

SIO CLINICAL APPROPRIATENESS CHART (SSA-RMNP-O) for the METABOLIC, NUTRITIONAL and PSYCHOLOGICAL REHABILITATION of OBESITY

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Obesity is a multifactorial and chronic disease that is associated with an increased risk of morbidity and mortality, and with different levels of disability which worsen the quality of life and involve significant health care costs for its management. A rehabilitation approach, due to its interdisciplinary and multidimensional features, may represent an effective answer to face clinical and functional problems related to obesity.

According to the principle of appropriateness of care required by the National Health System, here is therefore a need to make best of resources and to address the single patient to the most appropriate setting of care in relation to his/her medical condition.

A recent consensus statement promoted by the Italian Society of Obesity (SIO) and by the Society for the Study of Eating Disorders (SISDCA) drew up guidelines for good clinical assessment of obese patients and the therapeutic proper treatment. As a part of the work done by the Consensus-SIO SISDCA just before mentioned and taking into account the body of evidence of different working teams (either in public or private practice) and, on the basis of available scientific literature a chart for the appropriateness of the access to different settings of care was built: SSA-RMNP-O - SIO Clinical Appropriateness Chart for the Metabolic, Nutritional and Psychological Rehabilitation of Obesity.

Aim of the study was therefore to validate the SSA-RMNP-O and to determine the cut-off level able to guide the healthcare professionals to choose the appropriate setting of care.

Methods : 16 Italian centers high specialized in the treatment of obesity which offered different level of *setting* of care (specialised outpatient department, day-hospital or day-service, rehabilitation ward) have been involved in the study. The study sought to verify the validity of the SSA-RMNP-O compared to the workload (and hence the resources committed) and to the incidence of clinical adverse events of type C and D (C: event with therapeutic intervention, with 8-21 days of medical monitoring and nursing with no residual functional impairment, D: Event with residual functional impairment - - Bernardini B, et al: JAGS 1993) during the period of treatment. These parameters were considered a proxy of appropriateness.

Results: 449 obese subjects were enrolled in the study (30.5% M, 69.5% F); average age 51.1 ± 14 years.

A statistically significant correlation, regardless of the setting of care, was detected between the SSA-RMNP-O score and overall workload (ward medical and nurses interventions, laboratory and diagnostic procedures, consultancy) and adverse clinical events.

It was noticed that the SSA-RMNP-O score increases in the transition from a setting of low-intensity treatment (specialised outpatient service = 22.1) to an intermediate intensive care setting (DH = 25.6) up to a maximum setting of intensive care (rehabilitation ward = 30.3).

The following cut-off for access to different levels of care were therefore established:

- > 25 for access to residential metabolic-nutritional intensive rehabilitation
- 20-25 for hospitalization Day-hospital/Day-service
- <20 for access to specialised outpatient service

Finally, SSA-RMNP-O demonstrated excellent internal validity (Cronbach's α) and inter-rater agreement (Cohen's Kappa).

Conclusion: SSA-RMNP-O has proven to be a valid tool for assessing the appropriateness of the choice of the level of care (outpatient - DH – rehabilitation ward) and can be used to verify the proper allocation of patients in a metabolic-nutritional psychological rehabilitation of obesity.

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