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Inventory (THI), Beck Depression Inventory (BDI), State-Trait Anxiety Inventory (STAI) were used to perform psychometric and clinical assessment. A total of 40 patients with tinnitus (76.9%) respects criteria for at least one DCPR and 25 patients (48.1%) had more than one DCPR. The more prevalent DCPR syndromes, in experimental group were Illness Denial (26.9%), Demoralization (23.1%), and Somatization (19.2%), while in the control group the more prevalent syndrome was Irritable Mood (12.5%). The comparison between two groups in SCL-90 questionnaire, shows: absence of symptomatology in the control group and presence of any symptoms in the experimental group, in particular Depression (61.33) and Phobic anxiety (61.27%). Depression could increase the impact of Tinnitus on daily life and might play a significant mediating role in the course of Tinnitus.

PSYCHOLOGICAL WELL-BEING AND LIFE SATISFACTION IN PARENTS OF CHILDREN WITH LEUKAEMIA COMPARED WITH PARENTS OF CHILDREN WITH DIABETES MELLITUS TYPE I

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When a child is diagnosed with cancer or diabetes type I (TD1), the whole family system is affected, and the balance that existed previously is disrupted. Parents of children with leukemia could show PTSS, depression, anxiety (Tremolada et al., 2016). Higher parental diabetes-specific stress was associated with poorer parent mental health (Carcone et al., 2012). The aims of the study are to show and to compare the symptomatology and life perceptions of parents belonging to the two different clinical groups, cancer

and TD1. Sixty-two parents of children with leukaemia attending the Pediatric Hematology–Oncologic Clinic (University of Padua) were assessed post 6 months after the diagnosis communication adopting the Feelings and Emotions Questionnaire and Ladder of Life scale (from CCSS). Mostly were mothers (N=48) of children with a mean age of 7.97 years old (SD=4.96). From this group, 36 parents were matched by children’s age and parent’s gender with parents of children with TD1 assessed at least post 6 months from the diagnosis at the Diabetes Clinic of Health District of Bolzano adopting the same questionnaires. The design of the study is cross-sectional. Paired t-tests identified depression ($t=-2.3$, $df=35$; $p=0.02$) and anxiety ($t=-2$, $df=35$; $p=0.05$) symptomatology as significantly different along child’s chronic illness, with parents of children with leukaemia reporting higher scores both in depression ($M=2.07$, $DS=1$) and anxiety ($M=1.43$, $DS=0.82$) than those with children with diabetes (respectively: $M=1.51$, $DS=0.76$; $M=1.83$, $DS=0.53$). The same trend resulted for the present life perception ($t=2.5$, $df=34$; $p=0.01$) with a worse score for parents of the cancer group ($M=5.91$, $DS=2.04$) than the TD1 group ($M=7.17$, $DS=1.56$). Parents of children with leukaemia are more at risk in developing psychological symptomatology and a worse quality of life perceptions. Specific preventive psychological interventions should be considered for them just after the diagnosis communication.

PSYCHOLOGIST’S INTERVENTION AND MATERNITY BLUES: INFORMATION AS PROTECTIVE FACTOR

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