

Self-efficacy measured through the Italian diabetes management self-efficacy scale (IT-DMSES) in individuals with type 2 diabetes.

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Background: Obesity and Binge Eating Disorder (BED) are common comorbidities in type 2 diabetes mellitus (T2DM), often complicating disease management. Self-efficacy-the belief in one's ability to manage diabetes-has been shown to influence self-care behaviours and outcomes. This study aimed to assess diabetes management self-efficacy among adults with obesity and T2DM undergoing multidisciplinary rehabilitation, focusing on the impact of BMI, BED, and gender.

Methods: A cross-sectional study was conducted with 137 adults ($\text{BMI} \geq 30 \text{ kg/m}^2$) with T2DM admitted to a residential rehabilitation center. Self-efficacy was measured using the Italian Diabetes Management Self-Efficacy Scale (IT-DMSES), which evaluates confidence in lifestyle and disease management tasks. Data on BMI, BED status, age, and gender were collected.

Results: The mean IT-DMSES score was 116.7 ± 23.7 , with females scoring slightly higher than males (120.3 ± 24.8 vs. 112.5 ± 22.0 , $p = 0.057$). Higher BMI was significantly associated with lower self-efficacy, particularly in lifestyle ($R = 0.282$, $p = 0.002$) and disease management ($R = 0.271$, $p = 0.002$) domains. Several individual items, including those related to dietary control and medication adherence, showed strong negative correlations with BMI. BED independently predicted lower self-efficacy on item 13 (emotional eating) (Estimate = -3.18 , $p = 0.001$), even after adjusting for BMI, age, and gender. No significant interactions between gender and BED were observed for overall self-efficacy or domain scores.

Conclusions: Although the exploratory nature of the findings requires confirmation, our results underline the independent association of low self-efficacy with BED.

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