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SYMPOSIUM SESSION

Alexithymia and gastrointestinal-specific anxiety (GSA) and alexithymia are two psychological constructs that may contribute to severity of irritable bowel syndrome (IBS). We aimed to investigate their independent contribution in predicting the level of severity and the treatment outcome of patients with severe IBS. Consecutive 177 IBS patients were evaluated for IBS symptoms, alexithymia, GSA, and psychological distress before and after multicomponent treatment for 6-12 months. IBS severity was highly associated to both alexithymia ($r = 0.61$) and GSA ($r = 0.66$) but alexithymia was a stronger predictor. Symptom improvement was associated to both alexithymia ($d = 1.27$) and GSA ($d = 4.63$) but only alexithymia showed overtime stability by hierarchical regression, controlled for co-variables. Furthermore, baseline alexithymia, but not GSA, independently predicted both post-treatment improvement status (Cox & Snell $R^2 = 0.15$; overall classification rate = 74%) and symptom change (23% of explained variance). Since no treatment was established to be definitely effective for IBS, clinicians might improve treatment outcome by identifying patients with high alexithymia, attempting to improve their coping skills, emotional regulation, and affective awareness.

EMOTIONAL AND COGNITIVE ASPECTS OF PAIN

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Pain perception is not only related to the physical aspects of pain, but it is also modulated by emotional and cognitive mechanisms. In particular, depressive mood causes a reduction of the pain threshold and an increase of the pain sensitivity (central sensitization). The relationship between depressive mood and pain was in the past considered as co-morbidity:

nowadays it is better explained as co-pathogenesis, because mood and pain share several biological mechanisms (neurotransmitter, hormonal, immunologic and trophic ones). On the other hand cognitive aspects, such as attention, memory and expectancy can greatly influence pain perception. Attention to pain is a complex phenomenon in which pain can induce attentional biases and behavioral modifications, but also manipulation of attention can modify the pain perception. Moreover memory of pain can play a relevant role in pain chronicization, so that chronic pain has to be prevented as early as possible in order to avoid “pain memory” from being established. Negative expectation can worsen pain, counteracting analgesic treatments, but positive expectations can favour amplified responses to therapeutic approaches, according to the placebo phenomenon. In summary, a correct pain clinical approach has to refer to the bio-psycho-social model: a concomitant evaluation of the physical, emotional and cognitive aspects of pain is needed in order to reach a tailored and effective treatment for each patient.

FATHER IN THE PERINATAL PERIOD: NEW RESEARCH DIRECTIONS

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Traditionally, the interest of perinatal mental health professionals has focused on expectant and new mothers, but it has become clearer in more recent years that the perinatal period is a time of psychological vulnerability

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