**Gender Affirming Surgery and Reduced Rates of Psychiatric Co-Morbidities**

**ABSTRACT**

**Introduction:** Limited data exists regarding the prevalence of psychiatric co-morbidities in patient with gender dysphoria (GD) who have undergone genital reconstruction for gender affirmation (GRGA). This study aimed to investigate rates of psychiatric co-morbidities in patients with GD who have undergone GRGA.

**Methods:** We conducted a cross-sectional analysis using TriNetX, a healthcare database with >250 million patients. Using CPT and ICD-10 codes, we identified and compared psychiatric co-morbidity rates in two cohorts: 1) patients with GD without GRGA, 2) patients with GD with GRGA. Patients were matched according to age, biological sex, race/ethnicity, and common health co-morbidities.

**Results:** We identified 4,061 patients with a history of GD with GRGA and 100,097 patients with a history of GD without GRGA. In the GD with GRGA cohort, the mean age was 36.1, while in the GD without GRGA cohort the mean age was 37.1. In both cohorts, the majority were biologically female sex and the predominant race/ethnicity was white. At one year post-surgery and relative to GD without GRGA, the GD with GRGA cohort had significantly lower rates of depression (OR 0.748, p < 0.0001), anxiety (OR 0.730, p < 0.0001), substance abuse (OR 0.527, p < 0.0001), and suicidality (OR 0.404, p < 0.0001). At five years post-surgery, the GD with GRGA had sustained reduced rates of the psychiatric co-morbidities, as well as PTSD (OR 0.831, p = 0.028).

**Conclusion:** Our study illustrates that patients with GD who have undergone GRGA have reduced psychiatric co-morbidities. These findings provide valuable insights for providers and policy makers, enabling them to develop targeted interventions and support systems to enhance the mental health outcomes of individuals with GD.