

differentiation between these two classification systems. Also we aimed to examine the effect of psychosomatic diagnoses on the quality of life throughout the disease process. **Methods:** This study was performed with 100 voluntary patients diagnosed epilepsy who were admitted to Erenköy Psychiatry Hospital, Epilepsy Special Branch Policlinic of Neurology Clinic. All participants were administered with structured DCPR and Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I), as well as Data Collection Form and Short Form (SF-36). **Results:** 87% of the epileptic patients were diagnosed with DCPR, and 82% were diagnosed with SCID. When assessed by DCPR; 52% alexithymia, 44% type A behavior, 36% irritability, 35% disease denial, 35% permanent somatization, 35% demoralization, 22% somatic symptoms secondary to psychiatric disorder, 18% conversion, 7% thanatophobia, 7% health anxiety, and 7% disease fobia diagnoses were detected. Psychiatric disease was detected at 82% of epilepsy patients with SCID interview. The most common psychiatric comorbidities were depression (37%) and dysthymia (10%). While 90.2% (n:74) of the patients diagnosed with SCID were diagnosed with DCPR, 72% of the patients not diagnosed with SCID were diagnosed with DCPR. It was found that the diagnoses with DCPR were associated with a greater number of quality of life subscales and had stronger correlations. **Conclusions:** The psychiatric burden of the epilepsy is more successfully determined by the DCPR classification system than the DSM classification. Disorders determined by DCPR interview are related to quality of life.

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### Personality and fibromyalgia syndrome

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**Background:** Fibromyalgia Syndrome (FM) is a Functional Somatic Syndrome characterized by chronic pain, sleep disturbances, fatigue, cognitive changes and mood disorders. While many studies have highlighted high level of psychopathological disorders, the issue of a personality profile specific of FM is still debated. **Methods:** In this cross-sectional study, a group of 40 FM patients was compared to a group of 40 patients with Rheumatoid Arthritis (RA) and 40 Healthy Controls (HC). Personality Disorders (PD) and Personality Organization (PO) were assessed by means of the Structured Clinical Interview of Personality Disorder (SCID-5-PD) and the Structured Interview of Personality Organization (STIPO), respectively. **Results:** According to the SCID-5-PD, 32% of FM patients reported a PD, especially a Borderline or an Other Specified Disorders, compared to 7.5% of AR patients and 5% of HC. Regarding the STIPO, 42.5% of FM patients had a borderline PO, compared to 25% of AR patients and 7.5% of HC. In particular, FM patients had high impairments in the STIPO Coping-Rigidity, Primitive Defenses and Object Relations dimensions. Furthermore, the presence of a borderline PO has a statistically significant negative effect on depressive symptoms, global distress indices and somatization dimension of the Self-Report Symptoms Inventory (SCL-90-R), and on the mental component of the health-related quality of life (SF-36). **Conclusions:** Fibromyalgia patients showed a high prevalence

of a borderline PO, which negative impact on the psychopathological symptoms. The assessment of PO could be a crucial issue for treatment planning in chronic pain patients and should further be analysed.

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### Massimo Rosselli: man-medicine in Therapeutic Psychosynthesis

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Professor Massimo Rosselli was a student and close collaborator of Roberto Assagioli (the founder of Psychosynthesis) and one of the founders of the Italian Society for Psychosynthesis Psychotherapy (SIPT) and of the European Federation for Psychosynthesis Psychotherapy (EFPP). During his long career, Rosselli has been several times President of these Associations and Professor at the school of Psychosynthesis Psychotherapy of SIPT. Throughout the years Rosselli has performed an irreplaceable role within the Psychotherapy Psychosynthesis. He developed remarkable contributions both in the theory and in the clinical practice. Some key points studied by Rosselli were the central role of the Body in the psychotherapeutic process, the transpersonal dimension, and his original thought about the rights of the Soul. Massimo Rosselli has been a crucial figure in the world of psychotherapy and of psychosomatics. He had an infinitive passion for the complexity of the human nature (bio-psychosocio-spiritual), leaving of all us a sense of gratefulness and encouragement in continuing his work.

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### The impact of ACP on patient's relationships

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**Background:** In the period 2013-2018 an important European study (ACTION) involving six countries, financed according to the 7<sup>o</sup> European framework, has been performed. The ACTION study dealt with the issue of advance care planning (ACP) in oncology and searched for evidence of its impact on patient and family. **Methods:** The analysis presented concerned four Italian cases (patients and their Personal Representatives) who took part in the Respecting Choices ACP intervention and, afterwards, in one or two research interviews aimed to understand their experience with the ACP programme and a Focus Group conducted with 4 facilitators of the intervention. A thematic analysis of the qualitative data was undertaken. **Results:** Some changes occurred in relation to the ACP process within the ACTION study: improvement of the healthcare professionals' communication skills; patients' empowerment; reflections and discussion within the

family about preferences for future treatments and care and about the impact of the disease on the whole family. **Conclusions:** Challenges in implementing the ACP process in Italy were mainly due to the lack of a legal framework regulating ACP and Advance Directives at the time of the study and to socio-cultural factors. The results indicate the importance of not reducing ACP to an individualistic or bureaucratic exercise. Indeed, the best interpretation of ACP seems to be the opportunity to work on a powerful, and relatively new, communication tool to be used when dealing with serious disease.

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### A case report of severe psoriasis

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**Background:** Severe psoriasis can have a very negative impact on patients' quality of life. Apart from offering the best treatment available, these patients have other needs which should be addressed in order to help them cope and manage their everyday life. Health professionals need formulate open questions to better understand how the psoriasis is affecting the lives of these patients and to identify possible areas of intervention. **Case presentation:** We present a 46-year-old Caucasian male with a history of severe psoriasis. According to the patient, his skin condition has had a negative impact on his personal, social and work circumstances. He is divorced and has a nine-year old daughter whom he looks after. He finds it very difficult to maintain a stable job due to his physical health and he tends to feel sorry for himself and manifest depressive symptoms. He feels stigmatized due to the visibility of his psoriasis on his face, hands and nails, parts of the body he cannot hide, and finds it difficult to find a partner. He has poor coping strategies, and this affects his self-esteem and his self-worth. He would like to be more proactive, but there is always something that happens in his life to interfere with his plans to do things. **Conclusions:** This case is a clear example of the need for a bio-psycho-social approach.

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### Minding the skin

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The skin is in many ways the most fundamental sense organ. We can live without sight, hearing, taste and smell, but we cannot survive if the greater part of our skin is not intact. The skin is an ever-present feature of the subject's experience of embodiment, and it is also an ever-changing one. The skin allows us to sense and perceive our life, as well as to be sensed and perceived by others. Authors such as James Joyce, Paul Valéry and Anzieu have referred to the skin their writings: The surface of the body is the deepest part of the human being. The skin makes occupying a place in space and time possible. The skin is an archive of past experience, a cartography of identity.

Thus, the important role of dermatologists who look after our skin when it is ill, bad or disabling. And because the skin is visible to others as well as to us, as well as it being such an important sense organ, it is of vital importance to ask about the burden of the skin condition and the effect on quality of life. Health professionals need to be well trained in communication skills in order to help patients open up and talk about the emotional impact of their skin condition. Applying a holistic and effective approach will increase patient satisfaction, help to set realistic goals and improve adherence to treatment.

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### Psychological well-being and positive outcomes in eating disorders outpatients

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**Background:** Positive functioning is neglected in Eating Disorder (ED) research. Specifically, while first-line treatment of Cognitive Behavioral Therapy (CBT) is known to reduce symptomatology, changes in positive functioning are underexplored. The aims of this controlled study were to assess Psychological Well-Being (PWB) in out-patients with EDs and to evaluate PWB changes following CBT-based treatment. **Methods:** 245 ED outpatients and 60 controls were assessed with: EAT-40, GHQ-30, and PWB. All patients underwent CBT-based treatment integrated with nutritional rehabilitation. MANCOVA, correlational analyses, and Wilcoxon signed rank tests were conducted to test differences between diagnostic groups, relationships between psychological well-being and eating symptomatology, and changes in psychological well-being. Seventy-five outpatients completed treatment and all measures at time of analyses and were analyzed for psychological well-being changes. Post-treatment PWB scores of 51 patients considered remitted by end of treatment were compared to control scores by Mann-Whitney U tests. **Results:** Significant differences between groups in all PWB scales were found. BN patients reported the lowest scores in all PWB dimensions compared to controls. In all ED groups, PWB dimensions resulted significantly and negatively associated with eating symptomatology, independently of distress and illness duration. Significant gains in all PWB dimensions, with moderate effect sizes in Environmental Mastery, Personal Growth and Self-acceptance were reported. Remitted patients showed significantly lower scores in Positive Relations and Self-acceptance compared to controls.

**Conclusions:** Definitions of remission in EDs may benefit from considering changes in positive functioning in addition to the standard measurement of body mass index and eating-related parameters.