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SYMPOSIUM SESSION

predictors on the whole pain experience. One hundred sixty-eight patients listed for orthopaedic interventions at the hospital “Casa di Cura San Pio X” were recruited after the preoperative visit and filled a Numeric Rating Scale (NRS) to assess pain intensity, the Questionario Italiano del Dolore (QUID) to assess the sensory, affective, evaluative and mixed components of their pain experience, the Cognitive – Behavioral Assessment – Hospital form to assess anxiety and mood, the Trail Making Test to assess executive functions, the Pain Catastrophizing Scale (PCS) and the Tampa Scale for Kinesiophobia to assess pain coping strategies. On the third day after surgery, the participants were asked to provide information about their pain using the NRS and QUID. Multiple regression analyses were performed using both preoperative and postoperative pain intensity and QUID subscales as dependent variables. Among the significant results, it was found that the rumination scale of the PCS was a predictor of preoperative pain intensity and of the sensorial, affective, evaluative and mixed components of preoperative pain, as well as of the affective, evaluative and mixed components of postoperative pain. Depressed mood was a significant predictor of NRS intensity and of the components of preoperative pain. Postoperative pain intensity was predicted by fears related to hospitalization. Overall, the results of this study highlight the importance of psychological factors in shaping the pain experience of orthopaedic patients.

SOMATOFORM DISSOCIATION IN FIBROMYALGIA

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Fibromyalgia (FM) is characterized by chronic widespread musculoskeletal pain associated with a heterogeneous series of other symptoms, including fatigue and cognitive impairment. The present study aims to evaluate the prevalence of somatoform dissociation symptoms in a sample of patients

with FM, compare to healthy controls (HC). Furthermore, we evaluated the specific impact that somatoform dissociation symptoms, together with pain, depression and anxiety symptoms, have on the health related quality of life (HRQoL) in FM patients. Data from 107 female patients with a main diagnosis of FM were collected and compared with a sample of female healthy control, matched for age and educational level. The results showed that 49% of the FM patients compared to 3% of the HC showed the presence of somatoform dissociation. The hierarchical multiple regression analyses showed that both the physical (SF-36_PH) and the mental (SF-36_MH) components of the HRQoL were influenced by the presence of somatoform dissociation, even controlling for the presence of pain intensity, depressive and anxiety symptoms. In particular, regarding the SF-36_PH, pain (β = -0.48; $p < .001$), depressive symptoms (β = -0.24; $p = .004$) and somatoform dissociation (β = -0.17; $p = .036$) explained 42% of the variance ($F(3,95) = 23.1$; $p < .001$). Regarding the SF-36_MH, depressive symptoms (β = -0.52; $p < .001$) and somatoform dissociation (β = -0.27; $p = .001$) significantly explained 40% of the variance ($F(2,96) = 31.9$; $p < .001$), while pain and anxiety symptoms showed no significant contribution. The results of the present study highlighted the high prevalence of somatoform dissociation symptoms in FM patients. What is more, our results suggested that somatoform dissociation symptoms contribute negatively and independently to both the physical and mental component of the FM patients' quality of life.

THE PREDICTIVE ROLE OF ALEXITHYMIA AND GASTROINTESTINAL-SPECIFIC ANXIETY IN TREATING PATIENTS WITH IRRITABLE BOWEL SYNDROME

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