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SYMPOSIUM SESSION

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Abstract

Clinical utility refers to the degree and the amount of influence that an instrument has on multiple decisions and outcomes in clinical practice. According to the classical biomedical model, symptoms are supposed to cluster together with relatively but substantial homogeneity, are attributable to one underlying pathophysiological mechanism, and the appropriate treatment should be followed by the patient with maximum adherence. Unfortunately, this model is less valid when there is a wide inter-individual variability of symptoms and the course of syndromes, no single biological pathways can be identified as causative agents, and psychosocial factors largely interact with treatment follow-up. The DSM-5 model of diagnosis in medical illness (Somatic Symptom Disorder, SSD) has improved the older DSM-IV criteria of somatoform disorders by eliminating the reference to medically unexplained somatic symptoms and requiring the presence of certain psychobehavioral features. Nonetheless, its clinical utility is limited by the lack of reference to the contextual environment and the relevance of symptoms on individual illness representation. Two alternative models are represented by the Bodily Distress Syndrome (BDS) and the Diagnostic Criteria for Psychosomatic Research (DCPR). A wide body of literature in the past 20 years has shown that these two alternative models are clinically more useful than DSM-based category, even though they received little if any consideration in the recently revised official psychiatric classification.

Diagnostic criteria for psychosomatic research (DCPR) in fibromyalgia patients

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Abstract

Introduction: Although many studies highlighted the importance of the psychological component associated with Fibromyalgia (FM), few studies investigated the clinical utility of the Diagnostic Criteria for Psychosomatic Research (DCPR) in FM. The aim is to investigate the prevalence of psychosomatic syndromes, as assessed with the DCPR, in a group of FM patients and to evaluate their impact on the psychosocial functioning.

Methods: Two groups of 101 patients with FM or Rheumatoid Arthritis (RA) were assessed using the DCPR, the Hospital Anxiety and Depression Scale (HADS) and the SF-36 that

evaluates the physical (SF-36_PC) and mental (SF-36_MC) component of health related quality of life.

Results: The results indicated a significantly higher prevalence of psychosomatic syndromes in the somatization (persistent somatization: 64.4% vs 14.9%; conversion symptoms: 48.5% vs 6.9%; anniversary reaction: 45.5% vs 17.8%), irritability (type A behavior: 57.4% vs 34.7%; irritable mood: 40.6% vs 24.8%), and demoralization (51.5% vs 17.8%) clusters of the DCPR in FM compared to RA patients. The multiple linear regression indicated that, even controlling for depressive ($p < .001$) and anxiety symptoms ($p = .027$), abnormal illness behavior ($p = .006$), somatization ($p = .021$) and demoralization ($p = .025$) were statistically significant contributing factors in explaining the negative impact of FM on the SF-36_MC.

Conclusion: The data confirmed a very high prevalence of psychosomatic syndromes in FM patients. Furthermore, psychosomatic syndromes showed a predictive validity in detecting a low health-related quality of life in FM patients, highlighting the clinical utility of the DCPR in detecting patients' psychosocial dysfunction.

The clinical utility of the Structured Clinical Interview for DSM-5 Personality Disorders (SCID-5-PD) and of the Structured Interview of Personality Organization (STIPO) will also be briefly discussed in order to provide an overview on the existing diagnostic instruments.

Emotional-visceral and cognitive-rational components in obesity

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Abstract

The possible primacy of alexithymia in predicting overeating has recently been supported by results from experimental studies showing that in obese patients the altered interoception may foster the tendency to misinterpret the visceral sensations related for example to hunger and satiety. In this study obese participants with high- and low-alexithymia levels were compared in an intertemporal decision-making task, and their choice behavior correlated with their interoceptive sensitivity and EEG cortical response. Results show that obese individuals with high levels of alexithymia are more impatient than normal weight individuals with low levels of alexithymia in intertemporal decisions. Furthermore, the greater is their sensitivity to the visceral sensations, the greater is the impatience. The overbalance between the emotional-visceral component and the cognitive-