

Alexithymia and global psychosocial functioning: A study on patients with skin disease

Angelo Picardi^{a,*}, Piero Porcelli^b, Eva Mazzotti^a, Giovanni Fassone^a, Ilaria Lega^a,
Luisa Ramieri^a, Emanuele Sagoni^a, Paolo Pasquini^a

^aClinical Epidemiology Unit, Dermatological Institute IDI-IRCCS, Rome, Italy

^bPsychosomatic Unit, IRCCS De Bellis Hospital, Castellana Grotte, Italy

Received 6 February 2006; received in revised form 11 July 2006; accepted 12 September 2006

Abstract

Objective: The relationship between alexithymia and psychosocial functioning has been investigated in a few studies using indirect measures of adaptation. We aimed at directly evaluating the relationship between alexithymia and global psychosocial functioning, as measured by a standardised scale. **Methods:** A large, consecutive sample of dermatological inpatients ($N=545$) completed the 20-item Toronto Alexithymia Scale and the Skindex-29 and were administered the Structured Clinical Interview for *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* Axis I disorders and the Global Assessment of Functioning (GAF) scale. **Results:** Multiple

regression analysis was used to control for likely determinants of psychosocial functioning such as age, sex, education, burden of skin symptoms, and psychiatric morbidity. The GAF score was associated with psychiatric morbidity ($\beta=-.63$, $P<.001$), alexithymia (in particular, the difficulty identifying feelings subscale) ($\beta=-.19$, $P<.001$), and burden of skin symptoms ($\beta=-.07$, $P<.05$). **Conclusion:** Given the well-known association between poor psychosocial functioning and several behavioural risk factors for health, our study may provide a further reason for clinicians to pay attention to alexithymic features among their patients.

© 2007 Published by Elsevier Inc.

Keywords: Alexithymia; Psychosocial functioning; Global assessment of functioning; Dermatology

Introduction

Thirty years ago, the alexithymia construct was introduced as a group of cognitive and affective characteristics typical of patients with psychosomatic disorders [1]. In the last years, there has been a growing interest in the construct that is gradually being integrated in the broader field of emotion research and is currently viewed as a deficit in affect regulation [2,3]. A high prevalence of alexithymia has been found in patients with a variety of health problems [4], including skin diseases [5,6]. For some dermatological

conditions, it may play a role as a risk factor, as alexithymia, insecure attachment, and poor social support were found to be associated with the onset of alopecia areata [7] and with exacerbations of vitiligo and plaque psoriasis [8,9]. These findings are consistent with the modern multifactorial model of illness, according to which psychosocial, biologic, and environmental factors interact reciprocally and lead to different clinical outcomes [10].

Patients with skin diseases suffer from various and multidetermined psychological problems, including reduced psychosocial functioning, impaired quality of life, and high prevalence of psychiatric disorders and other clinical conditions of psychosomatic interest such as demoralisation, irritable mood, Type A behaviour, and somatic symptoms secondary to psychiatric disorders [5,11]. The multifactorial model of health and illness paves the way to

* Corresponding author. Clinical Epidemiology Unit, Dermatological Institute IDI-IRCCS, Via dei Monti di Creta, 104 - 00167 Rome, Italy. Tel.: +39 06 66464306; fax: +39 06 66464307.

E-mail address: a.picardi@idi.it (A. Picardi).

the possibility of exploring a variety of relationships between health-related factors, such as the association between skin symptoms, psychopathology, alexithymia, and psychosocial functioning. Although the associations between medical symptoms, psychopathology, and adaptation have been widely investigated, little attention has been paid to the relationship between alexithymia and psychosocial functioning. The Global Assessment of Functioning (GAF) scale is the fifth axis in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* system [12] and measures the burden of psychological distress and psychopathology on social, psychological, and occupational functioning. Higher impairment of psychosocial functioning assessed with the GAF scale has been found in patients with personality disorders [13], even after a long-term follow-up of 15 years [14], and in patients with severe *DSM-IV* Axis I and Axis II disorders [15]. However, to our knowledge, the relationship between alexithymia and psychosocial functioning has been investigated only in few studies using indirect measures of adaptation, while no study has directly assessed the relationship between alexithymia and psychosocial functioning, as measured by the GAF scale.

The purpose of this study was to test the association between alexithymia and the GAF score in a large sample of dermatological patients, controlling for other likely determinants of psychosocial functioning such as sociodemographic factors, psychopathology, and burden of skin symptoms. Given that alexithymia is known to be related to several psychological dimensions that are relevant for well-being and functioning, our main hypothesis was that alexithymia would be associated with lower psychosocial functioning.

Methods

Participants and procedure

The study was performed at the Dermatopathic Institute of the Immaculate (IDI-IRCCS), a large dermatological hospital in Rome, to which patients with mild to severe skin conditions are referred mainly from central and southern Italy. The study protocol was approved by the institutional ethical committee. All consecutive adult patients who were admitted to the IDI-IRCCS Institute on scheduled days were contacted by a research dermatologist who explained them the study. Patients who were not affected by dementia or severe cognitive impairment and accepted to participate were invited to sign a written informed consent form. Within 48 hours, they were administered the assessment instruments.

Assessment instruments

The psychosocial consequences of skin disease were measured with the Skindex-29. It is a self-report question-

naire that comprises 29 items scored on a 5-point scale and yields scores on three scales assessing burden of symptoms, social functioning, and emotional state, respectively. The instrument has shown good reliability and validity [16,17]. We used the validated Italian version [18].

Alexithymia was assessed with the self-report 20-item Toronto Alexithymia Scale (TAS-20) [19,20], which includes 20 items rated on a 5-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). It gives a total score and 3 subscale scores, measuring respectively the difficulty identifying feelings (DIF), the difficulty describing and communicating feelings (DDF), and the tendency to focus on the concrete details of external events rather than on feelings, fantasies, and other aspects of one's own inner experience ("externally oriented thinking" [EOT]). Many studies supported the reliability and validity of the scale [21,22], although there is some debate regarding its factor structure and the validity of the subscales [6]. A validated Italian version of the TAS-20 [23] was used in this study. Alexithymia is considered in the higher range when the TAS-20 total score is 61 or more [2].

Current (past 4 weeks) psychopathology was assessed with the Italian version of the Structured Clinical Interview for *DSM-IV* Axis I (SCID-I) [24] by a mental health professional (one psychiatrist, one clinical psychologist, and three senior psychiatry residents were involved in the assessment) who had been specifically trained in using the SCID before the start of the study and was masked to the results of the Skindex-29 and the TAS-20.

The overall psychosocial functioning was assessed with the GAF scale included in the Axis V of the *DSM-IV* [12]. The GAF is rated on a 100-point scale, with higher scores indicating better functioning.

The inter-rater reliability of the SCID diagnoses and the GAF scale scores was tested with all interviewers on 2 separate occasions. Several interviews were scored independently by each interviewer, and the kappa coefficient and Pearson correlation coefficient were used to measure reliability for the SCID-I and the GAF scale, respectively. The reliability coefficients were found to be greater than .80 on both occasions.

Statistical analysis

The Skindex-29 was scored as recommended, transforming scores as the percentage of the maximum possible score on each scale [16]. Only the symptoms scale of the Skindex-29 was used. The other two scales (the Emotions and the Functioning scales) were not used because they display moderate to high correlations with measures of psychological distress [18], and we had SCID-based diagnoses available as a much more reliable index of emotional distress and psychopathology. When the answer to one item of the symptoms scale was missing, it was substituted with the mean of the other items of the scale. Cases with two or more missing items were excluded from

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات