Valutazione psicosociale della malattia diabetica: stato dell'arte, criticità e prospettive

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2016

Standard italiani
per la cura del diabete mellito
2016

Questo testo è disponibile, in forma elettronica e interattiva, presso il website di riferimento: www.standarditaliani.it, raggiungibile anche dai website di AMD e SID

Data di rilascio: 20 giugno 2016

Si ricorda che è sempre responsabilità del medico curante, in base alle proprie esperienze e nel rispetto della normativa vigente e della deontologia professionale, determinare la cura migliore per il paziente. Per le indicazioni terapeutiche, la posologia, i modi di somministrazione e per le altre caratteristiche delle singole specialità medicinali citate, fare riferimento ai rispettivi riassunti delle caratteristiche di prodotto autorizzati. I medici sono invitati a contattare le rispettive aziende produttrici per qualsiasi domanda o limitazione dei farmaci. Tutti i soggetti coinvolti nella stesura del presente documento non assumono responsabilità alcuna per danni e quant'altro a persone o cose imputabili in qualsiasi maniera e/o per qualsiasi ragione all'uso delle informazioni contenute in questa pubblicazione e/o per eventuali errori od omissioni in essa contenuti nonostante gli sforzi profusi al fine di garantire un'informazione la più corretta possibile e pienamente aderente allo stato delle conoscenze medico-scientifiche attuali. Tutti i partecipanti all'iniziativa sono consapevoli che, pur avendo curato in ogni particolare i contenuti proposti, possono essere incorsi in sviste o errori, di cui si scusano in anticipo e per i quali ringraziano per le segnalazioni del caso. Nessun soggetto terzo, al di fuori dei partecipanti a questa iniziativa, ha avuto ruolo alcuno nella progettazione, ideazione, sviluppo, realizzazione e gestione dei contenuti qui proposti. L'intero documento è protetto da qualsiasi influenza commerciale.

Ministero della Salute

DIREZIONE GENERALE DELLA PROGRAMMAZIONE SANITARIA

Piano Nazionale della Cronicità

Accordo tra lo Stato, le Regioni e le Province Autonome di Trento e di Bolzano del 15 settembre 2016

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American Diabetes Association.

Psychosocial Care for People With Diabetes: A Position Statement of the American Diabetes Association

Deborah Young-Hyman,[1] Mary de Groot,[2] Felicia Hill-Briggs,[3] Jeffrey S. Gonzalez,[4] Korey Hood,[5] and Mark Peyrot[6]

Diabetes Care 2016;39:2126–2140 | DOI: 10.2337/dc16-2053

Complex environmental, social, behavioral, and emotional factors, known as psychosocial factors, influence living with diabetes, both type 1 and type 2, and achieving satisfactory medical outcomes and psychological well-being. Thus, individuals with diabetes and their families are challenged with complex, multifaceted issues when integrating diabetes care into daily life. To promote optimal medical outcomes and psychological well-being, patient-centered care is essential, defined as "providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions" (1). Practicing personalized, patient-centered psychosocial care requires that communications and interactions, problem identification, psychosocial screening, diagnostic evaluation, and intervention services take into account the context of the person with diabetes (PWD) and the values and preferences of the PWD.

This article provides diabetes care providers with evidence-based guidelines for psychosocial assessment and care of PWD and their families. Recommendations are based on commonly used clinical models, expert consensus, and tested interventions, taking into account available resources, practice patterns, and practitioner burden. Consideration of life span and disease course factors (Fig. 1) is critical in the psychosocial care of PWD. This Position Statement focuses on the most common psychological factors affecting PWD, including diabetes distress and psychological comorbidities, while also considering the needs of special populations and the context of care.

GENERAL CONSIDERATIONS IN PSYCHOSOCIAL CARE

Recommendations

- Psychosocial care should be integrated with collaborative, patient-centered medical care and provided to all people with diabetes, with the goals of optimizing health outcomes and health-related quality of life. **A**
- Providers should consider an assessment of symptoms of diabetes distress, depression, anxiety, and disordered eating and of cognitive capacities using patient-appropriate standardized/validated tools at the initial visit, at periodic intervals, and when there is a change in disease, treatment, or life circumstance. Including caregivers and family members in this assessment is recommended. **B**
- Consider monitoring patient performance of self-management behaviors as well as psychosocial factors impacting the person's self-management. **E**
- Consider assessment of life circumstances that can affect physical and psychological health outcomes and their incorporation into intervention strategies. **E**
- Addressing psychosocial problems upon identification is recommended. If an intervention cannot be initiated during the visit when the problem is identified, a follow-up visit or referral to a qualified behavioral health care provider may be scheduled during that visit. **E**

Practitioners should identify behavioral/mental health providers, ideally those who are knowledgeable about diabetes treatment and the psychosocial aspects of diabetes, with whom they can form alliances and use for referrals (Table 1) in the psychosocial care of PWD. Ideally, psychosocial care providers should be embedded in diabetes care settings. Shared resources such as electronic health records, management data, and patient-reported

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This position statement was reviewed and approved by the American Diabetes Association Professional Practice Committee in September 2016 and ratified by the American Diabetes Association Board of Directors in October 2016.

See accompanying articles, pp. 2122, 2141, 2149, 2158, 2165, 2174, 2182, 2190, and 2197.

GIUGNO | **SETTEMBRE** | **DICEMBRE**

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Secondo l'***American Diabetes Association*** l'***integrazione dello screening psicosociale*** nella cura del diabete e l'***invio a professionisti della salute mentale qualificati*** in specifiche circostanze, può ***migliorare gli outcome clinici*** non ancora soddisfacenti.

Le **criticità** per la realizzazione di questo standard di assistenza sono notevoli, tra cui:

- ✓ ***carenza*** di ***professionisti della salute mentale con competenze in diabetologia***
- ✓ ***persistenza*** di ***modelli di assistenza medica*** che ***non favoriscono*** il ***lavoro in team multidisciplinare***

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L'***American Diabetes Association*** propone un ***modello di cura degli aspetti psicosociali***:

- ✓ ***sensibile*** alle diverse ***fasi di vita con il diabete***
- ✓ ***progressivo*** nel livello di ***approfondimento diagnostico***
- ✓ ***basato*** su ***strumenti psicodiagnostici standardizzati*** ed ***interventi evidence-based***

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Per ciascuna fase di vita con il diabete ***vengono distinti*** vissuti e comportamenti rappresentativi di problemi psicosociali adattativi dai sintomi di disturbi psicologici clinicamente rilevanti:

Phase of living with diabetes		Continuum of psychosocial issues and behavioral health disorders in people with diabetes	
		Nonclinical (normative) symptoms/behaviors	**Clinical symptoms/diagnosis**
	Behavioral health disorder prior to diabetes diagnosis	None	• Mood and anxiety disorders • Psychotic disorders • Intellectual disabilities
	Diabetes diagnosis	Normal course of adjustment reactions, including distress, fear, grief, anger, initial changes in activities, conduct, or personality	• Adjustment disorders*
	Learning diabetes self-management	Issues of autonomy, independence, and empowerment. Initial challenges with self-management demonstrate improvement with further training and support	• Adjustment disorders* • Psychological factors affecting medical condition**
	Maintenance of self-management and coping skills	Periods of waning self-management behaviors, responsive to booster educational or supportive interventions	• Maladaptive eating behaviors • Psychological factors** affecting medical condition
	Life transitions impacting disease self-management	Distress and/or changes in self-management during times of life transition***	• Adjustment disorders* • Psychological factors ** affecting medical condition
	Disease progression and onset of complications	Distress, coping difficulties with progression of diabetes/onset of diabetes complications impacting function, quality of life, sense of self, roles, interpersonal relationships	• Adjustment disorders* • Psychological factors ** affecting medical condition
	Aging and its impact on disease and self-management	Normal, age-related forgetfulness, slowed information processing and physical skills potentially impacting diabetes self-management and coping	• Mild cognitive impairment • Alzheimer or vascular dementia
		All health care team members (e.g., physicians, nurses, diabetes educators, dieticians) as well as behavioral providers	Behavioral or mental health providers (e.g., psychologists, psychiatrists, clinical social workers, certified counselors or therapists)
		Providers for psychosocial and behavioral health intervention	

Per ciascuna fase di vita con il diabete ***vengono distinti*** vissuti e comportamenti rappresentativi di **problemi psicosociali adattativi** dai sintomi di disturbi psicologici clinicamente rilevanti:

Phase of living with diabetes		Continuum of psychosocial issues and behavioral health disorders in people with diabetes	
		Nonclinical (normative) symptoms/behaviors	**Clinical symptoms/diagnosis**
	Behavioral health disorder prior to diabetes diagnosis	None	• Mood and anxiety disorders • Psychotic disorders • Intellectual disabilities
	Diabetes diagnosis	Normal course of adjustment reactions, including distress, fear, grief, anger, initial changes in activities, conduct, or personality	• Adjustment disorders*
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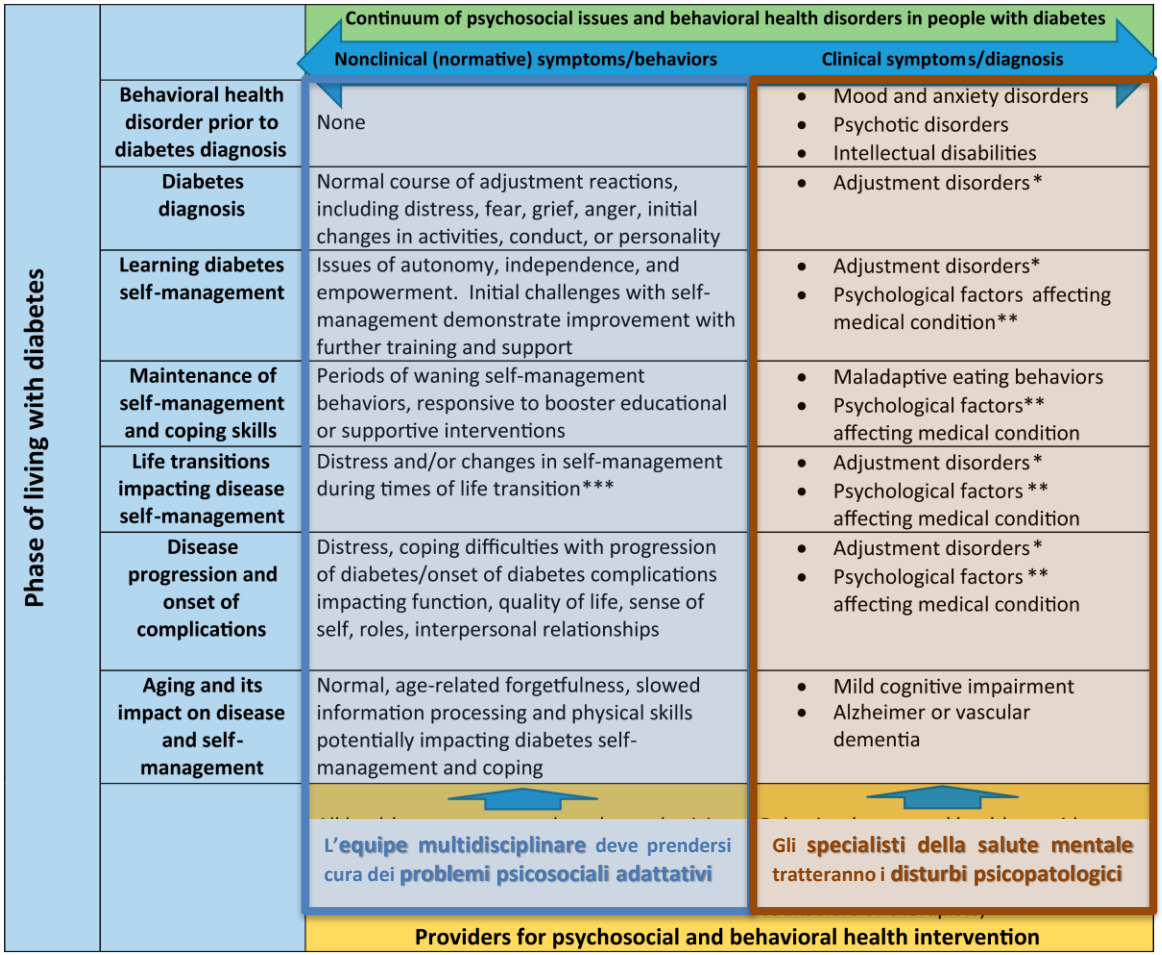
	Aging and its impact on disease and self-management	Normal, age-related forgetfulness, slowed information processing and physical skills potentially impacting diabetes self-management and coping	• Mild cognitive impairment • Alzheimer or vascular dementia
		L'**equipe multidisciplinare** deve prendersi cura dei **problemi psicosociali adattativi**	Behavioral or mental health providers (e.g., psychologists, psychiatrists, clinical social workers, certified counselors or therapists)
		Providers for psychosocial and behavioral health intervention	

Per ciascuna fase di vita con il diabete ***vengono distinti*** vissuti e comportamenti rappresentativi di **problemi psicosociali adattativi** dai sintomi di **disturbi psicologici clinicamente rilevanti**:



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- ✓ ***sensibile*** alle diverse ***fasi di vita con il diabete***
- ✓ ***progressivo*** nel livello di ***approfondimento diagnostico***
- ✓ ***basato*** su ***strumenti psicodiagnostici standardizzati*** ed ***interventi evidence-based***

Viene raccomandato un **approccio sistematico e progressivo alla valutazione psicosociale**:

I sanitari debbono includere ***domande sul benessere psicosociale*** nelle ***visite di routine***

Vengono identificati dei ***momenti critici*** nei quali **effettuare e ripetere la valutazione psicosociale** della persona con diabete:

- ✓ in occasione della ***prima visita***
- ✓ durante i ***controlli periodici*** (anche se non ci sono indicatori specifici)
- ✓ in caso di ***insorgenza di complicanze***
- ✓ ***cambiamenti nel tipo di terapia*** (ad es. con il passaggio al microinfusore)
- ✓ ***cambiamenti nell'organizzazione della vita***, nel ***lavoro***, nelle ***relazioni significative*** (con un ***monitoraggio nei sei mesi successivi*** all'evento, considerato come ***periodo critico***)

Esempio di domande per guidare la valutazione del paziente

"Come incide il diabete sulla tua vita quotidiana e su quella della tua famiglia?"

"Qual è la parte più difficile del diabete e quali sono le maggiori preoccupazioni per il diabete?"

"Qual è la cosa che stai facendo o puoi fare per gestire meglio il tuo diabete?"

"Come possiamo aiutarti meglio?"

(*Diabetes Care 2015;38:1372–1382 | DOI: 10.2337/dc15-0730*)

Viene raccomandato un **approccio sistematico e progressivo alla valutazione psicosociale**:

I sanitari debbono includere ***domande sul benessere psicosociale*** nelle ***visite di routine***

Lo ***screening psicosociale deve includere*** una valutazione:

- ✓ dell'***atteggiamento*** nei confronti della ***malattia***
- ✓ delle ***attese*** nei confronti della ***gestione medica*** e delle ***complicanze***
- ✓ dell'***affettività***, dell'***umore***, della ***qualità della vita*** (generale e in relazione al diabete)
- ✓ delle ***risorse economiche***, ***sociali*** ed ***emotive***
- ✓ della ***storia psichiatrica***

Deve essere posta ***particolare attenzione***:

- ✓ alle ***grossolane inadempienze terapeutiche*** (dovute a se stessi o ad altri)
- ✓ alla ***depressione*** con possibilità di ***autolesionismo***
- ✓ ai sintomi indicativi di ***disturbi*** del ***comportamento alimentare***
- ✓ ai ***problemi*** che possano avere una ***natura organica***
- ✓ alla comparsa di una ***condizione cognitiva*** che ***riduca*** significativamente le ***capacita di giudizio***

(*AMD-SID - Standard italiani per la cura del diabete mellito 2016*)

Viene raccomandato un **approccio sistematico e progressivo alla valutazione psicosociale**:

I sanitari debbono includere ***domande sul benessere psicosociale*** nelle ***visite di routine***

Se ricorrono alcune condizioni,
il sanitario provvede all'***invio*** per una ***valutazione psicologica specialistica***

Vengono ***identificate le situazioni che giustificano l'invio*** della persona con diabete allo **specialista della salute mentale per la valutazione e il trattamento**:

- ✓ se ***l'autogestione rimane compromessa*** in una persona con stress legato al diabete ***dopo un'educazione terapeutica personalizzata***
- ✓ se una persona ***supera il cut off*** ad un test validato di screening per la ***depressione***
- ✓ se una persona ha uno ***screening positivo*** per l'***ansia*** o la ***paura dell'ipoglicemia***
- ✓ se una persona ha uno ***screening positivo*** per il ***decadimento cognitivo***
- ✓ in caso di ***sospetto*** di una ***grave malattia mentale***
- ✓ in presenza di sintomi o sospetti di ***comportamenti alimentari disordinati***, di un ***disturbo alimentare***, o di ***modelli alimentari disfunzionali***
- ✓ se viene individuata un'***omissione intenzionale*** della somministrazione ***insulina*** o dell'assunzione dei ***farmaci orali*** per ***perdere peso***
- ✓ nei ***pazienti giovani e nei familiari*** con ***difficoltà nell'autogestione***, ***ripetuti ricoveri per ketoacidosi*** diabetica o ***livelli significativi di distress***
- ✓ ***prima*** di sottoporsi a ***chirurgia bariatrica*** e ***dopo l'intervento***, qualora la valutazione riveli una ***necessità continua di assistenza al riadattamento***

Viene raccomandato un **approccio sistematico e progressivo alla valutazione psicosociale**:

I sanitari debbono includere ***domande sul benessere psicosociale*** nelle ***visite di routine***

Se ricorrono alcune condizioni,
il sanitario provvede all'***invio*** per una ***valutazione psicologica specialistica***

Lo ***specialista*** effettua un ***approfondimento diagnostico*** con ***test standardizzati validati***

Se la valutazione specialistica ***conferma*** la presenza di un ***disagio psicosociale significativo***

Viene predisposto un ***intervento di counseling*** ed ***educazione terapeutica multidisciplinare***
al paziente ed al caregiver

Se il ***disagio persiste*** alla ***rilevazione successiva***

Uno ***specialista della salute mentale con esperienza nel diabete*** struttura
eventuali ***terapia farmacologica***
ed ***intervento psicoterapeutico evidence-based***
appropriati

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Vengono riportati **strumenti psicometrici validati** per lo **screening** dello **stress legato al diabete**:

Topic area	Measure title	Citations	Description	Validated population
Diabetes-related distress	Problem Areas in Diabetes (PAID)	Polonsky WH, Anderson BJ, Lohrer PA, et al. Assessment of diabetes-related distress. Diabetes Care 1995;18:754–760 Welch G, Weinger K, Anderson B, Polonsky WH. Responsiveness of the Problem Areas in Diabetes (PAID) questionnaire. Diabet Med 2003;20:69–72	20-item measure of diabetes-specific distress measuring emotional distress and burden associated with diabetes	Adults with type 1 and type 2 diabetes
	Diabetes Distress Scale (DDS)	Polonsky WH, Fisher L, Earles J, et al. Assessing psychosocial stress in diabetes: development of the Diabetes Distress Scale. Diabetes Care 2005;28:626–631 Fisher L, Hessler DM, Polonsky WH, Mullan J. When is diabetes distress clinically meaningful? Establishing cut points for the Diabetes Distress Scale. Diabetes Care 2012;35:259–64 (39)	17-item questionnaire measuring diabetes-specific distress in four domains: emotional burden, diabetes interpersonal distress, physician-related distress, and regimen-related distress	Adults with type 1 and type 2 diabetes
	PAID–Pediatric Version (PAID-Peds)	Markowitz JT, Volkening LK, Butler DA, Laffel LM. Youth-perceived burden of type 1 diabetes: Problem Areas in Diabetes Survey-Pediatric Version (PAID-Peds). J Diabetes Sci Technol 2015;9:1080–1085	20-item measure of diabetes burden	Youth (ages 8–17 years) with type 1 diabetes
	PAID–Teen Version	Weissberg-Benchell J, Antisdel-Lomaglio, J. Diabetes-specific emotional distress among adolescents: feasibility, reliability, and validity of the problem areas in diabetes-teen version. Pediatr Diabetes 2011;12:341–344	26-item questionnaire measuring perceived burden of diabetes	Adolescents (ages 11–19 years) with diabetes
	PAID–Parent Revised version (PAID-PR)	Markowitz JT, Volkening LK, Butler DA, Antisdel-Lomaglio JH, Anderson BJ, Laffel LM. Re-examining a measure of diabetes-related burden in parents of young people with type 1 diabetes: the Problem Areas in Diabetes Survey–Parent Revised version (PAID-PR). Diabet Med 2012;29:526–530	18-item questionnaire assessing perceived parental burden of diabetes	Parents of children and adolescents (ages 8–18 years) with type 1 diabetes

Vengono riportati **strumenti psicometrici validati** per lo **screening** della **depressione**:

Depression	Patient Health Questionnaire (PHQ-9)	Spitzer RL, Williams JB, Kroenke K, et al. Utility of new procedure for diagnosis mental-disorders in primary-care: the PRIME-MD 1000 Study. JAMA 1994;272:1749–1756	9-item measure of depressive symptoms (corresponding to criteria for major depressive disorder)	Adults
	Beck Depression Inventory–II (BDI-II)	Beck AT, Steer RA, Brown GK. *Manual for the Beck Depression Inventory-II,* 2nd ed. San Antonio, TX, Harcourt, Brace & Company, 1996	21-item questionnaire evaluating somatic and cognitive symptoms of depression	Adults
	Child Depression Inventory (CDI) (current edition is CDI-2)	Kovacs, M. *The Children's Depression Inventory (CDI): Technical Manual Update*. North Tonawanda, NY, Multi-Health Systems, 2003	27-item measure assessing depressive symptoms using child and parent report	Youth (ages 7–17 years)
	Geriatric Depression Scale (GDS)	Sheikh JI, Yesavage JA. Geriatric Depression Scale (GDS): recent evidence and development of a shorter version. Clinical Gerontologist 1986;5:165–172	15-item measure was developed to assess depression in older adults	Adults (ages 55–85 years)

Vengono riportati **strumenti psicometrici validati** per lo **screening** dell'**ansia**:

Topic area	Measure title	Citations	Description	Validated population
Anxiety	State-Trait Anxiety Inventory for Children (STAIC)	Spielberger CD, Edwards CD, Lushene R, Monturi J, Plotzek D. *State-Trait Anxiety Inventory for Children Professional Manual*. Menlo Park, CA, Mind Garden, Inc., 1973	40 items on two dimensions—trait and state anxiety	Youth with and without type 1 diabetes
	Beck Anxiety Inventory (BAI)	Beck AT, Steer RA. *Beck Anxiety Inventory Manual*. San Antonio, TX, The Psychological Corporation, 1993	21 items assessing self-reported anxiety	Adults
	Hypoglycemia Fear Survey-II (HFS-II)	Cox DJ, Irvine A, Gonder-Frederick L, Nowacek G, Butterfield J. Fear of hypoglycemia: quantification, validation, and utilization. Diabetes Care 1987;10:617–621 (63) Gonder-Frederick LA, Schmidt KM, Vajda KA, et al. Psychometric properties of the Hypoglycemia Fear Survey-II for adults with type 1 diabetes. Diabetes Care 2011;34:801–806 (71)	33 items assessing behavioral and worry dimensions of hypoglycemia in adults	Adults with type 1 diabetes
	Children's Hypoglycemia Index (CHI)	Kamps JL, Roberts MC, Varela RE. Development of a new fear of hypoglycemia scale: preliminary results. J Pediatr Psychol 2005;30:287–291	Designed to assess FoH (25 items)	Youth (ages 8–16 years) with type 1 diabetes

Vengono riportati **strumenti psicometrici validati** per lo **screening** dei **disturbi dell'alimentazione**

Topic area	Measure title	Citations	Description	Validated population
Eating disorders	Eating Disorders Inventory–3 (EDI-3)	Garner DM. *Eating Disorder Inventory-3: Professional Manual*. Odessa, FL, Psychological Assessment Resources, 2004	2 interview and self-report surveys aimed at the measurement of psychological traits or symptom clusters relevant to the development and maintenance of eating disorders	Females (ages 13–53 years)
	Diabetes Eating Problems Survey (DEPS-R)	Markowitz JT, Butler DA, Volkening LK, Antisdel JE, Anderson BJ, Laffel LM. Brief screening tool for disordered eating in diabetes: internal consistency and external validity in a contemporary sample of pediatric patients with type 1 diabetes. Diabetes Care 2010;33:495–500	16-item self-report measure designed to assess diabetes-specific eating issues	Youth (ages 13–19 years) with type 1 diabetes
	Diabetes Treatment and Satiety Scale (DTSS-20)	Young-Hyman D, Davis C, Grigsby C, Looney S, Peterson C. Development of the Diabetes Treatment and Satiety Scale: DTSS-20 (Abstract). Diabetes 2011;60(Suppl. 1): A218	20-item self-report measure that assesses perception of satiety and fullness in the context of food intake, physical activity, medication dosing, and glycemic levels	Youth (ages 10–17 years) with type 1 diabetes

Vengono riportati **strumenti psicometrici validati** per lo **screening** della **comprensione delle informazioni mediche** e dell'**uso di numeri grafici e tabelle correlate alla salute**, nonché per l'**autoefficacia nella cura di sé**:

Health literacy and numeracy	General Health Numeracy Test (GHNT)	Osborn CY, Wallston KA, Shpigel A, Cavanaugh K, Kripalani S, Rothman RL. Development and validation of the General Health Numeracy Test (GHNT). Patient Educ Couns 2013;91: 350–356	21-item self-report questionnaire designed to assess patient level of understanding of the use of numbers in medications and health	Adults
	Diabetes Numeracy Test (DNT)	Huizinga MM, Elasy TA, Wallston KA, et al. Development and validation of the Diabetes Numeracy Test (DNT). BMC Health Ser Res 2008;1:96	5-, 15-, and 43-item word problem–based test to assess understanding of tables, graphs, and figures specific to the management of diabetes	Adults (ages 18–80 years)
	Brief Health Literacy Scale (BHLS)	Wallston KA, Cawthon C, McNaughton CD, Rothman RL, Osborn CY, Kripalani S. Psychometric properties of the Brief Health Literacy Screen in clinical practice. J Gen Intern Med 2014;29:119–126	3-item measure read aloud to patients in an outpatient and emergency department setting to assess understanding of health concepts	Adults
Self-care efficacy	Diabetes self-efficacy	Ritter PL, Lorig K, Laurent D. Characteristics of the Spanish- and English-language self-efficacy to manage diabetes scales. Diabetes Educ 2016;42:167–177	8-item self-report scale designed to assess confidence in performing diabetes self-care activities	Adults
	Self-efficacy for diabetes management	Iannotti RJ, Schneider S, Nansel TR, et al. Self-efficacy, outcome expectations, and diabetes self-management in adolescents with type 1 diabetes. J Dev Behav Pediatr 2006;27: 98–105 (26)	10-item self-report self-efficacy scale	Adolescents (ages 10–16 years) with type 1 diabetes

Vengono riportati **strumenti psicometrici validati** per lo **screening** delle **funzioni cognitive nell'anziano** e per la **valutazione del dolore cronico**:

Cognitive screening in older adults	Mini-Mental State Examination (MMSE)	Folstein MF, Folstein SE, McHugh PR. "Mini-mental" state: a practical method for grading the cognitive state of patients for the clinician. J Psychiatr Res 1975;12:189–198 Crum RM, Anthony JC, Bassett SS, Folstein MF. Population-based norms for the Mini-Mental State Examination by age and educational level. JAMA 1993;269:2386–2391	11-item (30-point) screen for cognitive impairment in adults	Adults (ages 18 – 100 years)
	Telephone Interview for Cognitive Status (TICS)	Brandt J, Spencer M, Folstein M. The Telephone Interview for Cognitive Status. Neuropsychiatry Neuropsychol Behav Neurol 1988;1:111–117 Brandt J, Folstein MF. *Telephone Interview for Cognitive Status (TICS) Professional Manual*. Lutz, FL, Psychological Assessment Resources, 2003	11-item measure assessing cognitive status by telephone	Adults (ages 60–98 years)
	Cognitive assessment toolkit	Cordell CB, Borson S, Boustani M, et al. Alzheimer's Association recommendations for operationalizing the detection of cognitive impairment during the Medicare Annual Wellness Visit in a primary care setting. Alzheimers Dement 2013;9:141–150	Designed for use during a medical office visit to screen for cognitive impairment in older adults (includes informant interviews also)	Adults
Chronic pain	Short-form McGill Pain Questionnaire (SF-MPQ-2)	Dworkin RH, Turk DC, Revicki DA, et al. Development and initial validation of an expanded and revised version of the Short-form McGill Pain Questionnaire (SF-MPQ-2). Pain 2009;144:35–42	22-item questionnaire designed to assess pain	Adults

Vengono riportati **strumenti psicometrici validati** per lo screening dell'**aderenza**:

Topic area	Measure title	Citations	Description	Validated population
Adherence to self-care	Summary of Diabetes Self-Care Activities (SDSCA)	Toobert DJ, Hampson SE, Glasgow RE. The Summary of Diabetes Self-Care Activities measure: results from 7 studies and a revised scale. Diabetes Care 2000;23:943–950	11-item and expanded 25-item measure of diabetes self-care behaviors	Adults with type 1 and type 2 diabetes
	Adherence to Refills and Medications Scale (ARMS-D)	Kripalani S, Risser J, Gatti ME, Jacobson TA. Development and evaluation of the Adherence to Refills and Medications Scale (ARMS) among low-literacy patients with chronic disease. Value Health 2009;12:118–123 Mayberry LS, Gonzalez JS, Wallston KA, Kripalani S, Osborn CY. The ARMS-D outperforms the SDSCA, but both are reliable, valid, and predict glycemic control. Diabetes Res Clin Pract 2013;102:96–104	11-item self-report questionnaire designed to assess the extent to which patients take and refill their diabetes-related medications	Adults
	Barriers to diabetes adherence	Mulvaney SA, Hood KK, Schlundt DG, et al. Development and initial validation of the barriers to diabetes adherence measure for adolescents. Diabetes Res Clin Pract 2011;94:77–83	21-item self-report questionnaire designed to assess barriers to diabetes self-care behaviors	Adolescents (ages 12–17 years) with diabetes

In prospettiva …

La valutazione psicosociale *"nella"* malattia diabetica richiede:

- ✓ ***formazione degli operatori sanitari*** rispetto a:
  - ➔ ***linee guida sulla valutazione psicosociale*** in ambito diabetologico
  - ➔ ***saper porre domande*** in merito ai ***fattori psicosociali clinicamente rilevanti***
  - ➔ ***effettuare invii appropriati*** ai professionisti della salute mentale
- ✓ ***formazione dei professionisti della salute mentale*** rispetto a:
  - ➔ ***conoscenze diabetologiche*** appropriate
  - ➔ ***adozione*** di ***strumenti psicodiagnostici standardizzati***
  - ➔ ***impiego*** d i ***interventi clinici evidence-based***
- ✓ ***sperimentazione*** di ***interventi psicologici evidence-based***
- ✓ ***traduzione e validazione*** di ***strumenti psicodiagnostici internazionali validati***
- ✓ ***definizione delle reciproche funzioni*** nella valutazione ed intervento ***tra psicologi e psichiatri***
- ✓ ***costruzione di modelli sensibili alla multietnicità*** ed alle ***nuove tecnologie***

Grazie per l'attenzione