Supplemental Appendix 1.

Methods

This study involved a consecutive series of KTRs who were followed by the Nephrology Unit, S. Anna University Hospital, Ferrara, Northern Italy. Inclusion criteria were a Karnofsky Performance Status Scale (KPS) indicating a sufficient level of autonomy (score ≥50) and absence of cognitive disorders (Mini Mental State Examination ≥24). Each patient was informed about the aims of the study, with ethical approval of the study obtained from the Hospital Ethics Committee for Human Research. The study population were approached during one of their routine follow up nephrological visits and were met by the same psychiatrist of the Consultation-Liaison Psychiatric Service, University Psychiatry Unit of the same S. Anna Hospital. Each patient was individually administered the DCPR interview and the Mini-International Neuropsychiatric Interview (M.I.N.I.). The two interviews took about two hours.

The DCPR its semi-structured interview, related to DCPR syndromes was used. [1] It investigates a set of 12 syndromes organized in 3 different clusters, namely abnormal illness behavior (AIB) (i.e. disease phobia, thanatophobia, health anxiety, illness denial), somatization and its different expressions (i.e., persistent somatization, functional somatic symptoms secondary to a psychiatric disorder, conversion symptoms, anniversary reaction), irritability (i.e. irritable mood, and type A behavior), and other relevant clinical constructs (i.e., demoralization and alexithymia). The DCPR enables clinicians to identify psychosocial conditions in medically ill patients to a much greater extent than the DSM or ICD classification and provides clinicians with information on specific psychological and psychosocial factors affecting a prevalent number of patients suffering from a given group of medical illnesses. [2]

The M.I.N.I. [3] is a short, structured diagnostic interview that has been validated against both the Structured Clinical Interview for DSM diagnoses (SCID-P) and the Composite International Diagnostic Interview (CIDI) for ICD-0 diagnoses in different countries, including Italy.[4,5,6]

Data pertaining to 134 out of 143 consecutive KTRs outpatients were collected. Nine patients declined to participate (6 for work or family reasons and 3 because of health reasons). The detailed socio-demographic and clinical characteristics of the sample is shown in Online Supplemental Table 1. In summary, 64% were men and the mean age was 55 (± 11.9) years. 41 (30.6%) patients reported previous psychological disorders, of which

adjustment disorders (28.5%) were the most prevalent diagnosis. 83 KTRs (62%) were on triple immunosuppressant medications, specifically steroids (84.3%), calcineurin inhibitors (90,3%), mycophenolate (67.7%), mTORI (8.3%), azathioprine (10.4%).

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