Impact of anxiety-depressive symptoms on outpatients' quality of life: Preliminary results from an Italian observational study

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Introduction Several studies have shown an association between the Short-Form 36 (SF36) scores and anxiety-depressive symptoms, suggesting that depression in particular could reduce Quality of Life (QoL) to the same, and even greater, extent than chronic non-communicable diseases, such as diabetes and hypertension.

Aims To explore the relationship among QoL and anxiety-depressive symptoms and anxiety-depressive symptoms in an outpatient sample.

Methods Cross-sectional study. Inclusion criteria: outpatients aged ≥40 years, without history for cancer, attending colonoscopy after positive faecal occult blood test. Collected data: blood pressure, blood glucose, lipid profile. Psychometric test: Hospital Anxiety and Depression Scale (HADS). QoL was assessed with SF36.

Results 54 patients enrolled (27 females). Sixteen patients (30.2%) were positive for anxiety symptoms, ten (18.9%) for depressive symptoms, and four (7.4%) for anxiety-depressive symptoms. The perceived QoL was precarious in twelve subjects (22.2%): eight (15.9%) had low score (SF36 ≤ 50); four (7.4%) were positive for anxiety symptoms, ten (18.9%) for depressive symptoms, and four (7.4%) for anxiety-depressive symptoms.

Conclusion The association emerging from the present study between depressive/anxiety symptoms and the SF36 is consistent with available literature. Study design and small sample size do not allow to generalize results, that need further studies to be confirmed.

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association between SMI and CVD has been quantified in a world representative sample; we suggest prevention of CVD should be warranted as standard care in SMI.

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EW0625
Psychological and clinical factors associated with emotional distress related to type 2 diabetes mellitus
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Introduction Stress and coping with diabetes can affect the severity of disease directly, through pathophysiological processes or indirectly, through the patient’s own perception of disease by deteriorating adherence to therapy and daily functioning.

Objectives To investigate emotional distress related to T2DM according to demographic, clinical, psychological, metabolic and anthropometric characteristics.

Methods Eighty-two in- and outpatients of both sexes (<65 years) with endocrinologist-diagnosed T2DM, duration ≥5 years, treated with either oral therapy, insulin or both, were included in this cross-sectional study. The Beck Depression Inventory (BDI) was employed for assessment of severity of depressive symptoms. The Mini Mental State Examination (MMSE) was used for assessment of cognitive status. The Problem Areas in Diabetes (PAID) (subscale related to emotional problems associated with T2DM) was applied for assessment of emotional distress. Clinical characteristics of the illness were obtained from medical records. Laboratory and anthropometric measures (Body mass index, Waist circumference) were also performed. The level of significance in statistical analyses (Student’s t-test, Pearson’s correlation) was P = 0.05.

Results The PAID (emotional distress) subscore was significantly higher in patients with psychiatric heredity (P = 0.028) in relation to these without (Student’s t-test). Considerable positive correlation between PAID subscore and BDI score (r = 0.308) (P = 0.000), and negative correlation between PAID subscore and MMSE score (r = −0.201) (P = 0.050) were also found (Pearson’s correlation).

Conclusions Psychological factors: psychiatric heredity, higher intensity of depression and poor cognitive functioning were significantly associated with emotional distress related to the illness in patients with type 2 diabetes mellitus.

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Clinico-pathological profile evaluation in patients affected by chronic inflammatory bowel diseases
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Introduction Inflammatory bowel diseases (IBDs) have high social impact. Aetiology is still unknown, however multifactorial genesis is surely implicated. We tried to correlate IBDs and psychological distress through evaluated psychometrical instruments and subsequently to relate subjective influences with gastroenteric clinical manifestation, defining new critical elements on which IBD are based.

Methods In our study, we included 57 participants, selected according to their diagnosis, between those attending our gastrointestinal ambulatory: 26 had Chron’s disease, while 31 had ulcerative colitis. 78 people without gastroenteric or psychiatric disorder were also included in the study as control group. Psychometric questionnaires were administered to evaluate anxiety and depressive symptoms, quality of live, self-efficacy and resilience (Fig. 1).

Results Levels of anxiety and depression were higher in patients with IBDs than in the control group. STAI-Y highlighted higher state anxiety and trait anxiety levels in first group. HADS showed higher scores in ill patients, as well as CD-RISC showed a more impaired resilience. EQ-VAS, PGWBI and GSE revealed significant differences in health status, psychological wellness and self-efficacy between the two groups.

Conclusions IBDs seem related to psychological diseases. Affected patients have higher anxiety and depression levels than general population as well as lower self-efficacy and resilience. Those elements being strictly linked to physical discomfort contributes to develop a loop in which patients get caught. Creating a model of integrated cooperation between gastroenterologist and psychiatrist during treatment of patients with IBDs seems fundamental to grant at once all the professional figures each patient needs for better care.

Fig. 1

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