

After 4 months the patient achieved significant weight loss and reduction of hemoglobin A1c levels. Therapeutic gains were substantial, with a reduction in affective symptomatology, somatic complaints, and sleep problems. Notable improvements were observed in all dimensions of well-being, including those that were not specifically addressed by the intervention. **Conclusions:** WBT may have a role in promoting lifestyle changes. WBT may contribute to improved health attitudes and behaviors as a result of its effect on reducing stress and related psychological distress.

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### 37 Sleep deprivation, neuroplasticity and psychopathology

Giovanni Biggio

Department of Life and Environmental Sciences.,  
University of Cagliari, Cagliari, Italy

Sleep and sleep deprivation modify brain plasticity in opposite manner. The most advanced technologies (brain imaging and supermicroscopic images) have recently allowed to discover the morphological changes in different brain areas during sleep and sleep deprivation. These studies have also shown that cortisol and melatonin are the two most important hormones involved in these plastic changes of the brain. In the presentation will be discussed the functional relationship between the brain morphological changes and the vulnerability to psychopathology.

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### 38 Inter-rater reliability of the DID-W1 clinical interview

Magda Boi<sup>a</sup>, Andrea Svicher<sup>a</sup>, Fiammetta Cosci<sup>a,b</sup>

<sup>a</sup>Department of Health Sciences, University of Florence, Florence, Italy

<sup>b</sup>Department of Psychiatry & Neuropsychology, Maastricht University, The Netherlands

**Background:** It is known and widely recognized that the reduction or discontinuation of Selective Serotonin Reuptake Inhibitors (SSRIs) and selective serotonin and noradrenaline reuptake inhibitors (SNRIs) may induce withdrawal. In 2015, Chouinard and Chouinard proposed a new literature-based classification by formulating specific diagnostic criteria for three different SSRI/SNRI withdrawal syndromes: new withdrawal symptoms, rebound symptom withdrawal, persistent post-withdrawal disorders. A semi-structured clinical interview, the Diagnostic Clinical Interview for Drug Withdrawal 1 - New Symptoms of SSRI and SNRI (DID-W1), was developed for identifying and differentiating such syndromes. The present study was conducted to test the inter-rater reliability of the DID-W1 and the Discontinuation-Emergent Signs Checklist (DESS). **Methods:** A total of 47 subjects with a history of SSRI or SNRI reduction or discontinuation were enrolled through the web and assessed by two independent raters with the DID-W1 interview. The inter-rater reliability was measured by percent agreement, Cohen's kappa, and the squared correlation coefficient. **Results:** The percent agreement for the whole interview was 93.6%, the Cohen's kappa .871 (95%CI .73-1.00), the squared correlation coefficient .75. Similar results were found analysing each module of the DID-W1. **Conclusions:** Kappa values and the

squared coefficient showed excellent inter-rater agreement. The DID-W1 may help diagnosing the clinical conditions related to SSRI and SNRI discontinuation and differentiating withdrawal syndromes from relapse and recurrence of the original illness. Thus, it may be considered as a resource for clinical assessment and treatment optimization.

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### 39 The relationship among the health-related quality of life, illness severity, personality and psychiatric symptoms in patients with psoriasis: an empirical investigation

Tommaso Boldrin<sup>a,b</sup>, Annalisa Tanzilli<sup>a</sup>, Denise Erbutto<sup>c</sup>, Salvatore Sarubb<sup>c</sup>, Elena Rogante<sup>c</sup>, Severino Persechino<sup>d</sup>, Maurizio Pompili<sup>c</sup>, Vittorio Lingiardi<sup>a</sup>

<sup>a</sup>Department of Dynamic and Clinical Psychology, Faculty of Medicine and Psychology, Sapienza University of Rome, Rome, Italy

<sup>b</sup>Department of Developmental Psychology and Socialization, University of Padova, Padova, Italy

<sup>c</sup>Department of Neurosciences, Mental Health and Sensory Functions, Suicide Prevention Center, Sant'Andrea Hospital, Sapienza University of Rome, Rome, Italy

<sup>d</sup>Division of Dermatology, St Andrea University Hospital, Sapienza University of Rome, Rome, Italy

**Background:** Psoriasis is a complex and chronic inflammatory skin disorder. The mechanisms underlying this immune-mediated disease are not clear, but some evidence indicates that specific personality features and symptom patterns may play an important role in the development and clinical presentation of the disorder and influence the quality of patients' lives. This study aimed at evaluating the associations among the quality of life, illness severity, psychiatric symptoms and personality patterns in patients with psoriasis treated with biological or topical therapy. **Methods:** Fifty psoriatic patients were evaluated with self-report measures: the Symptom Checklist-90-R (SCL-90R) and the Psoriasis Index of Quality of Life (PSORIQoL). Their personality and psychological functioning were assessed by external raters using the Shedler-Westen Assessment Procedure (SWAP-200) applied to the Clinical Diagnostic Interviews (CDI). Finally, the severity and the area of psoriatic lesions were evaluated by dermatologists with the Psoriasis Area Severity Index (PASI). **Results:** Significant differences between the groups (biological vs topical therapy) were found in PASI scores: patients assigned to biological therapy showed lower levels of illness severity. No differences were found in PSORIQoL scores. The quality of life was negatively associated with various dimensions of SCL-90R and with borderline ( $r = .39$ ;  $p < .01$ ), dependent ( $r = .41$ ;  $p < .01$ ) and avoidant ( $r = .35$ ;  $p < .05$ ) personality styles/disorders; conversely, it did not relate to PASI. **Conclusions:** The results seem to suggest that the quality of life in psoriatic patients is more influenced by personality characteristics and psychiatric symptoms than by the severity of psoriatic lesions.

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