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medium NA patients could be another explanation for the results of this secondary analysis. Conclusion: Shorter treatments in more psychologically affected and less severely diseased CAD patients with a higher sample size could demonstrate PSI effects in future long-term treatment studies.

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## 111716

### Using the EMD Protocol for Urge to reduce scratching behavior in patients with atopic dermatitis and prurigo nodularis

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## Background

Itch and scratching behavior significantly impact the quality of life in dermatological conditions such as atopic dermatitis (AD) and prurigo nodularis (PN). The itch-scratch cycle exacerbates skin damage. While pharmaceutical treatments are evolving, psychological interventions also show promise in reducing scratching behavior.

## Methods

These two controlled studies investigated the impact of the EMD Protocol for Urge (EMD-U), on scratching behavior in patients with AD and PN. Employing a multiple baseline across subjects design, five AD patients and five PN patients received the intervention. The intervention consisted of two sessions of EMD-U over two consecutive weeks. During the sessions, patients imagine scratching while a distracting stimulus is presented. Homework assignments and self-registration of scratching behavior are also part of the intervention, and patients are encouraged to self-apply the intervention when the urge to scratch arises. Daily scratching behavior was recorded using a mobile phone application, and additional measures included disease activity (EASI, IGA), quality of life (Skindex-17, EQ-5D-5L, POEM), and self-control assessments (ZCCL). The study duration was 46 days for AD patients and 57 days for PN patients. Both studies were approved by the medical ethical

committee of the Erasmus University Medical Center (reference number MEC-2020-0009 and MEC-2023-0009).

## Results

Both patients with AD and PN showed a reduction in scratching behavior, supported by a moderate treatment effect (NAP effect size of 0.74 (AD) and 0.75 (PN)). In both patient groups, the disease activity decreased between T0 and T1, and perceived self-control and quality of life measures showed positive trends post-treatment.

## Discussion

These studies were the first to investigate the effect of EMD-U in AD and PN patients. The EMD-U procedure showed promise in reducing scratching behavior in both AD and PN patients. These findings encourage further exploration of the intervention's efficacy and underscore the value of psychological interventions in treating dermatological conditions. A comprehensive approach integrating pharmaceutical and psychological perspectives offers potential for broader applicability, emphasizing the need for larger-scale research to establish long-term benefits.

## Conclusion

Despite the predominant focus on developing pharmaceutical treatments for AD and PN, it is crucial to further investigate the effect of psychological interventions targeting scratching behavior on disease severity and quality of life in those patients.

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## 111718

### Assessing the criteria of somatic symptom disorder in general hospital patients (NCT04269005)

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## Background

The revised classification of Somatic Symptom Disorder (SSD) according to DSM-5 no longer considers whether physical symptoms are medically unexplained. Instead, new psychobehavioral positive criteria are diagnostically relevant – irrespective of the etiology of the complaints. Our study, conducted within the “SomPsyNet” project, investigated the role of SSD in somatically hospitalized patients in general hospitals, an area where limited data currently exists.

## Methods

We analyzed the distribution of the three SSD diagnostic criteria in hospitalized patients in general hospitals:

- A Criterion: Distressing somatic symptoms were assessed using the Somatic Symptom Scale (SSS-8, Cutoff  $\geq 9$ ).
- B Criterion: Psychobehavioral distress due to somatic symptoms was determined by the total score of the Somatic Symptom Disorder-B Criteria Scale (SSD-12, Cutoff  $\geq 23$ ). Additionally, patients were categorized into four severity levels based on their SSD-12 scores along percentiles (Cutoffs at 70%, 80%, 90%, 95%) (Toussaint et al., 2017).
- C Criterion: Symptom persistence was assessed by analyzing 12 selected items from various psychometric questionnaires (proxies) providing indications of symptom persistence.

## Results

- A Criterion: In our preliminary analyses based on data from 3137 patients (53.5% female) from the baseline survey of the SomPsyNet study, 52.4% exceeded the cutoff for distressing somatic symptoms (SSS-8  $\geq 9$ : Mean (M) 9.5).
- B Criterion: Out of 3156 patients, 25.4% exceeded the cutoff value applicable to the general population ( $\geq 23$ , Toussaint et al., 2020) for psychobehavioral symptom distress (SSD-12: M 15.9). Subgroup analyses revealed that men exhibited slightly higher psychobehavioral distress than women (SSD-12 M: 16.6 vs. 15.4), and distress gradually decreased across age groups.
- C Criterion: Preliminary analyses of developed proxies for the C Criterion suggested good applicability.

## Discussion

Our results affirm the clinical relevance of the revised SSD diagnostic criteria in general hospitals. The significant prevalence of distressing somatic and psychobehavioral symptoms emphasizes the need to integrate SSD into inpatient somatic care, especially considering gender- and age-specific differences.

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## 111719

### Alexithymia in irritable bowel syndrome – systematic review and meta-analysis

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## Aims

Several studies investigated the association between alexithymia and several clinical conditions, including the irritable bowel syndrome (IBS). Nevertheless, the results, largely based on case-control studies, have been inconclusive. Therefore, we aimed to evaluate the relationship between alexithymia and IBS.

## Methods

We conducted a comprehensive electronic search on PubMed, Embase, and Scopus, identifying observational studies assessing the Toronto Alexithymia Scale (TAS-20) in IBS. Full-text articles that were included in our analysis had to meet our inclusion and exclusion criteria. The Newcastle-Ottawa Scale (NOS) was used to evaluate the quality of included studies according to each study design. The principal summary outcome was the mean difference (MD).

## Results

Our qualitative and quantitative synthesis included findings from 7 articles and 6 articles, respectively, with a total population of 2614 subjects from Europe, the Americas, Australia, and Asia. IBS patients represented approximately 25% of the included participants. Alexithymia was evaluated using the TAS-20 questionnaire. TAS-20 scores were significantly higher in IBS patients compared to controls with a MD of 8.176 (95% CI 2.510–13.843). However, no significant MD was reported in TAS-20 scores between IBS patients and inflammatory bowel disease (IBD) patients (0.884 [95% CI -2.536–4.304]).

## Conclusion

IBS patients are associated with a significantly increased risk of alexithymia compared to controls. Nevertheless, IBD patients did not present an increased risk of alexithymia compared to IBS patients.

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