On January 28, the board of the Representatives selected by the Regions for the application of the National Plan on Gender Medicine approved last year by the State-Regions Conference, pursuant to Art. 3 of Law 3/2018, met for the first time at the Italian National Institute of Health (ISS - Istituto Superiore di Sanità). With this first meeting, the Panel – born from the joint commitment of the Ministry of Health and the Center for Gender Medicine of the ISS – aimed at drawing an accurate picture of the existing situation, while identifying the activities necessary for a correct and uniform national application of gender medicine.

This meeting is a first tangible step for the application of the Law. For this purpose, critical is the work of the Regional Representatives, who will have to identify and transfer into each Region the activities specified by the National Plan, for their implementation within the regional health plans and for the inclusion of gender as both a clinical and organizational indicator.

The Plan, adopted by Decree of the Minister of Health of 13 June 2019, identifies gender as an essential part of the clinical activity, as well as of the planning and organization of the healthcare offer, in order to ensure the appropriateness of the services, according to the principles of equity and universality of the National Health Service.

To describe the state of the art at national level, each Representative was provided with a form to be filled in with data relating to their own Regional Health Service. Each Region reported the actions undertaken in their own territory and those planned in the short and medium term. As expected, a considerable heterogeneity emerged at national level, with some Regions already organized in the gender medicine field and others that have yet to take the first steps, but all of them showed participation and interest. Since each Representative will have to establish a regional technical group of experts in this sector, the first need arisen from the meeting was to organize specific training courses, mainly where these figures are not present. To achieve the proposed objectives, it will be essential to create a collaborative network between central Institutions, such as the Ministry of Health and the ISS, and the Regional Representatives, who in turn will form a widespread network within their territory in order to introduce the gender approach into the healthcare practice of each referral hospital and local health unit. This important and well-shared opportunity represented the first step towards an actual application of gender medicine, a step that places Italy at the forefront in Europe.

The hope for the near future is to be joined by the Observatory dedicated to this issue, as required by Law 3/2018.
Let’s consider, by way of example, the following two cases.

In Kawasaki disease – an acute systemic vasculitis affecting small- and medium-caliber vessels – gender has a role in the pathogenesis and course of the disease. More specifically, male gender represents a negative prognostic factor: in males, in fact, a higher incidence of the disease has been found, together with a superior resistance to therapy and a more frequent manifestation of cardiovascular complications. Therefore, it is important to recognize that male gender represents a risk factor for Kawasaki disease, which can also be explained in light of the recent evidence on the different immune responses between the two sexes, already present in children.

Also in bronchiolitis – an acute infection of the lower respiratory tract with a viral etiology – gender-related differences are described in the literature. The incidence of bronchiolitis is higher in males, but the inflammatory response in females shows higher levels of inflammatory indexes. From a clinical point of view, sex acts as a modulating factor on the duration of the oxygen therapy, which is differentiated depending on the etiological agent involved.

Much literature on gender differences is also available with regard to congenital heart disease (cases occurring in men are more serious), infectious diseases (with a higher incidence in men), vaccine response, autoimmune diseases (despite being less pronounced in children than in adults, they still show important differences between the two sexes), autism (more frequent in males) or idiopathic scoliosis (much more frequent in females).

Being able to prevent – thanks to a targeted screening – some of these conditions and to treat them in a more specific way, based on sex, would make it possible to reduce complications and improve prognosis.

On January 31, 2020, the SIP branch of the Veneto Region organized a congress on gender pediatrics, which will certainly be followed by others. The creation, within the SIP, of a national study group has therefore the objective of expanding the patient case history and creating a network of specialists who can work together on several fronts, in order to expand the pathophysiological knowledge underlying these differences and ensure a correct application of gender pediatrics in clinical practice.