



ALMA MATER STUDIORUM  
UNIVERSITÀ DI BOLOGNA

ARCHIVIO ISTITUZIONALE  
DELLA RICERCA

## Alma Mater Studiorum Università di Bologna Archivio istituzionale della ricerca

Depression and demoralization trajectories in outpatients with inflammatory bowel disease

This is the final peer-reviewed author's accepted manuscript (postprint) of the following publication:

*Published Version:*

Gostoli, S., Gigante, G., Subach, R., Rafanelli, C. (2024). Depression and demoralization trajectories in outpatients with inflammatory bowel disease. *PSYCHOTHERAPY AND PSYCHOSOMATICS*, 93(Suppl. 1), 37-37.

*Availability:*

This version is available at: <https://hdl.handle.net/11585/1012489> since: 2025-03-31

*Published:*

DOI: <http://doi.org/>

*Terms of use:*

Some rights reserved. The terms and conditions for the reuse of this version of the manuscript are specified in the publishing policy. For all terms of use and more information see the publisher's website.

This item was downloaded from IRIS Università di Bologna (<https://cris.unibo.it/>).  
When citing, please refer to the published version.

(Article begins on next page)

## Depression and demoralization trajectories in outpatients with inflammatory bowel disease

Sara Gostoli<sup>1</sup>, Graziano Gigante<sup>1</sup>, Regina Subach<sup>1</sup>, Chiara Rafanelli<sup>1</sup>

<sup>1</sup>Department of Psychology, University of Bologna, Bologna, Italy

**Background:** Research on the psychological characteristics of patients with Inflammatory Bowel Disease (IBD) focused mainly on psychiatric disorders, somatization or alexithymia, showing a higher risk of persistent anxiety and depression for years after IBD diagnosis. However, studies on qualitatively different forms of mood disturbances, such as demoralization, which has been shown to be a vulnerability factor also in the long term, are lacking. The present study aimed at assessing the 4-year trajectories of DSM-5 clinical/subclinical depression and demoralization according to the revised Diagnostic Criteria for Psychosomatic Research (DCPR-R), and the impact of these diagnoses on self-perceived psychological distress and well-being in IBD patients.

**Methods:** 66 IBD outpatients (females= 63.6%; mean age= 45.3±14.1 years) were assessed with semi-structured clinical interviews on DSM-5 major/minor depression, DCPR-R demoralization and self-report measures on psychological distress (i.e., anxiety, depression, somatization, hostility) and well-being, at baseline and 4-year follow-up.

**Results:** At baseline, only 3% of the patients presented with DSM-5 depression (i.e., major depression), 13.6% with DCPR-R demoralization. Half of the depressed patients also presented demoralization, whereas only 6.7% of demoralized were also depressed. After 4 years, one depressed patient remitted, 6.1% of the sample developed major depression and 15.2% minor depression. 20% of the depressed patients at follow-up were demoralized at baseline. About DCPR-R, 44.4% of the patients with baseline demoralization were no more demoralized at follow-up, whereas 9 new cases (13.6%) were diagnosed. At follow-up, 9 patients (13.6%) presented with depression only, 8 (12.1%) demoralization only, 6 (9.1%) both diagnoses. Depression-demoralization comorbidity, rather than the 2 diagnoses separately, was associated with more severe self-perceived psychological distress and impairments in specific dimensions of psychological well-being (i.e., environmental mastery, personal growth, self-acceptance).

**Conclusion:** A DCPR-R-based assessment, beyond traditional psychiatric nosography, allowed the identification of a psychosomatic burden that would not have been detected otherwise, suggesting its clinical utility. Moreover, since demoralization could represent a vulnerability factor for mental and physical illnesses, further studies should investigate how it could affect prognosis in the context of IBD.