

P-390 - PRELIMINARY DATA ON INTERMED SELF-ASSESSMENT (IM-SA) PREDICTIVE VALIDITY

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Introduction: The INTERMED method was created to identify patients with multiple care risks, needs and negative health outcomes, in order to assess their biopsychosocial complexity as a first step towards integrated care. Until now, it was based on a face-to-face interview (IM-CAG). Several studies in the last decades have confirmed its face-validity and reliability. A self-assessment version was derived (IM-SA) providing a complementary tool for clinical and research applications.

Aim: Preliminary evaluation of IM-SA's predictive validity, in comparison to IM-CAG's.

Methods: 29 outpatients with liver disorders referred to the consultation-liaison psychiatry service of the Modena University Hospital underwent the protocol of evaluation, including: IM-SA, IM-CAG, CIRS, HADS, SF-36, EuroQol. Clinical and socio-demographic data were also collected for all patients.

Results: Both INTERMED instruments, IM-CAG and IM-SA, were able to identify complex patients (with a total score higher than 21/60) and showed similar correlations to the other measurements (with a mean difference between correlations of 24%). Discrepancies were also suggested by preliminary data, particularly related to the prognostic assessment ("vulnerability").

Conclusion: Preliminary results suggest that IM-SA is able to predict complexity of health care needs. The IM-SA Study, an European multicentric project supported by the INTERMED Foundation and including different clinical populations, will provide stronger evidence about generalizability of data.