



JOINT MEETING

In pediatria e medicina dell'adolescenza
Sobre pediatría y medicina de la adolescencia

21-22-23-24 OTTOBRE 2015 CATANZARO ITALIA



L'intolleranza all'incertezza come mediatore dei fattori di rischio per i Disturbi Alimentari negli adolescenti



Dr. Matteo Aloisio
Psicologo

Di cosa parleremo

I disturbi del comportamento alimentare (DCA)

Adolescenza e neurobiologia

Intolleranza all'incertezza e DCA

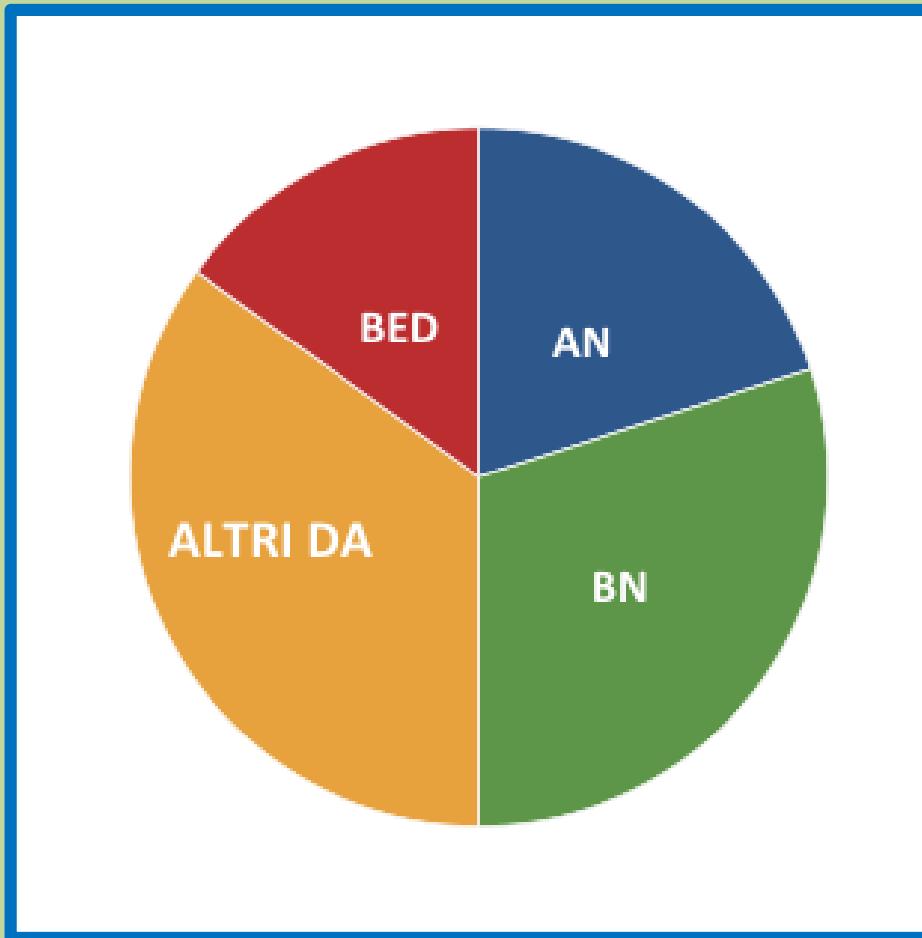
Ricerca UNICZ

DIAGNOSTIC AND STATISTICAL
MANUAL OF
MENTAL DISORDERS

FIFTH EDITION

DSM-5

AMERICAN PSYCHIATRIC ASSOCIATION





Anoressia Nervosa



Caratteristiche

- Paura di prendere peso
- Rifiuto di mantenere un peso normale
- Eccessiva influenza del peso o della forma del corpo

Sottotipi

- Restricting type
- Binge/purging type



Bulimia Nervosa

Caratteristiche

Frequenti episodi di abbuffata

Perdita di controllo durante le abbuffate

Ricorrenti ed inappropriate condotte compensatorie



Bulimia Nervosa

Purging type

- Vomito
- Lassativi
- Diuretici

Non purging type

- Digiuno
- Esercizio fisico



Caratteristiche

Frequenti episodi di abbuffata

Marcato disagio riguardo alle
abbuffate

Nessun comportamento
compensatorio

Binge Eating Disorder

Altri disturbi alimentari



Pica

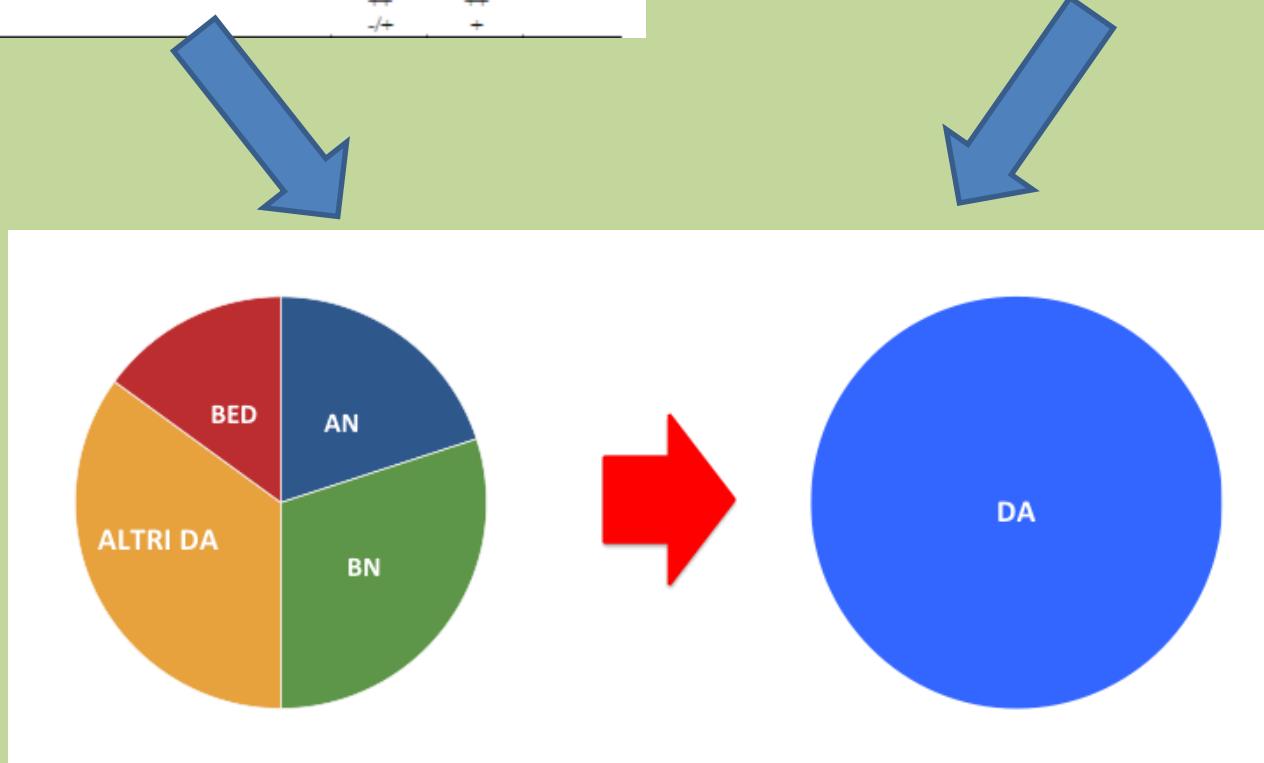
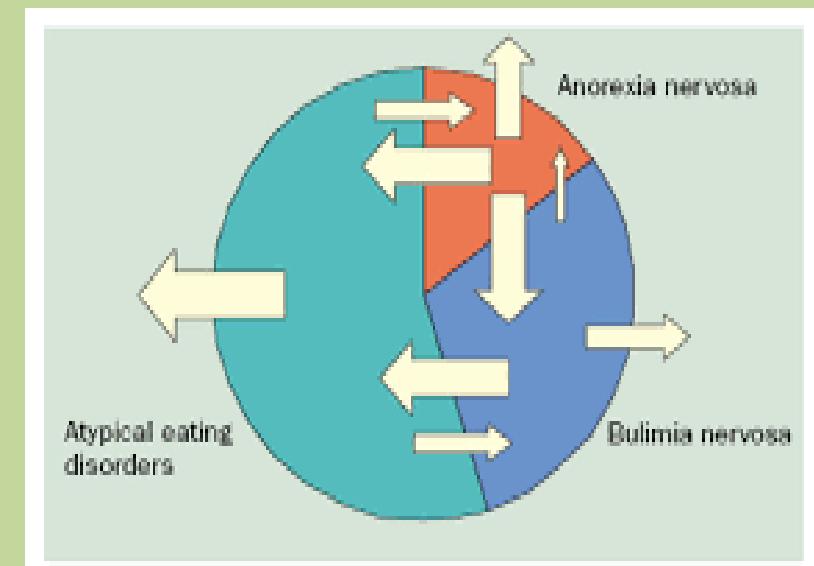


Disturbo da ruminazione

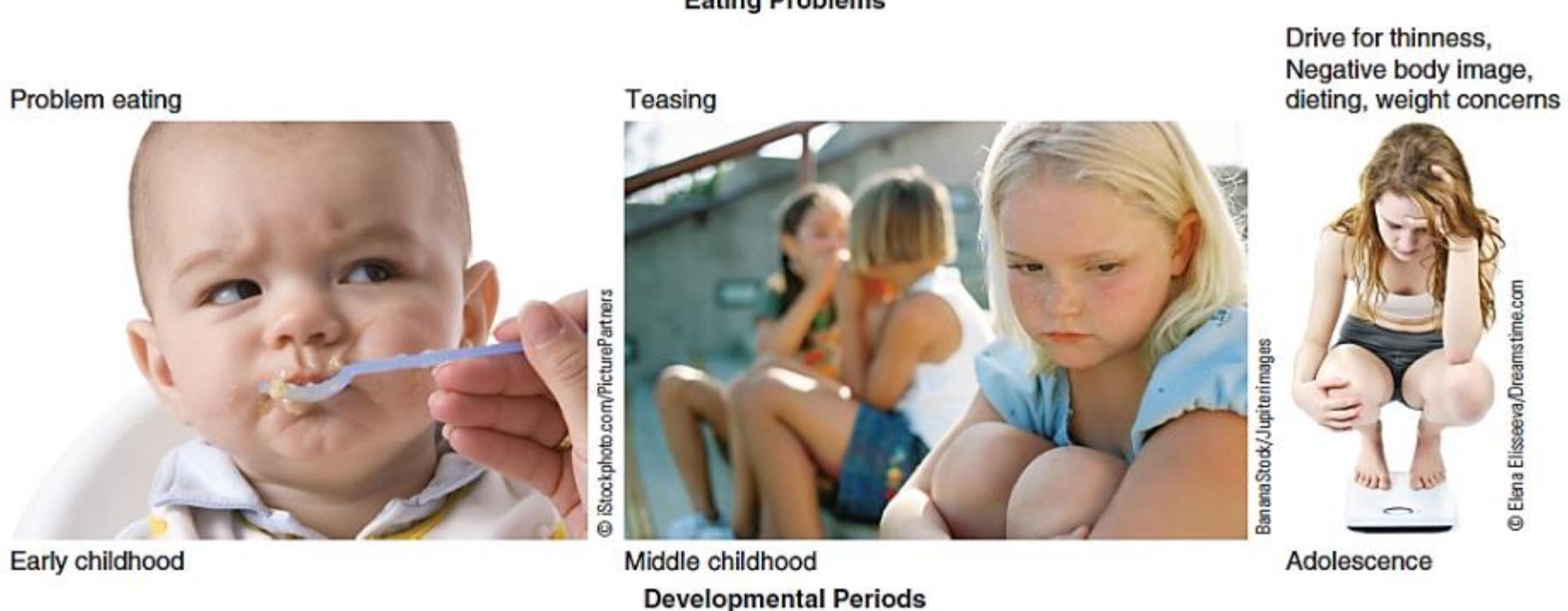


Disturbo evitante/restrittivo
dell'assunzione di cibo

<i>Caratteristiche cliniche</i>	<i>AN</i>	<i>BN</i>	<i>DANAS</i>
<i>Psicopatologia specifica</i>			
Eccessiva valutazione dell'alimentazione, peso e forma del corpo	+++	+++	++
Preoccupazioni per alimentazione, peso e forma del corpo	+++	+++	++
Dieta estrema e rigida	+++	++	++
Episodi bulimici	+	++	++
Vomito auto-indotto	+	++	+
Uso improprio di lassativi	+	++	+
Uso improprio di diuretici	+	+	+
Esercizio fisico eccessivo e compulsivo	++	+	+
Altri comportamenti di compenso	+	+	+
Check dell'alimentazione	+++	+	+
Check del corpo	+++	++	++
Evitare l'esposizione del corpo	+	++	++
Sensazione di essere grassi	+++	++	++
Basso peso e sindrome da denutrizione	+++	+	+
<i>Psicopatologia generale</i>			
Sintomi depressivi	+	++	
Sintomi di ansia	+	++	
Sintomi ossessivi	++	+	
Uso improprio di sostanze	-/+	+	
<i>Personalità</i>			
Valutazione negativa di sé	++	++	
Perfezionismo	++	++	
Impulsività	-/+	+	



CONTINUUM DI SVILUPPO DELLE ABITUDINI E DEI DISTURBI ALIMENTARI



Genere
femminile

Fattori di
rischio
generali

Adolescenza

Vivere nella
società
occidentale





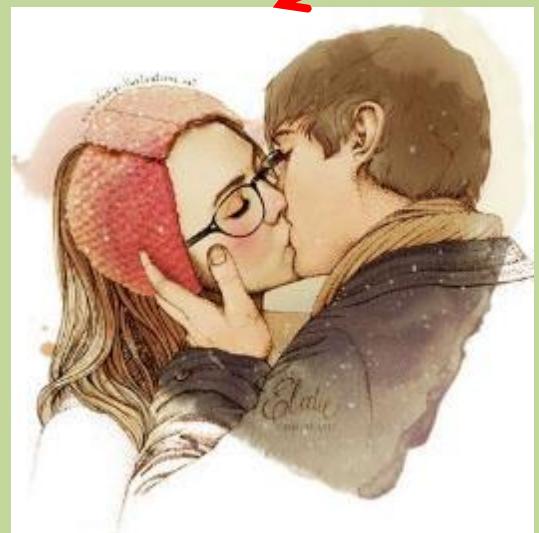
ADOLESCENCE
IN
PSYCHOLOGY
AND ITS RELATIONS TO
PHYSIOLOGY, ANTHROPOLOGY, SOCIOLOGY
SEX, CRIME, RELIGION
AND
EDUCATION

BY
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VOLUME I

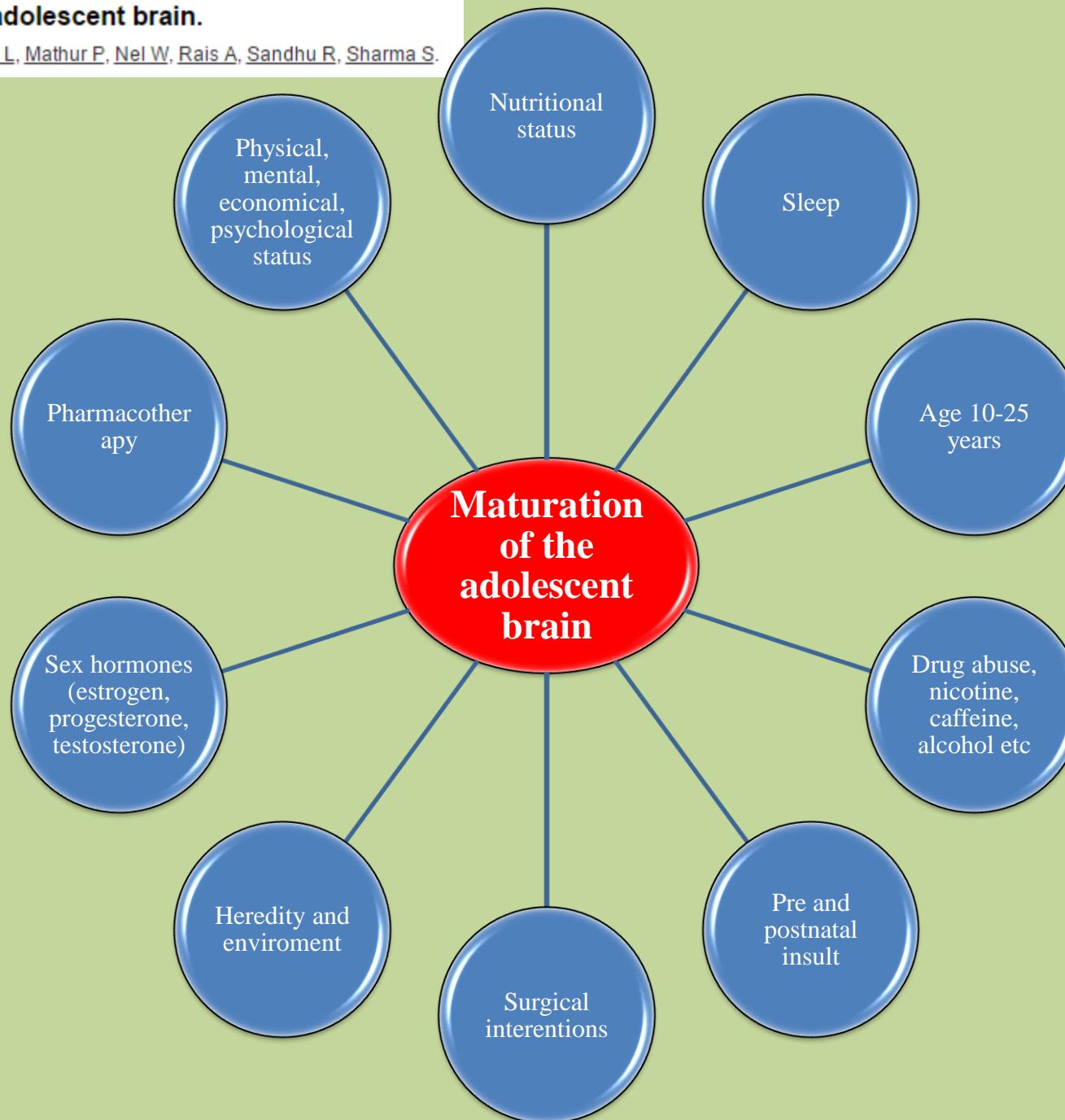


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1907



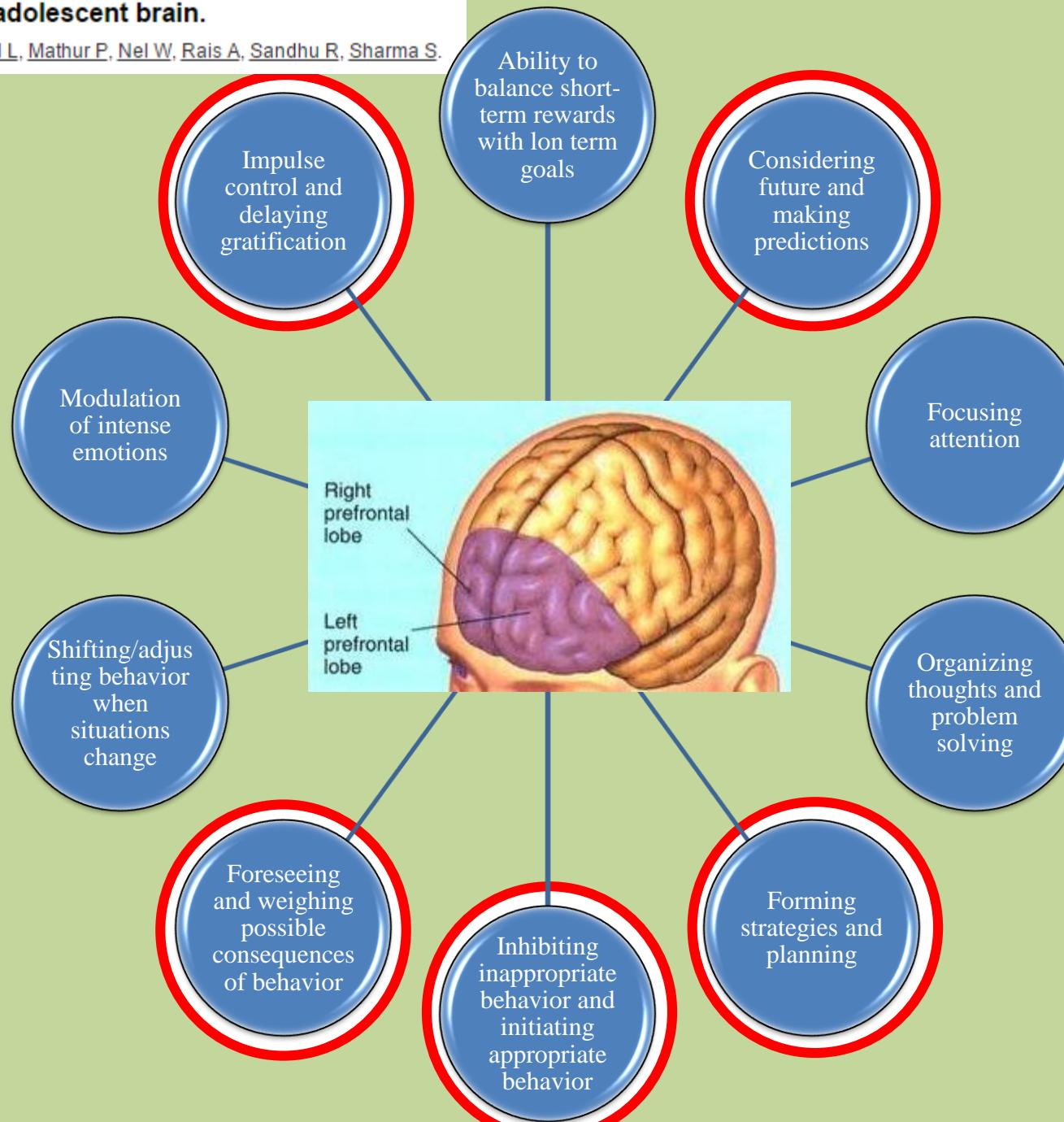
Maturation of the adolescent brain.

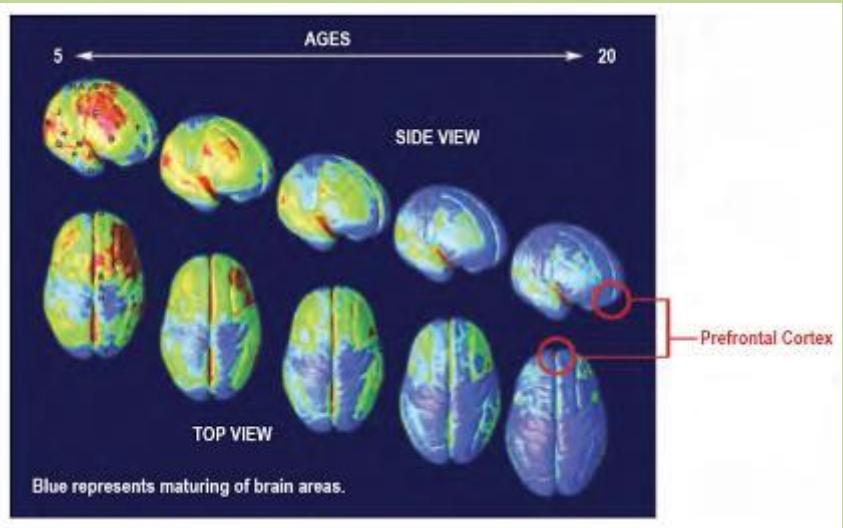
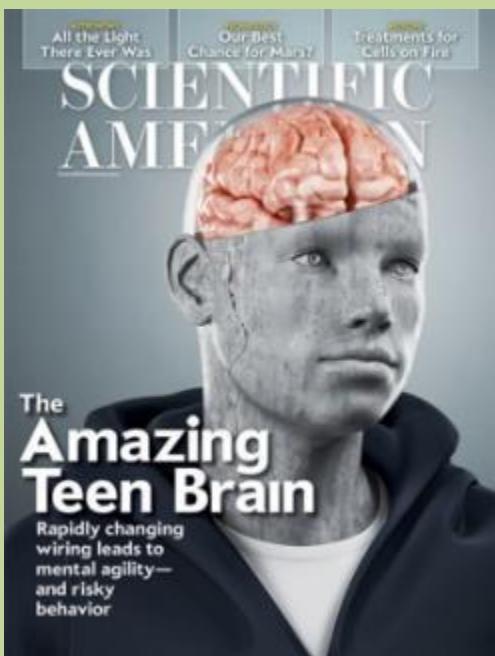
Arain M¹, Haque M, Johal L, Mathur P, Nel W, Rais A, Sandhu R, Sharma S.



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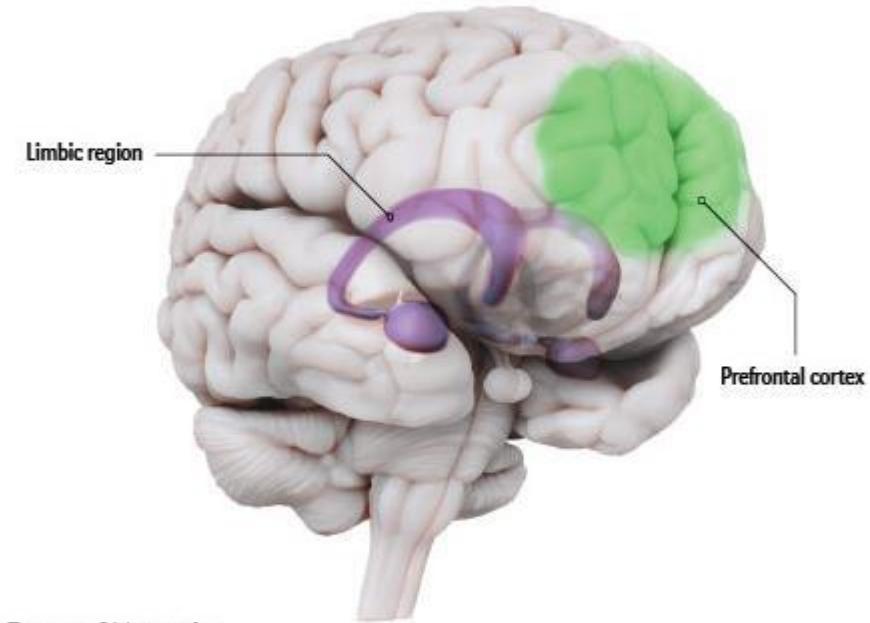
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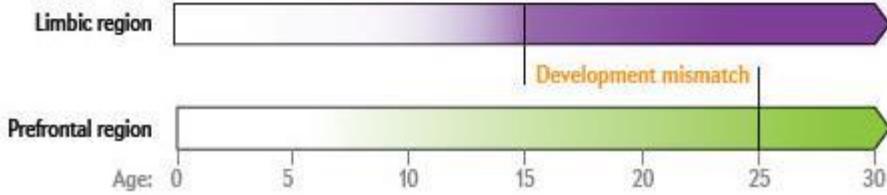


Emotion vs. Control

Teenagers are more likely than children or adults to engage in risky behavior, in part because of a mismatch between two major brain regions. Development of the hormone-fueled limbic system (purple), which drives emotions, intensifies as puberty begins (typically between ages 10 to 12), and the system matures over the next several years. But the prefrontal cortex (green), which keeps a lid on impulsive actions, does not approach full development until a decade later, leaving an imbalance during the interim years. Puberty is starting earlier, too, boosting hormones when the prefrontal cortex is even less mature.



Degree of Maturation



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- Non poter sopportare emozionalmente di non conoscere perfettamente tutti i possibili scenari ed eventi futuri
- Non poter sopportare il dubbio che tra i possibili avvenimenti futuri ve ne possano essere alcuni negativi
- Temere che, se vi sono delle possibilità negative in un certo scenario, saranno queste a realizzarsi inevitabilmente o tendenzialmente

INTOLLERANZA ALL'INCERTEZZA

[J Abnorm Child Psychol.](#) 2012 Aug;40(6):863-70. doi: 10.1007/s10802-012-9611-1.

Intolerance of uncertainty, fear of anxiety, and adolescent worry.

Dugas MJ¹, Laugesen N, Bukowski WM.

Author information

[J Clin Psychol.](#) 2011 Dec;67(12):1220-39. doi: 10.1002/jclp.20846. Epub 2011 Nov 3.

Intolerance of uncertainty, depression, and anxiety: the moderating and mediating roles of rumination.

Liao KY¹, Wei M.

Author information

Abstract

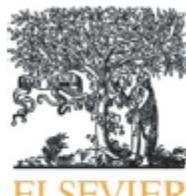
OBJECTIVES: This study examined rumination as a moderator and mediator between intolerance of uncertainty (IU) and depression and anxiety symptoms.

DESIGNS: The study was a cross sectional study. Survey data were collected from 332 undergraduate students at a large Midwestern university.

RESULTS: The results from hierarchical analyses supported the moderator role of rumination. A high level of rumination enhanced the association between IU and depression symptoms. In addition, both high and low levels of rumination strengthened the relation between IU and anxiety symptoms. Results from structural equation modeling analyses indicated that rumination fully mediated the relation between IU and depression symptoms, but only partially mediated the association between IU and anxiety symptoms.

CONCLUSIONS: The results supported rumination as a moderator and mediator in the association between IU and depression and anxiety symptoms. Future research and practical implications are discussed.

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Contents lists available at ScienceDirect

Eating Behaviors



J Anxiety Disord. 2011 Aug;25(6):806-12. doi: 10.1016/j.janxdis.2011.03.020. Epub 2011 Apr 7.

An experimental exploration of behavioral and cognitive-emotional aspects of intolerance of uncertainty in eating disorder patients.

Sternheim L¹, Startup H, Schmidt U.

(+) Author information

Abstract

OBJECTIVE: Intolerance of uncertainty (IU) is an important concept in eating disorders (ED). Cognitive, emotional, and behavioral features of IU amongst individuals with and without ED were investigated.

METHOD: Participants completed the intolerance of uncertainty scale (IUS) and four versions of a data-gathering task varying in difficulty/uncertainty, and rated their Beads task experience.

RESULTS: ED groups had significantly higher IUS scores than healthy controls (HC). Bulimia Nervosa (BN) participants requested more cues than HC and Anorexia Nervosa (AN) participants before making decisions. ED groups found the task more distressing than HC participants, with those with BN feeling more uncertain and less confident in their decisions, and those with AN attributing greater importance in making the correct decision.

DISCUSSION: While both ED groups reported raised IUS scores only BN participants engaged in an elevated evidence requirement data gathering style. Future research might benefit from further exploration of the role of perseverative processes in BN.

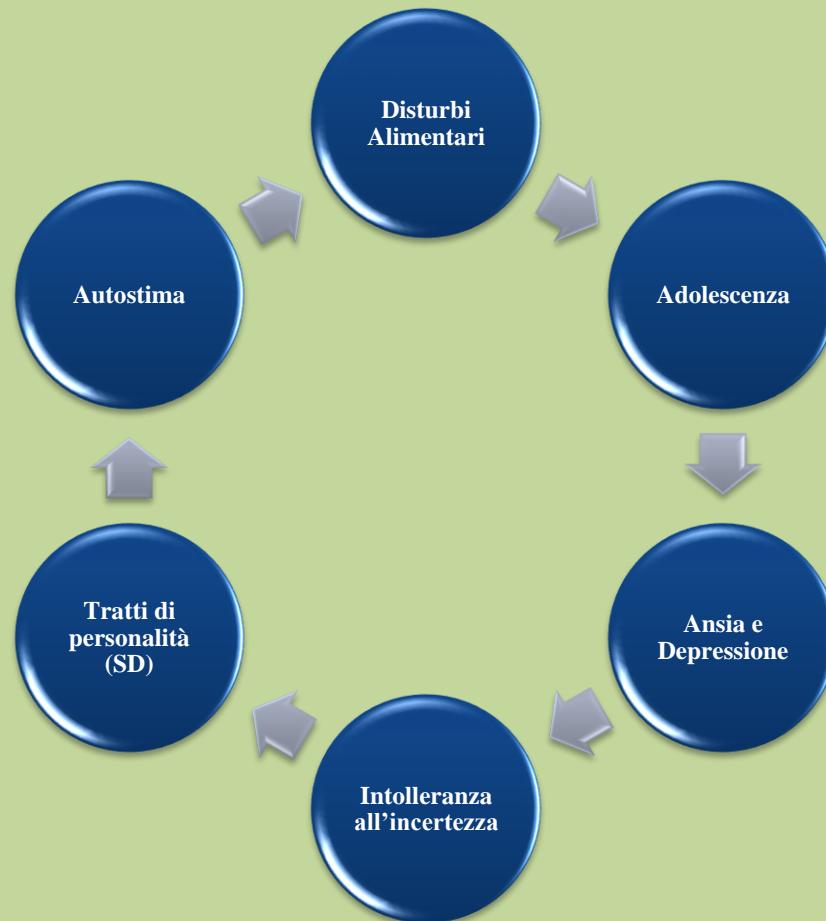
Keywords:
Eating disorders
Intolerance of uncertainty
Metacognitions

(MCQ-30) and Intolerance of Uncertainty Scale (IUS). Twenty-seven participants formed the PEA group and 89 the NEA group. Results overall supported the hypotheses, participants with PEA scored significantly higher on three of the five metacognition factors, total metacognition score and intolerance of uncertainty compared to participants with NEA. Positive correlations were also found between intolerance of uncertainty and metacognitions. Findings point towards further examining intolerance of uncertainty and metacognitions in the field of eating disorders. Changing metacognitions and targeting high levels of intolerance of uncertainty could contribute to better treatment outcome for individuals with eating disorders.

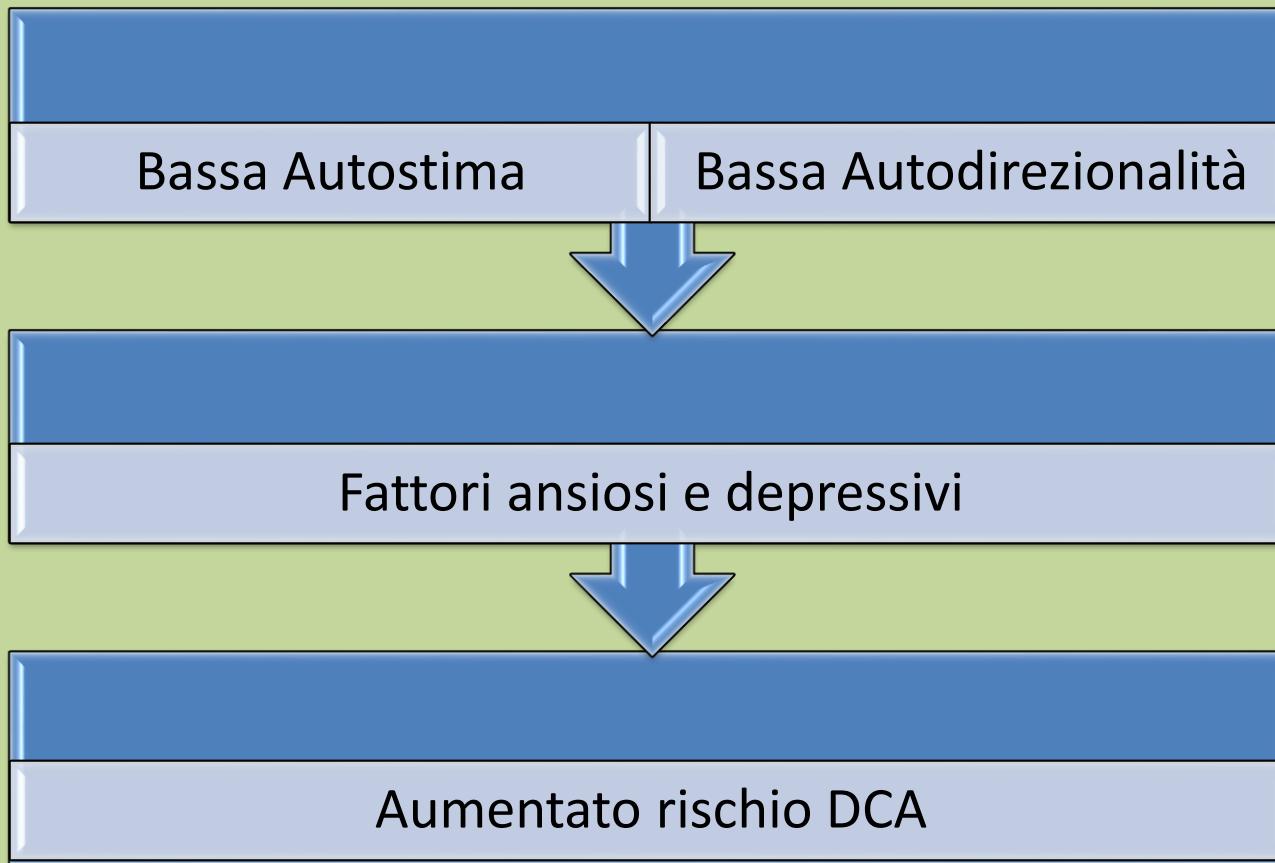
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INTOLLERANZA ALL'INCERTEZZA E DCA





IPOTESI



PARTECIPANTI E METODI

N=77 Studentesse liceo psico-pedagogico

Test Psicometrici

- Eating Disorder Inventory-3 (EDI-3)
- Temperament and Character Inventory-Revised (TCI-R)
- Rosenberg Self-Esteem Scale (RSES)
- State and Trait Anxiety Inventory (STAI)
- Symptom Checklist-90-Revised (SCL-90-R)
- Intolerance of Uncertainty Scale (IUS)

IUS (Intolerance of Uncertainty Scale)

Troverà di seguito una serie di affermazioni che descrivono come una persona potrebbe reagire di fronte ad alcune situazioni di incertezza della vita quotidiana. Usi la scala numerica sottostante per indicare in che misura ogni affermazione rappresenta una sua caratteristica, mettendo una croce sul numero (da 1 a 5) che la descrive meglio.

	Non mi descrive per niente	Mi descrive abbastanza	Mi descrive pienamente	
1. L'incertezza mi impedisce di avere un'opinione ferma.	1 2 3 4 5			
2. Essere incerti significa essere disorganizzati	1 2 3 4 5			
3. L'incertezza rende la vita intollerabile	1 2 3 4 5			
4. E' ingiusto non avere nessuna garanzia nella vita	1 2 3 4 5			
5. Non sono tranquillo se non so cosa accadrà domani	1 2 3 4 5			
6. L'incertezza mi mette a disagio, mi genera ansia o stress	1 2 3 4 5			

- Voglio sempre sapere che cosa il futuro ha in serbo per me

RISULTATI

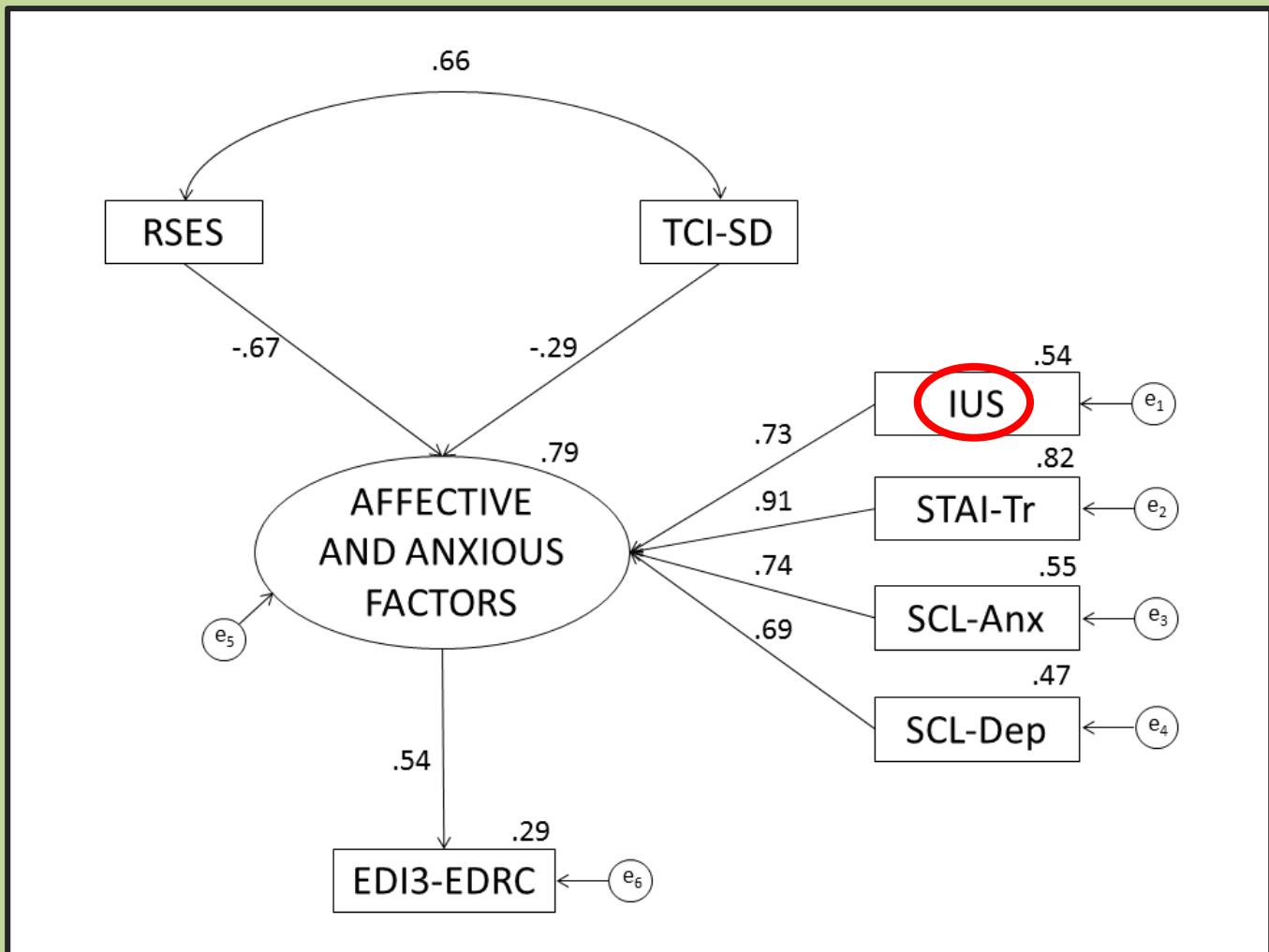
Table 1. Comparison of participants positive and negative to the screening for Eating Disorders

	Positive to screening		Negative to screening		t-Test		Effect size
	N= 23		N= 54		t	p	Cohen's d
	Mean	SD	Mean	SD			
Age	17,52	0,59	17,57	0,69	-0,317	,752	
Body Mass Index	23,01	4,98	22,39	4,01	0,568	,571	
TCI-SD	20,96	5,65	26,06	7,13	-3,043	,003	0,747
RSES	15,57	5,94	20,80	5,88	-3,562	,001	0,747
STAI-Tr	52,83	10,81	43,78	9,32	3,715	<,001	0,747
SCL-ANX	9,52	4,39	6,31	4,33	2,963	,004	0,498
SCL-DEP	6,70	3,52	4,26	4,05	2,506	,014	0,498
IUS	77,00	22,47	63,15	19,33	2,740	,008	0,498
EDI3-EDRC	58,87	16,14	27,22	15,51	8,099	<,001	1,991

TCI-SD: Temperament and Character Inventory – Self-Directedness; RSES: Rosenberg Self-Esteem Scale; STAI-Tr: State Trait Anxiety Inventory – Trait; IUS: Intolerance of Uncertainty Scale; EDI3-EDRC: Eating Disorder Inventory 3 - Eating Disorder Risk Composite

RISULTATI

$\chi^2=10.064$;
 $df=13$;
 $p=.689$;
 $CMIN/DF=.774$;
 $CFI=1.000$;
 $RMSEA=.000$;
 $TLI=1.017$



CONCLUSIONI

- ❖ Le ragazze adolescenti sono considerate ad alto rischio nello sviluppare un disturbo alimentare

- ❖ Più consapevolezza dei fattori di rischio biologici e ambientali nell'adolescenza

- ❖ Fattori di rischio e mediatori dovrebbero essere considerati nei futuri interventi di prevenzione primaria dei disturbi alimentari





**GRAZIE PER LA VOSTRA
ATTENZIONE!**

Matteo Aloi

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