

**Introduction** Obesity is an increasingly common chronic disease. Its biopsychosocial basis provides the rationale of multidisciplinary interventions, such as Therapeutic Patient Education (TPE, WHO 1998), which is effective for lifestyle change and awareness improvement, thus reducing the disease's prevalence and its health care-related financial burden. However, patients' socio-demographic and psychopathological factors may influence TPE's effectiveness.

**Objectives/Aims** We aimed to assess the effectiveness of an 8-week TPE program in obese patients candidates for bariatric surgery and identify factors predicting its success.

**Methods** We enrolled 159 patients with a BMI > 35 Kg/m<sup>2</sup> and obesity-related comorbidities (females = 71.3%; age range = 18-35 years) at the C.A.S.C.O. (EASO COMs) of our University Hospital. They filled out the Binge Eating Scale (BES), the Symptom Checklist-90-R (SCL-90-R), and the Short Form-36 Health Survey (SF-36). We used Tukey's multiple comparison test to assess Quality of Life (QoL) improvement after TPE and multivariate logistic regression to estimate the size of the association between TPE and the aforementioned factors.

**Results** The SF-36 showed a significant improvement ( $P < 0.05$ ) of physical and mental QoL post-TPE, especially in obese patients without binge eating disorder. The same applied to BES and SCL-90-R scores. The factors predicting TPE success were a short duration of obesity, a limited number of past diets, and low levels of anxiety/depression pre-TPE.

**Conclusions** In obese patients candidates for bariatric surgery, TPE is useful to improve physical and mental QoL, eating behavior, and psychological status. Several factors are predictive of TPE success, allowing a personalization of the intervention to render it more effective.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## Research methodology

### EW473

#### Psychometric evaluation of the Greek version of Mc Master Family Assessment Device (FAD)

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**Introduction** The Family Assessment Device (FAD) is a self-report questionnaire, developed to assess the six dimensions of the McMaster Model of family functioning. It has been translated to the Greek language but never validated.

**Aims and objectives** To evaluate the psychometric properties of the Greek version of FAD in a non-clinical sample.

**Methods** In a sample of Greek families, FAD was administered together with the already validated Family Adaptability and Cohesion Evaluation Scale (FACES-III). In a subsample of 96 participants, the scales were administered again after 1 month.

**Results** A sample of 453 participants (194 children and 259 parents) had completed both questionnaires (151 families). Mean age of children was 23.62 (SD: 6.35), 68 (35%) were males. Mean age of parents was 51.4 (SD: 8.2), 117 (45.2%) males. All subscales of FAD had significant correlation (concurrent validity) with FACES-

III ( $n = 453, P < 0.001$ ). Test-retest reliability range from 0.58 to 0.82 ( $n = 96, P < 0.001$ ). Internal consistency (Cronbach's alpha) range from 0.47 to 0.94. A model with the 6 factors had a good statistical fit but not all the items were loading in the same components as from the theory assumed.

**Conclusions** The Greek FAD has good psychometric properties, although its factor structure might differ from the original version. Further evaluation of the Greek version of FAD in other settings and in different samples especially clinical remains a task for future research.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### Adaptation and validation of the Korean Version of the Bipolar Depression Rating Scale (K-BDRS)

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**Objectives** The Bipolar Depression Rating Scale (BDRS) is a scale for assessment of the clinical characteristics of bipolar depression. The primary aims of this study were to describe the development of the Korean version of the BDRS (K-BDRS) and to establish more firmly its psychometric properties in terms of reliability and validity.

**Methods** The study included 141 patients (62 male and 79 female) who had been diagnosed with bipolar disorder, were currently experiencing symptoms of depression, and were interviewed using the K-BDRS. Other measures included the Montgomery and Asberg Depression Scale (MADRS), the 17-item Hamilton Depression Scale (HAM-D), and the Young Mania Rating Scale (YMRS). Additionally, the internal consistency, concurrent validity, inter-rater reliability, and test-retest reliability of the K-BDRS were evaluated.

**Results** The Cronbach's  $\alpha$ -coefficient for the K-BDRS was 0.866, the K-BDRS exhibited strong correlations with the HAM-D ( $r = 0.788$ ) and MADRS ( $r = 0.877$ ), and the mixed symptoms score of the K-BDRS was significantly correlated with the YMRS ( $r = 0.611$ ). An exploratory factor analysis revealed three factors that corresponded to psychological depressive symptoms, somatic depressive symptoms, and mixed symptoms.

**Conclusions** The present findings suggest that the K-BDRS has good psychometric properties and is a valid and reliable tool for assessing depressive symptoms in patients with bipolar disorder.