigma and discrimination have been shown to be an important source of inequality. Therefore, much more progress is still required with respect to societal inequalities, human rights, and structural transphobia for the improvements in medical care to impact the global health condition of TGD people. However, lately, there have been attempts to restrict TGD individuals' access to medical care and their legal rights, even if they were not close to the level they ought to be. This backlash mostly sits on the discussion on the management of TGD adolescents and children. Models of care for these age groups have been developed for decades, and despite evidence of the protective and beneficial effects on health and development, in many countries, there are attempts to block their access to medical care. Growing debate on TGD care turned into a political combat, where scientific evidence and human rights perspectives are often ignored. These tendencies present a strong challenge for public health and the professional identity and practice of healthcare professionals.

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SP0049

Investigating LGBTQ affirmative attitudes and needs for better practice among Hungarian healthcare professionals

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Abstract: Introduction: LGBTQ (lesbian, gay, bisexual, transgender, queer) people often do not seek health care and do not identify as LGBTQ people because of fear of judgment, stereotyping, and discrimination by health professionals. All of this is a particularly worrying phenomenon, because various mental difficulties, risky behaviors, and certain types of somatic and psychosomatic diseases may appear in a higher proportion among them.
Objectives: Attitudes related to LGBTQ people were examined in several areas in Hungary. Most of our data comes from psychologists, however, a comprehensive examination of health professionals' attitudes towards LGBTQ people has not yet been carried out.
Methods: In a cross-sectional online survey, we ask healthcare professionals (medical doctors, nurses, other graduate healthcare professionals and medical university students) to fill out our questionnaire. The participants complete the Modern Homonegativity Scale and the Lesbian, Gay, Bisexual and Transgender Clinical Skills Development Scale.
Results: We assume that the majority of Hungarian healthcare professionals have a neutral or positive attitude towards LGBTQ people, but they struggle with a significant lack of affirmative skills. We will present our results in detail in the presentation of the symposium.
Conclusions: There is an urgent need to provide the appropriate affirmative knowledge material to Hungarian healthcare workers.

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