CONGRESSO
REGIONALE
SID-AMD
ABRUZZO/MOLISE

16 novembre 2024 - Città Sant'Angelo (PE)

DIABETE NON TI VOGLIO

Francesco Vadini
UOC Endocrinologia e Metabolismo
ASL Pescara

DIABETE NON TI VOGLIO

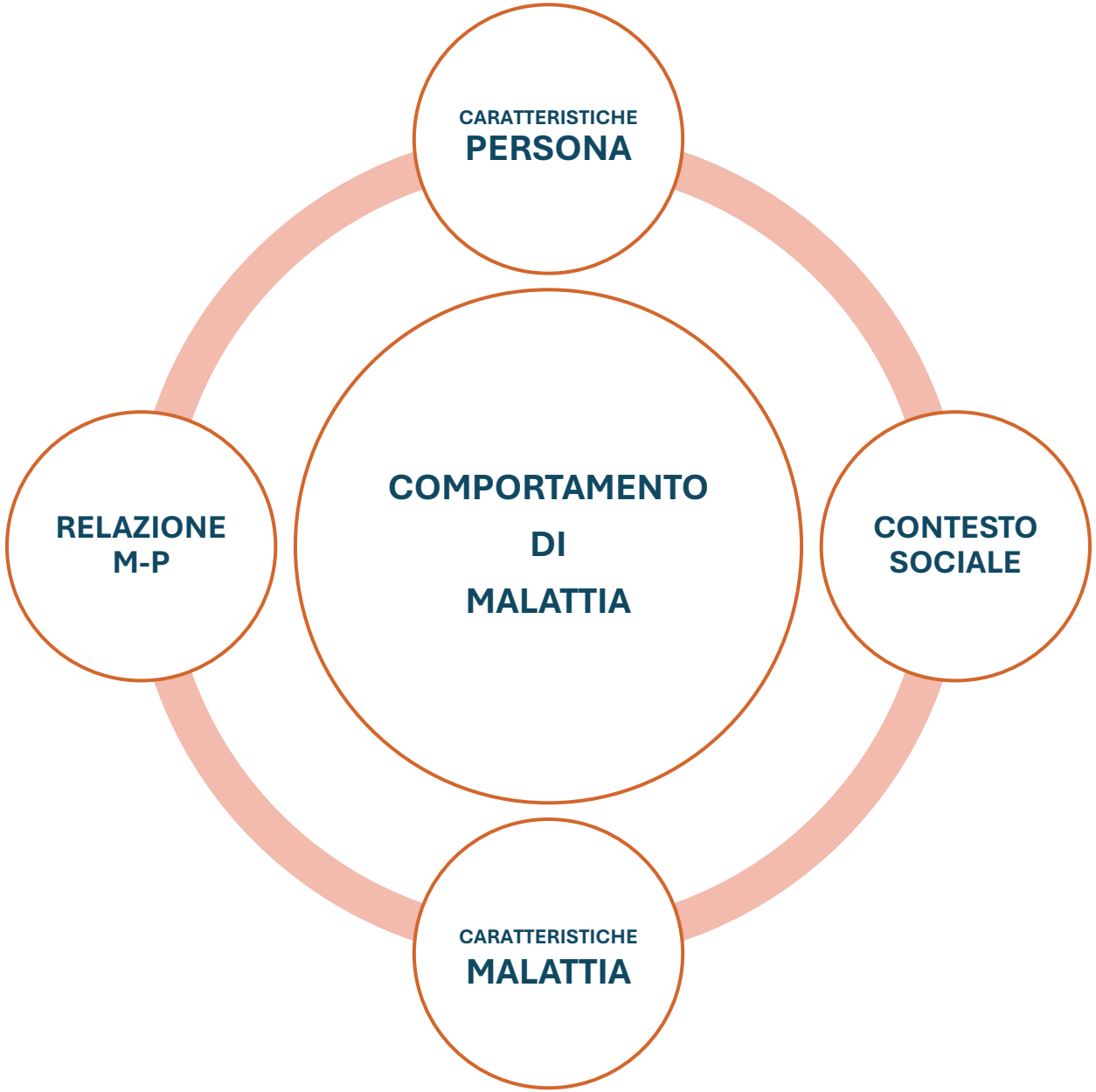
ILLNESS BEHAVIOR

(David Mechanic, Edmund H. Volkart)

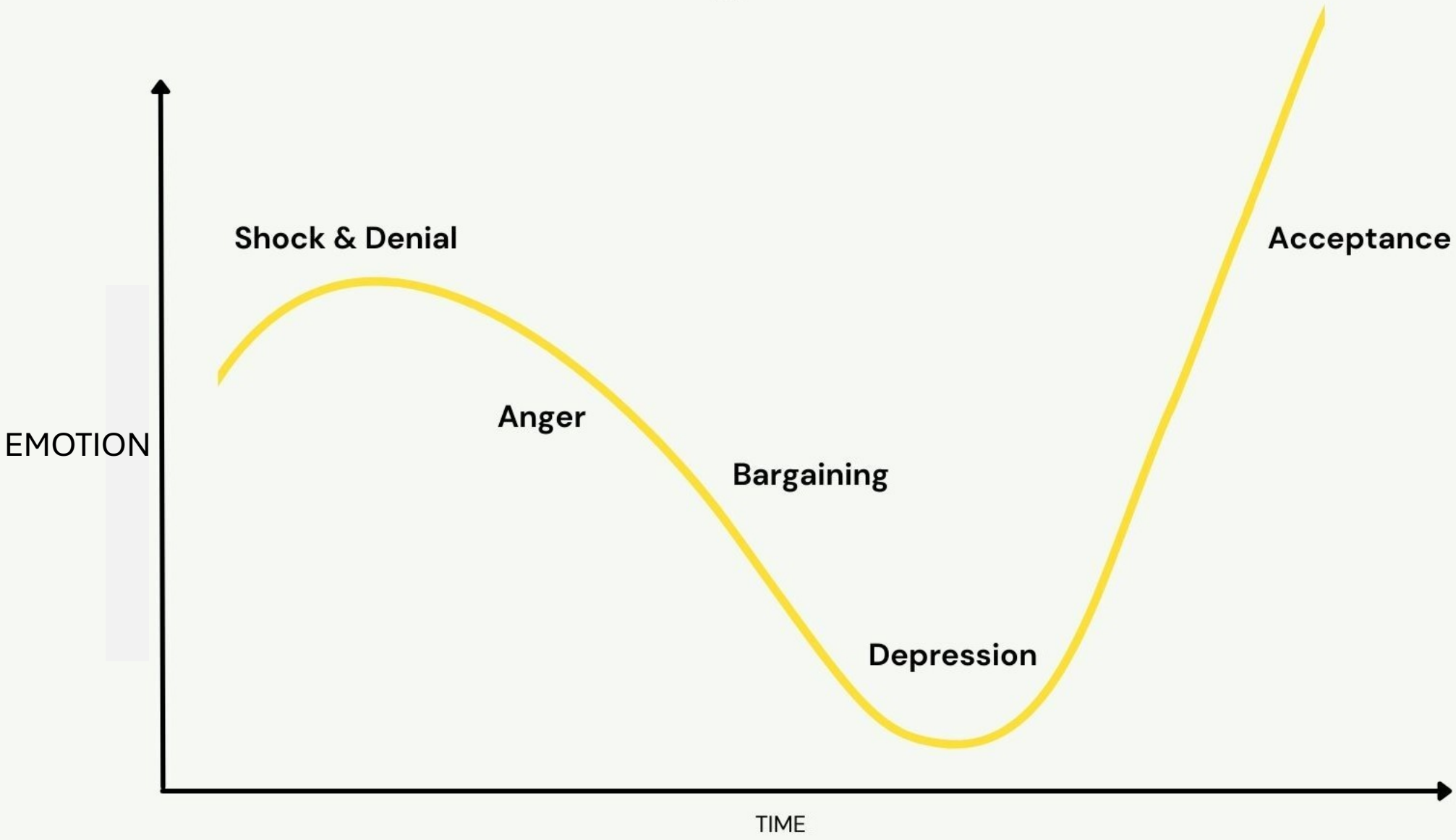
COMPORTAMENTO DI MALATTIA

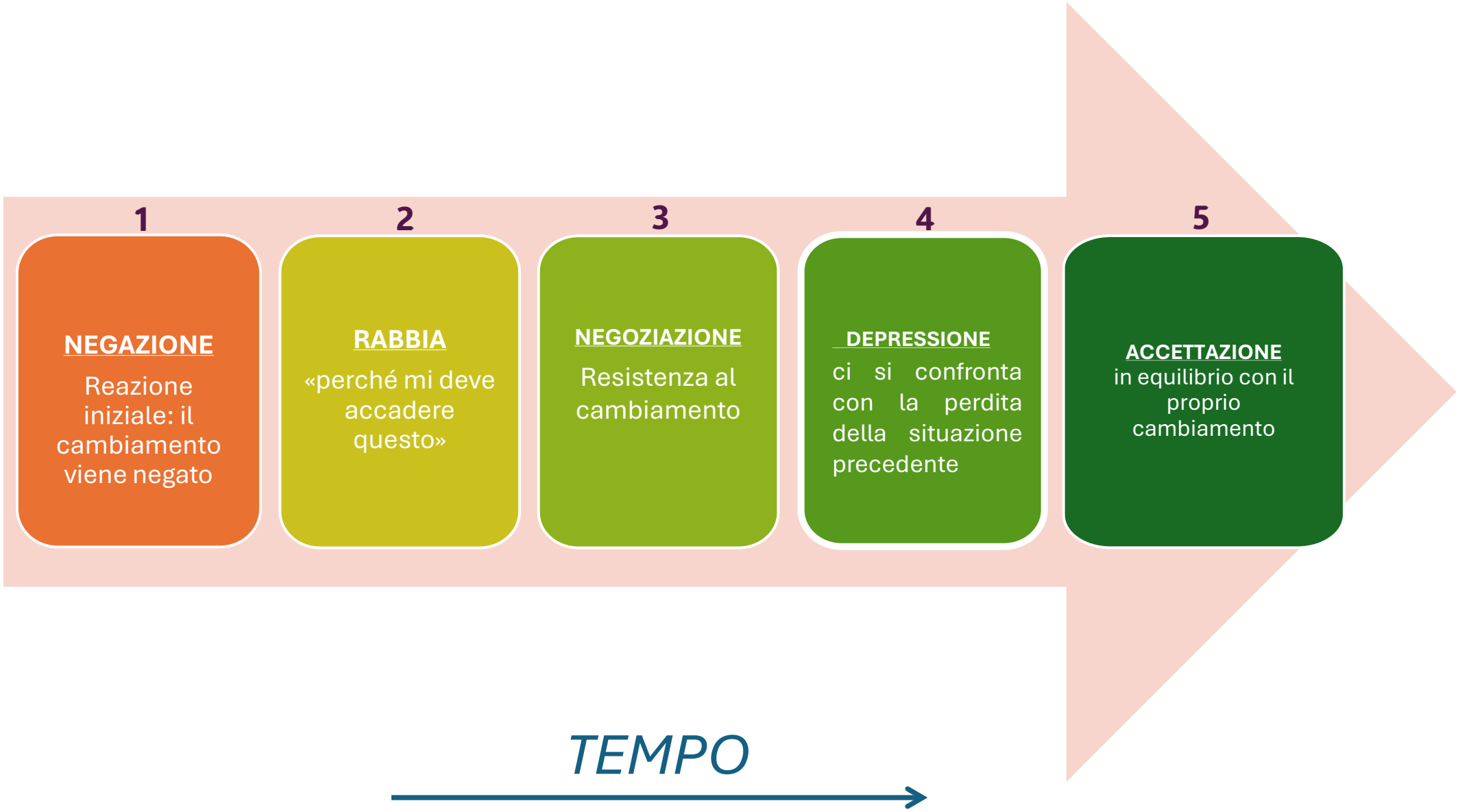
Modalità con cui una persona dà significato e vive la propria malattia, comportandosi di conseguenza. Quindi le differenze individuali nel percepire, valutare e reagire alla stessa malattia.

FATTORI CHE POSSONO INFLUENZARE IL COMPORTAMENTO DI MALATTIA

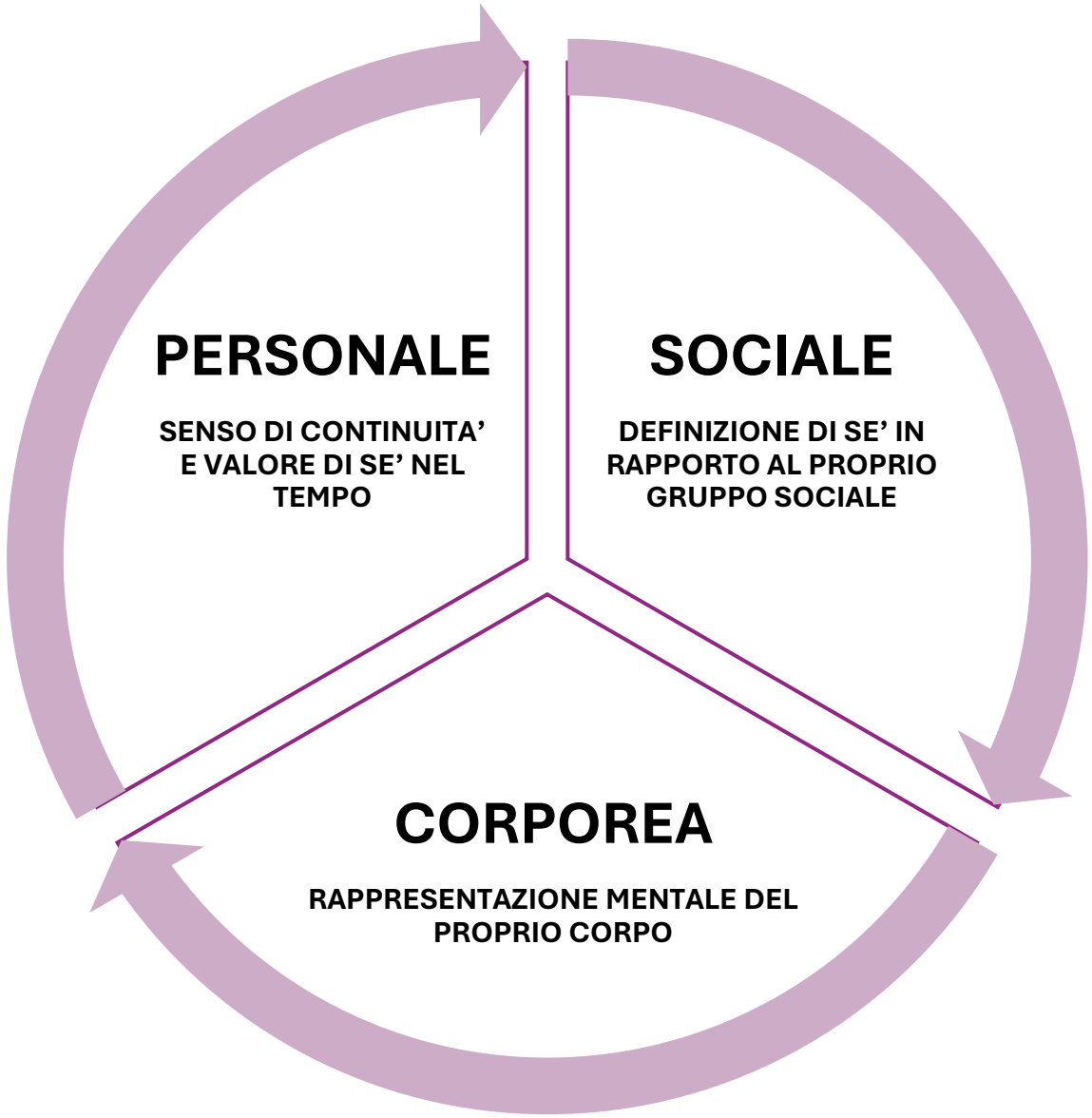


The Kübler-Ross Change Curve




1
NEGAZIONE
Reazione iniziale: il cambiamento viene negato
2
RABBIA
«perché mi deve accadere questo»
3
NEGOZIAZIONE
Resistenza al cambiamento
4
DEPRESSIONE
ci si confronta con la perdita della situazione precedente
5
ACCETTAZIONE
in equilibrio con il proprio cambiamento
TEMPO

DIABETE E IDENTITA’



INTEGRAZIONE IDENTITARIA

Assimilazione: processo per cui una nuova componente viene incorporata all'interno della struttura identitaria

Accomodamento: processo di aggiustamento che interessa le strutture esistenti quando viene incorporato un nuovo elemento, che comporta una ridefinizione di sé

DIABETE NON TI VOGLIO

DIABETE NON TI VOGLIO

DIABETE NON TI VOGLIO

DIABETE NON TI VOGLIO

DIABETE NON TI VOGLIO

«…E’ COME SE AVESSI AVUTO PIU’ ESORDI DI DIABETE, UN PRIMO ESORDIO ALLE ELEMENTARI, UN SECONDO ESORDIO QUANDO HO INIZIATO A FREQUENTARE GRUPPI DI AMICI FUORI CASA, UN ALTRO ESORDIO QUANDO MI SONO FIDANZATA. INFINE, QUANDO HO INIZIATO LA CONVIVENZA CON IL MIO FIDANZATO E’ COME SE MI FOSSI TROVATA A GESTIRE IL DIABETE PER LA PRIMA VOLTA…..QUESTO E’ STATO L’ULTIMO ESORDIO»

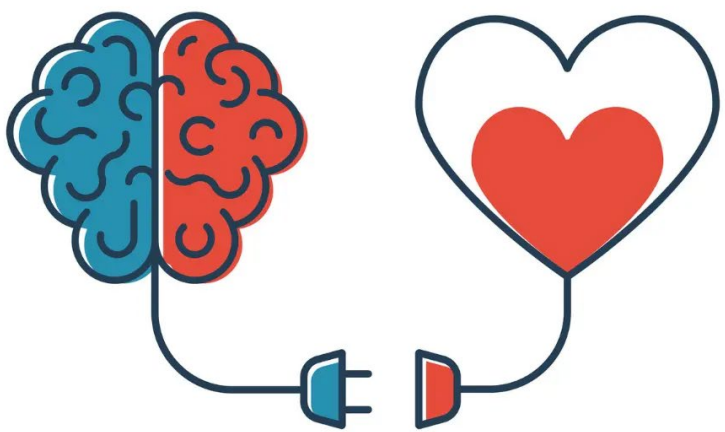
Diabete di tipo 1 – esordio a 5 anni

DIABETE NON TI VOGLIO

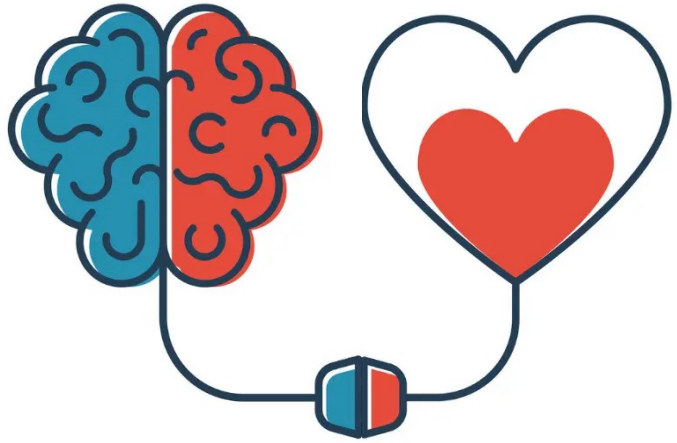
DIABETE NON TI VOGLIO

Emotion processing abilities

Alexithymia



Intelligenza emotiva



Emotion processing abilities

Alexithymia

La difficoltà nel riconoscere, esprimere e distinguere le diverse emozioni e sensazioni corporee, e nel discriminare tra stati emotivi e sensazioni fisiche.

Intelligenza emotiva

L'intelligenza emotiva è una componente dell'intelligenza, che consiste nella capacità di riconoscere, comprendere e gestire le proprie emozioni, nonché nella capacità di riconoscere ed entrare in empatia con le emozioni degli altri

ALEXITHYMIA: CARATTERISTICHE CLINICHE

DIFFICOLTA' AD IDENTIFICARE EMOZIONI E SENTIMENTI

Possono sperimentare tristezza, rabbia, angoscia, pianto improvviso, ma non riescono a definire tali stati emotivi e a collegarli con i ricordi o situazioni specifiche

DIFFICOLTA' A COMUNICARE LE EMOZIONI AGLI ALTRI

Capacità diminuita o assente nella descrizione verbale dei sentimenti con distorsione nella percezione delle sensazioni somatiche.

EXTERNAL ORIENTED THINKING STYLE

Incapacità ad utilizzare l'informazione emotiva per comprendere le proprie ad altrui situazioni. Rapporto con gli eventi senza partecipazione affettiva

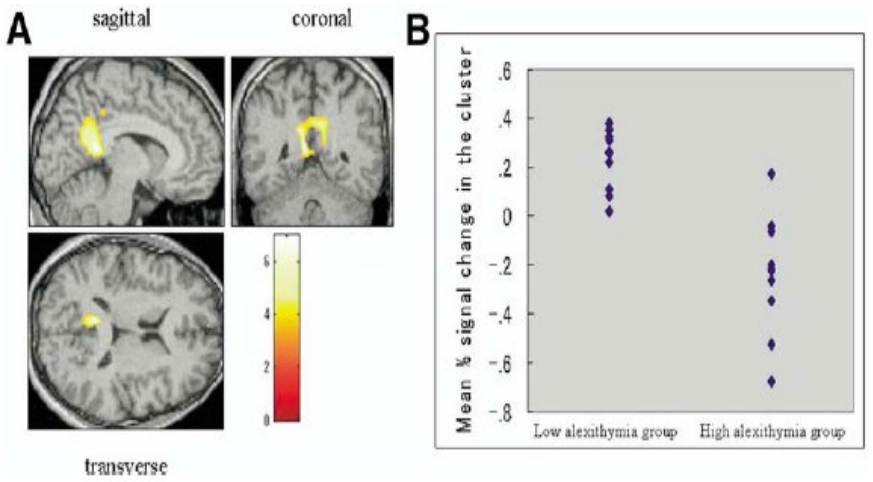
BioPsychoSocial Medicine

BioPsychoSocial Medicine 2013, 7:1

Review

The alexithymic brain: the neural pathways linking alexithymia to physical disorders

fMRI Study:

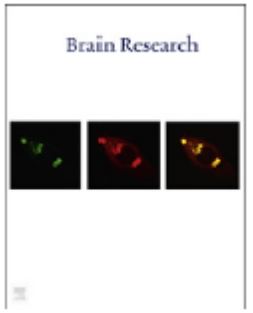


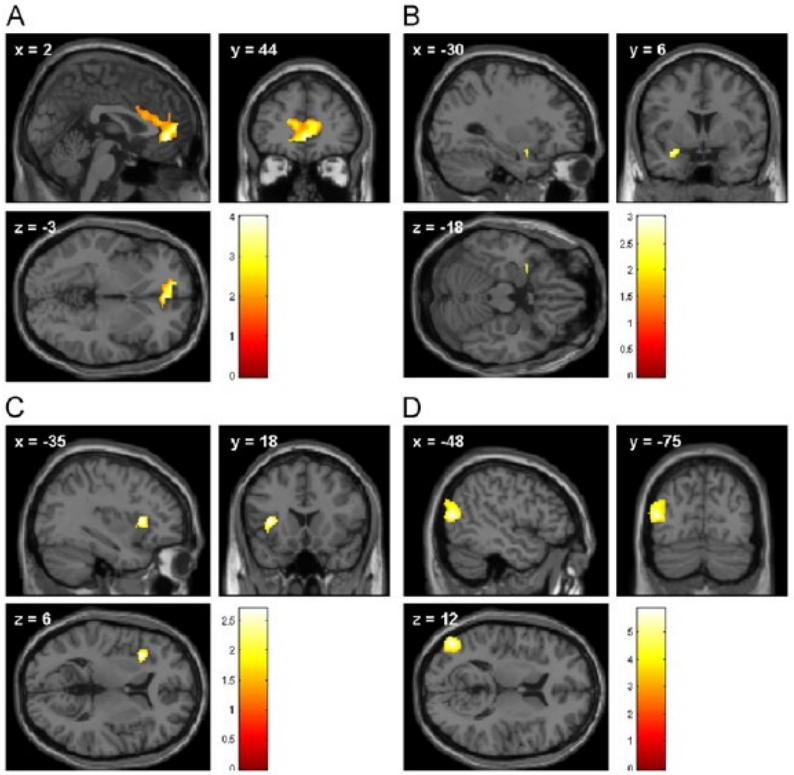
alexithymia, which we describe herein. This article considers the role of emotion in the development of physical symptoms and discusses a possible pathway that we have identified in our neuroimaging studies linking alexithymia with psychosomatic disorders. In terms of socio-affective processing, alexithymics demonstrate lower reactivity in brain regions associated with emotion. Many studies have reported reduced activation in limbic areas (e.g., cingulate cortex, anterior insula, amygdala) and the prefrontal cortex when alexithymics attempt to feel other people's feelings or retrieve their own emotional episodes, compared to nonalexithymics. With respect to primitive emotional reactions such as the response to pain,

BRAIN RESEARCH 1491 (2013) 60–67

Research Report

Alexithymia is related to differences in gray matter volume: A voxel-based morphometry study





4. Conclusion

To conclude, alexithymia is associated with smaller gray matter volume in ACC, amygdala and anterior insula as well as in the left MTG. Since all these regions have previously been shown to be engaged in different stages of emotional processing, alexithymics' alterations in emotion processing may—to some extent—be promoted by these structural reductions.

A. Significant cluster revealed in the mask for the anterior Cingulate Cortex (ACC)
B. Significant cluster revealed in the mask for the Amygdala (Amy)
C. Significant cluster revealed in the mask for the Anterior Insula (aINS)
D. Significant cluster revealed in the exploratory whole brain

Contents lists available at ScienceDirect

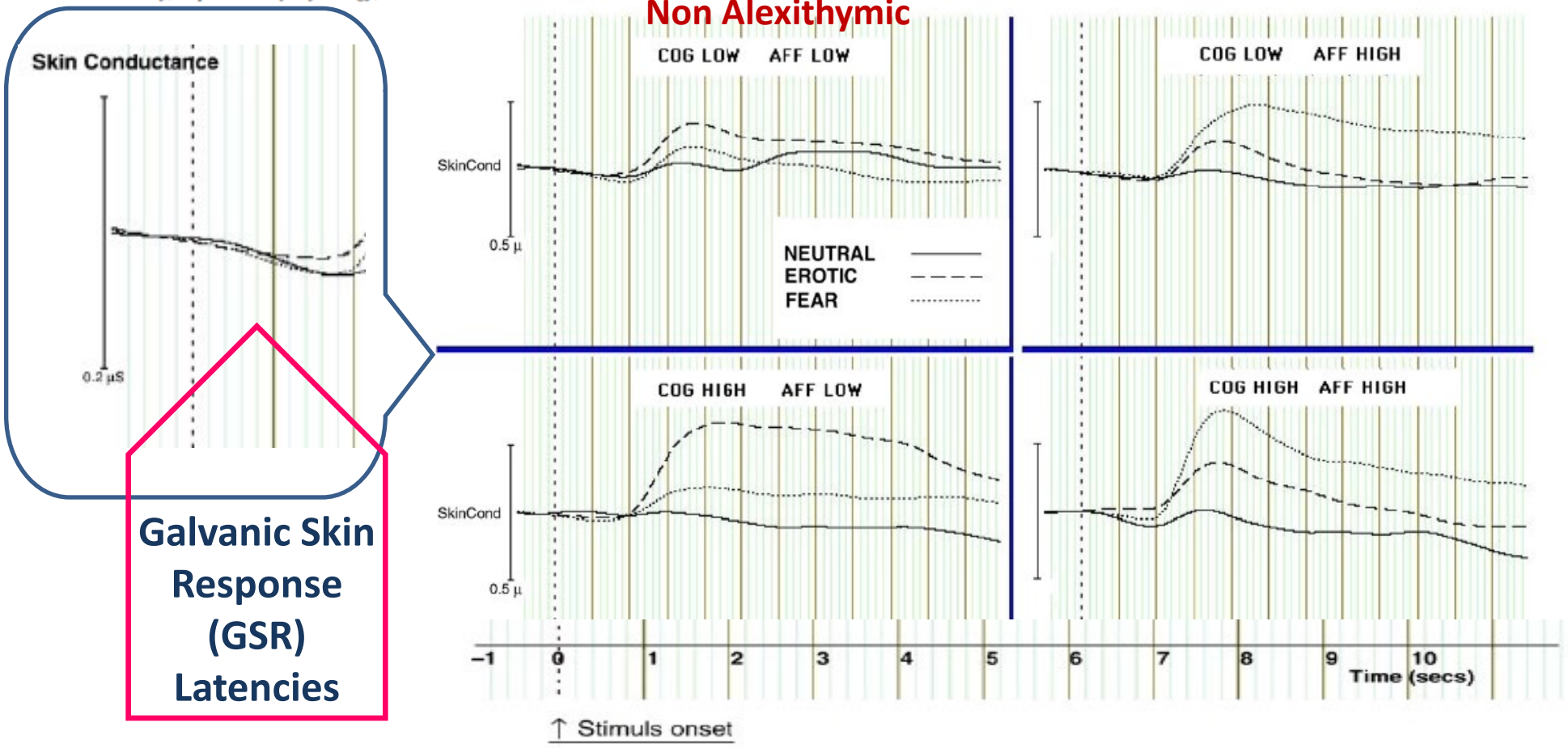
International Journal of Psychophysiology

International Journal of Psychophysiology 75 (2010) 227–233

The cognitive and affective alexithymia dimensions in the regulation of sympathetic responses

Bob Bermond [a,*], Dick J. Bierman [a], Minke A. Cladder [a], Peter P. Moormann [b], Harrie C.M. Vorst [a]

[a] University of Amsterdam, Department of Psychology, The Netherlands
[b] Leiden University, Department of Psychology, The Netherlands



Galvanic Skin Response (GSR) Latencies

Hypertension 1999, 33:1057-1061

Hypertension
Journal of the American Heart Association
American Heart Association®
Learn and Live℠

Alexithymia
A Facet of Essential Hypertension

Antti Jula, Jouko K. Salminen, Simo Saarijärvi

TABLE 2. TAS-26 Scores in Hypertensive and Normotensive Men and Women

	Men		Women		
Variable	HT	NT	HT	NT	*P**
Total TAS-26	75.6±7.8†	64.1±9.8	72.9±7.1†	57.5±11.5	<0.001
Factor 1	28.0±5.4†	24.6±5.8	26.5±5.3†	20.8±7.2	<0.001
Factor 2	20.9±2.8†	18.0±3.8	19.9±2.7†	15.2±5.1	<0.001
Factor 3	15.1±2.1	14.4±4.1	14.9±2.0	14.0±4.5	0.016
Factor 4	20.0±2.5†	15.4±3.1	20.0±2.5†	13.9±3.9	<0.001

HT indicates hypertensive; NT, normotensive; TAS, Toronto Alexithymia Scale; Factor 1, difficulty in identifying feelings; Factor 2, difficulty in describing feelings; Factor 3, reduced daydreaming; and Factor 4, externally oriented thinking. Values are mean±SD.

*Significance level of hypertension in a main-effect model of 2-way ANOVA.

†Significance level of <0.05 in Tukey's test within a gender.

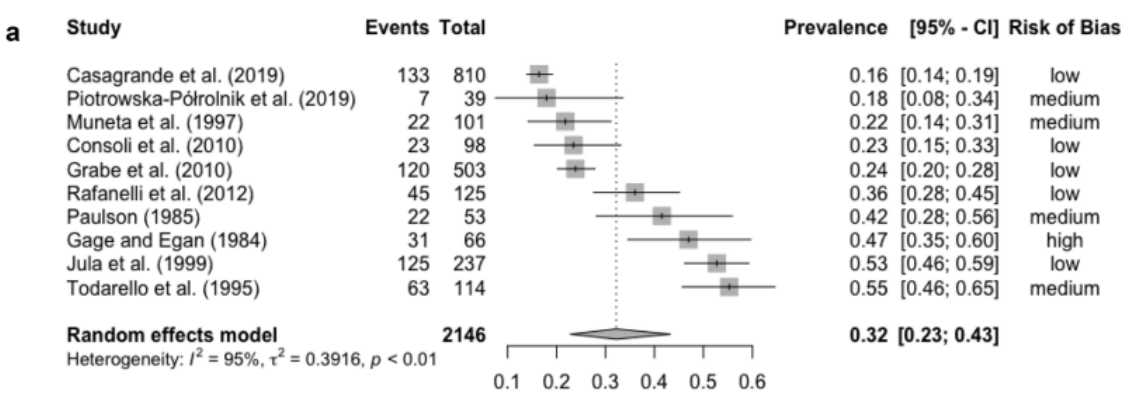
TABLE 4. Independent Correlates of Blood Pressure Based on Multiple Regression Analyses

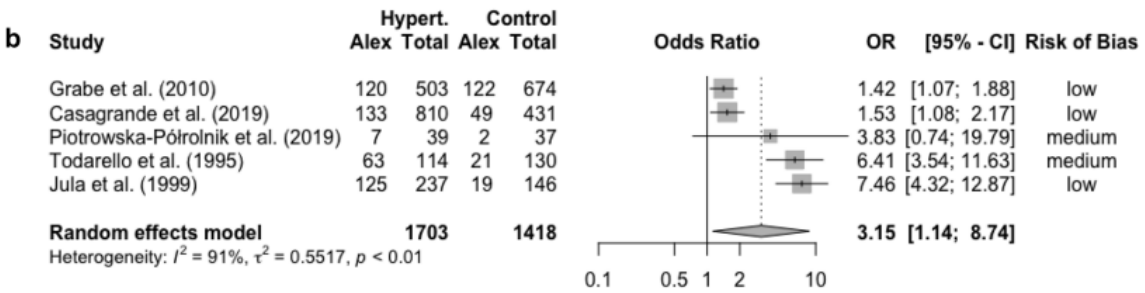
Variable	β	SE	t	P
Age	0.39	0.12	6.78	<0.0001
Gender	−4.14	1.50	−2.76	<0.01
Urinary sodium, mmol/d	0.04	0.01	5.20	<0.0001
Maximal oxygen uptake, $L \cdot kg^{-1} \cdot min^{-1}$	−0.37	0.10	−3.95	<0.0001
Total TAS-26	0.50	0.05	9.36	<0.0001
Intercept	61.10	9.01	6.78	<0.0001
	Model R^2=0.395, P<0.0001			

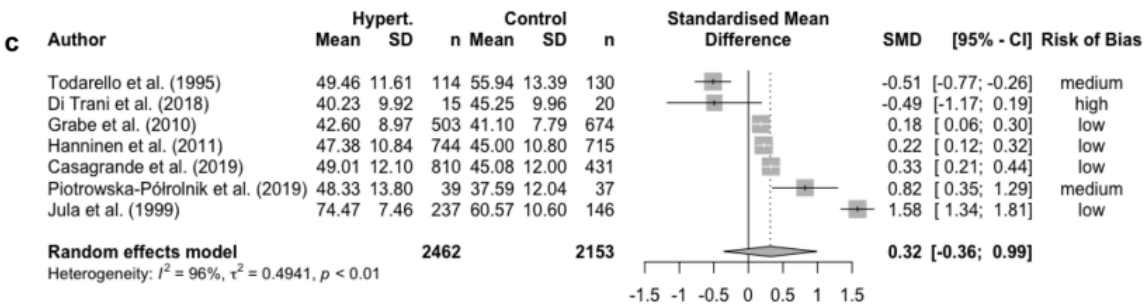
Current Cardiology Reports (2023) 25:711–724
https://doi.org/10.1007/s11886-023-01894-7

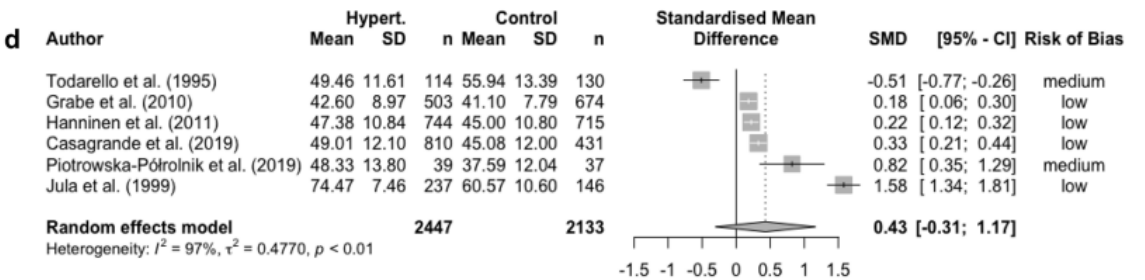
Alexithymia and Hypertension: Does Personality Matter? A Systematic Review and Meta-analysis

Marialaura Di Tella[1] · Agata Benfante[1] · Lorenzo Airale[2] · Lorys Castelli[1] · Alberto Milan[2]









Journal of Psychosomatic Research 68 (2010) 139–147

Alexithymia, hypertension, and subclinical atherosclerosis in the general population☆,☆☆

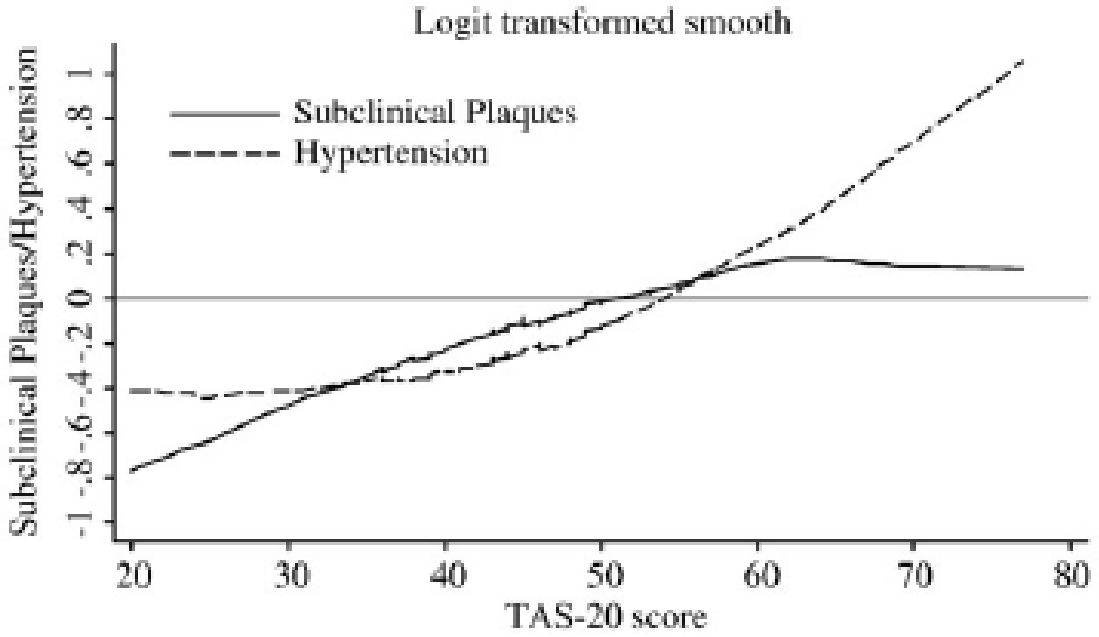


Fig. 2. Logit-transformed smoothing for the association between alexithymia and the outcomes' subclinical plaques or hypertension.

1168 subjects
Age < 65 years
(SHIP Study)

American Psychosomatic Society

Psychosomatic Medicine 72:187–191 (2010)

Alexithymia Is Associated With Increased Cardiovascular Mortality in Middle-Aged Finnish Men

2321 Finnish men, aged 46 to 61 years, were followed up for an average of 20 years

TABLE 2. Increase of Risk Ratios (95% Confidence Intervals) for CVD Death During an Average Follow-Up Period of 20 yr Using Cox Proportional Hazards

	RR[a] (95% CI) in Probable Alexithymia	*df*	Wald	*p*
Model 1	1.023 (1.013–1.034)	6	19.16	<.001
Model 2	1.018 (1.008–1.029)	9	12.05	<.001
Model 3	1.015 (1.004–1.025)	14	7.25	.007
Model 4	1.012 (1.00–1.023)	17	4.14	.042

[a] RR shows the increase in the risk of cardiovascular disease death with each 1-digit increase in Toronto Alexithymia Scale (TAS)-26 scores.
RR = risk ratio; CI = confidence interval; *df* = degrees of freedom; Model 1 = Adjusted for age examination year; Model 2 = Model 1 and further adjustment for smoking (pack-years), weekly alcohol consumption, physical activity; Model 3 = Model 2 further adjusted for low-density lipoprotein cholesterol, high-density lipoprotein cholesterol, body mass index, hypertension, cardiovascular diseases; Model 4 = Model 3 further adjusted for marital status, education, and Human Population Laboratory Depression Scale scores.

TABLE 3. CVD Death RRs (95% CIs) for the Model 4[a] Covariates During an Average Follow-Up Period of 20 Years

	RR[b] (95% CI)	*p*	Wald
Age (years)	1.083 (1.052–1.115)	<.001	28.39
Physical activity (kcal/day)	1.000 (1.000–1.001)	.19	1.70
Alcohol/week (grams)	1.001 (1.000–1.002)	<.01	6.69
Smoking (pack-years)	1.038 (1.029–1.047)	<.001	66.86
BMI (g/m^2)	1.062 (1.029–1.097)	<.001	13.91
Systolic blood pressure (mean of 6 measurements)	1.015 (1.009–1.021)	<.001	23.71
HDL-C	0.77 (0.501–1.177)	.23	1.47
LDL-C	1.174 (1.046–1.32)	.007	7.37
History of cardiovascular disease	1.970 (1.546–2.510)	<.001	30.04
HPL depression scores	1.015 (0.960–1.073)	.60	0.28
Marital status (four classes)	1.098 (0.931–1.296)	.27	1.23
Years of education	0.981 (0.942–1.022)	.37	0.82

Open Forum Infectious Diseases

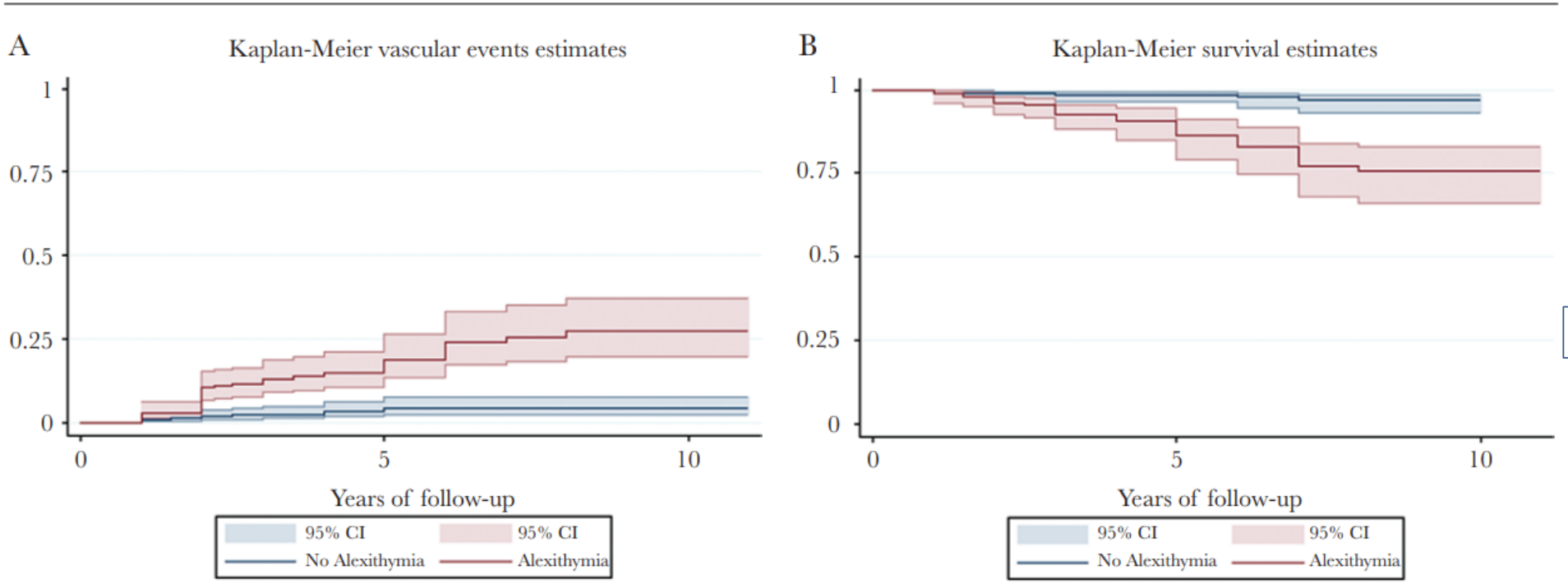
MAJOR ARTICLE

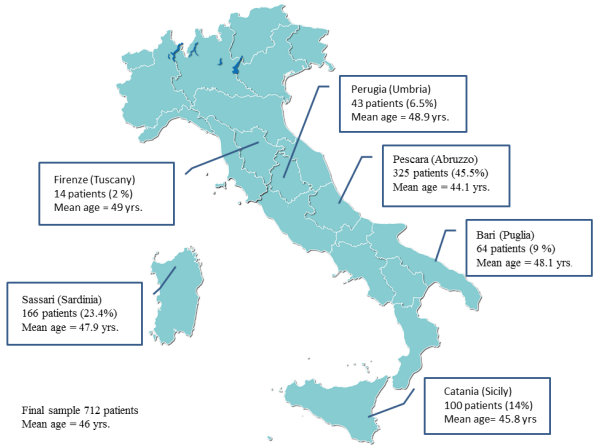
Open Forum Infect Dis. 2019 Jul 27;6(9):ofz331

Alexithymia Predicts Carotid Atherosclerosis, Vascular Events, and All-Cause Mortality in Human Immunodeficiency Virus-Infected Patients: An Italian Multisite Prospective Cohort Study

Francesco Vadini,[1] Federica Sozio,[1] Giordano Madeddu,[3] Giuseppe De Socio,[4] Paolo Maggi,[5] Giuseppe Nunnari,[6] Francesca Vichi,[7] Paola Di Stefa Elisa Tracanna,[1] Ennio Polilli,[2] Antonina Sciacca,[1] Bernardetta Zizi,[3] Vincenzo Lai,[3] Claudio Bartolozzi,[7] Maria Elena Flacco,[8] Paolo Bonfanti,[9] Francesca Santilli,[10] Lamberto Manzoli,[11] and Giustino Parruti[1]; CISAI Study Group

	Carotid Plaques at Baseline				Vascular Events				Overall Mortality			
Variables	(n = 175)	*P*[a]	OR (95% CI)	*P*[b]	(n = 54)	*P*[a]	HR (95% CI)	*P*[c]	(n = 41)	*P*[a]	HR (95% CI)	*P*[c]
Duration of HIV infection in years (SD)[d]	15.8 (7.2)	<.001	1.05 (1.01–1.08)	.003	14.4 (7.7)	.2	–	–	13.6 (7.5)	.07	–	–
Treated with HAART	94.3%	.02	–	–	90.6%	.8	–	–	83.7%	.06	–	–
Mean duration of HAART in months (SD)	121 (82.3)	<.001										
Lipodystrophy	40.1%	<.001	–	–	35.1%	.1	–	–	53.5%	<.001		
Suboptimal adherence to HAART	10.6%	0.3	–	–	10.2%	.4	–	–	31.4%	<.001	2.62 (1.14–6)	.022
Other Treatment												
Antihypertensive	47.5%	<.001	–	–	40.7%	<.001	–	–	29.3%	.06	–	–
Antiplatelet/anticoagulant	87%	<.001	–	–	38%	<.001	–	–	4.8%	.8	–	–
Psychiatric medication	38.5%	.1	–	–	26.5%	.027	–	–	31.8%	.004	–	–
Comorbidities												
HCV coinfection	28%	.2	–	–	27.8%	.6	–	–	43.9%	.005	–	–
Cancer	12.6%	.4	–	–	15.7%	.2	–	–	48.8%	<.001	–	–
Psychological Factors												
Depressive symptoms	27.7%	.017	.84 (0.46–1.55)	.5	44.2%	<.001	1.37 (0.72–2.58)	.3	40.5%	.005	0.62 (0.28–1.4)	.2
Alexithymia	61.4%	<.001	4.93 (2.9–8.5)	<.001	74.5%	<.001	3.66 (1.8–7.44)	<.001	77.8%	<.001	3.93 (1.64–9)	.002
Distress personality (Type D)[g]	33.6%	.6	–	–	42.5%	.6	–	–	34.3%	.5	–	–





Alexithymia and Estimated 10-year Cardiovascular Disease Risk in Healthy Adults: A Community-based Cross-sectional Study

Francesco Vadini[1], Roberta Lanzara[1*], Ornella Iuliani[2], Gianna P. Affaitati[3], PIERO PORCELLI[1]

[1]Department of Psychological, University "G. d'Annunzio" of Chieti-Pescara, Italy, [2]Department of Oncology and Hematology, Pescara General Hospital "Santo Spirito", Italy, [3]Department of Innovative Technologies in Medicine and Dentistry, University of Studies G. d'Annunzio Chieti and Pescara, Italy

Frontiers in Psychology
Psychology for Clinical Settings

Table 5. Logistic regression model examining predictors of low and moderate-to-high 10-year cardiovascular disease risk (CRS) using the CUORE risk equation.

	Model 1 (R^2=0.028)		Model 2 (R^2= 0.078)		Model 3 (R^2=0.24)		Model 4 (R^2=0.26)	
Predictor variable(s)	**OR (95% CI)**	**p**	**OR (95% CI)**	**p**	**OR (95% CI)**	**p**	**OR (95% CI)**	**p**
Marital status	1.50 (1.08-2.08)	.016	1.58 (1.12-2.21)	.008	1.63 (1.13-2.34)	.009	1.67 (1.16-2.42)	.006
Education	0.94 (0.89-0.98)	.006	0.95 (0.90-0.99)	.035	0.94 (0.89-0.99)	.026	0.95 (0.90-1.01)	.09
BMI			1.12 (1.08-1.18)	<.001	1.05 (0.99-1.10)	.23	1.05 (1-1.11)	.06
Physical activity			1.05 (0.75-1.48)	.005	1.01 (0.70-1.46)	.94	1.03 (0.70-1.49)	.89
MetS					1.15 (1.08-1.25)	<.001	1.14 (1.08-1.25)	<.001
LDL-C (mg/dl)					1.02 (1.01-1.02)	<.001	1.02 (1.01-1.02)	<.001
Hcy (µmol/l)					1.07 (1.03-1.11)	<.001	1.07 (1.03-1.10)	.001
SF-12 PCS							1.04 (1-1.08)	.037
SF-12 MCS							1.01 (0.98-1.03)	.50
BDI-II							1 (0.97-1.04)	.78
TAS-20							1.02 (1.01-1.04)	.009

Notes: BDI-II = Beck Depression Inventory-II; BMI = Body Mass Index; Hcy = Homocysteine; LDL-C = Low Density Lipoprotein Cholesterol; MetS = Metabolic syndrome; SF-12 = 12-item Short Form; PCS= Physical Component Summary; MCS= Mental Component Summary; TAS-20 = 20-item Toronto Alexithymia Scale.

Journal of Psychosomatic Research 162 (2022) 111018

Contents lists available at ScienceDirect

Journal of Psychosomatic Research

journal homepage: www.elsevier.com/locate/jpsychores

Review article

The prevalence and characteristics of alexithymia in patients with type 2 diabetes mellitus: A systematic review and meta-analysis

Ju-Hong Pei [a], Yu-Ting Wei [b], Hong-Xia Tao [a], Qiu-Xia Yang [a], Guo-Li Zhang [b], Xiao-Jing Guo [b], Jia-Li Guo [b], Fang-Hong Yan [b], Lin HanPhD [b,c,*]

Characteristics of the included studies.

Auther (Year)	Country	n	Study type	% Male	Age distribution	Mean TS (SD)	Prevalence alexithymia% (TS ≥ 61.0)	Quality rating (0–8)
Hintistan et al. (2013)	Turkey	120	Cross-sectional	34.2	43.5% 60-69y 45.8% 70-79y 11.7% ≥11.7y	65.86(9.70)	75.8	6
Lemche et al. (2014)	Ukraine	101	Cross-sectional	37	45.67 ± 13.96	/	36.6	6
Mnif et al. (2014)	Tunisia	75	Case-control	35	50.8 ± 7.9	/	24.0	5
Luca et al. (2015)	Italy	128	Cross-sectional	58.6	64.8 ± 11.2	55.9(14.0)	50	5
Avci and Kelleci (2016)	Turkey	326	Cross-sectional	47.5	62% ≥65y 38% 45-64y	56.92(9.05)	37.7	6
Melin et al. (2017)	Sweden	24	Cross-sectional	50	50	/	25	5
Qi et al. (2017)	China	70	Cross-sectional	/	/	/	58.6	4
Fares et al. (2018)	Lebanon	104	Case-control	60.6	59.4 ± 14.2	52.2(16.3)	35.5	5
Martino et al. (2019)	Italy	47	Cross-sectional	36.2	65.3 ± 5.9	60.53(7.93)		4
Xue et al. (2020)	China	134	Cross-sectional	/	39.4% 60-74y 69.4% 75-89y 16% ≥90y	/	48.5	5
Huang et al. (2020)	China	272	Cross-sectional	48.5	62.5% 45-64y 37.5% ≥65y	54.91(10.09)		5
Zhuo et al. (2021)	China	210	Cross-sectional	46.2	68.19 ± 5.28	57.53(10.09)	40.48	5
Li et al. (2022)	China	351	Cross-sectional	52.1	72.0 ± 7.7	57.22(17.75)	36.2	6

Psychiatry Research 215 (2014) 438–443

Alexithymia as a risk factor for type 2 diabetes mellitus in the metabolic syndrome: a cross-sectional study

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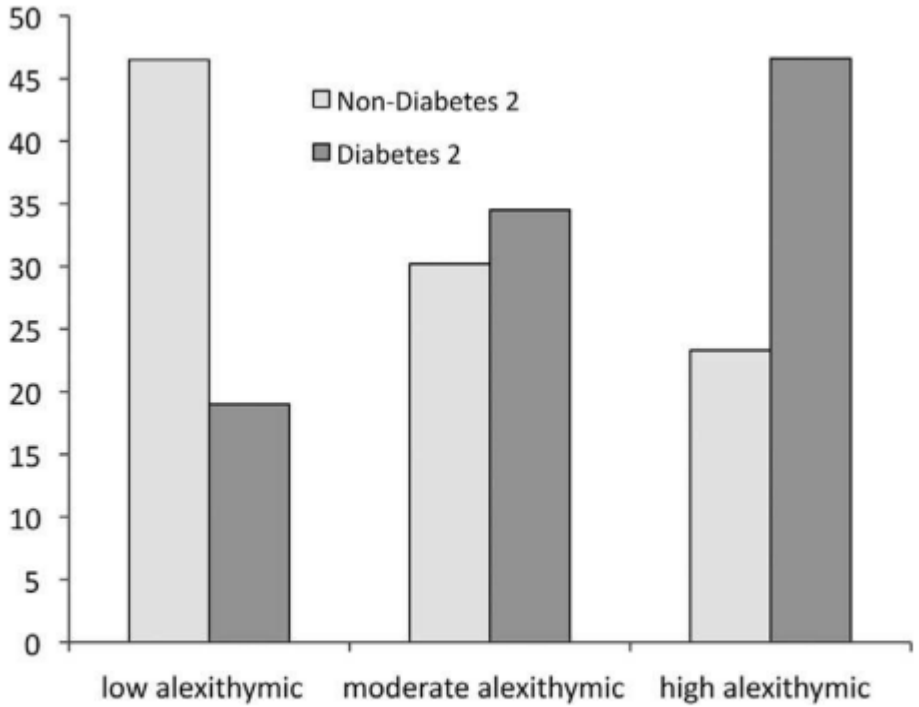

Fig. 1. Distribution of percentage type 2 diabetes mellitus across alexithymia severity groups.

GRAZIE