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## **Introduction**

The INTERMED Self-Assessment questionnaire (IM-SA) was developed as an alternative to the INTERMED Complexity Assessment Grid interview (IM-CAG) to assess biopsychosocial complexity and health care needs in order to optimize care. The aim of this study was to discuss possible applications of IMSA to routine clinical work in a CL psychiatry setting, after presenting IM-SA's feasibility, reliability, validity and predictive value for health care utilization (HCU) and quality of life (QoL) as emerged by the IMSA Study.

## **Methods**

The IMSA Study was an international multicentric prospective observational cohort study, involving 850 participants who completed both the IM-SA and IM-CAG. Feasibility by percentages of missing values, reliability by Cronbach's alpha, interrater agreement by intraclass correlation coefficients (ICCs) and convergent validity of IM-SA scores with mental health (SF-36 mental health subscale and HADS) and medical health (CIRS) and discriminant validity of IM-SA scores with QoL (EQ-5D) by Spearmans rank correlations were determined. Predictive validity of IM-SA scores with HCU and QoL was examined by (generalized) linear mixed models. At Modena University Hospital, IMSA was included in several clinical research protocols to support screening procedures.

## **Results**

Feasibility, face validity and reliability (Cronbach's alpha 0.80) were satisfactory. ICC between IM-SA and IM-CAG total scores was .78 (95% CI .75–.81). Correlations of the IM-SA with the SF-36, HADS, CIRS and EQ-5D were -.65, .002, .28 and -.59 respectively. The IM-SA predicted HCU and QoL after 3- and 6-month follow-up. Seven subjects suffering from comorbid HIV and depression and 30 subjects undergoing colonoscopy for screening were also tested with IM-SA. Mean baseline score was 17.14 (SD = 8.71) for the depressed HIV subjects, with 2 subjects overcoming the cutoff of 21, suggesting clinical complexity. Mean score was 7.72 (SD = 4.19) for subjects undergoing colonoscopy, none of whom reached a score suggesting clinical complexity.

## **Conclusion**

The IM-SA may efficiently support healthcare professionals in the assessment of patient's biopsychosocial complexity aimed at providing integrated, personalized multidisciplinary care. Inclusion of IM-SA as a routine screening tool may be advised in different clinical in- and out-patient contexts.