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' sociodemographic 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^2 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.

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.

EW474

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 (HAMD), and the Young Mania Rating Scale (YMRS). Additionally, the internal consistency, concurrent validity, interrater reliability, and test-retest reliability of the K-BDRS were evaluated.

Results The Cronbach's α-coefficient for the K-BDRS was 0.866, the K-BDRS exhibited strong correlations with the HAMD ($r = 0.788$) 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.

EW475

A six-year longitudinal population-based cohort for the extended psychosis phenotype: An epidemiological study of the gene-environment interactions (TürkSch)

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Introduction　　Both genetic and environmental factors play a role in the extended psychosis phenotype which covers psychotic experiences, symptoms and disorders.
Objectives　　The respective contributions of genetic and environmental factors over time remain largely unknown.
Aims　　To describe the objectives and design of a multistage study.
Methods　　The TürkSch (Izmir mental health survey for gene-environment interaction in psychoses) is a prospective-longitudinal study consisted of several data collection stages to screen extended psychosis phenotype in a general population sample, and to assess individual, familial, genetic and neighbourhood level variables.
Results　　The study aimed to assess the prevalence of psychotic experiences and symptoms in Izmir-Turkey (stage I, cross-sectional; n: 4011), the socioeconomic deprivation and the social capital of neighbourhoods in a separate sample (stage II, cross-sectional; n: 5124) in 2008. A nested case-control study (stage III) recruited individuals with psychotic outcomes and healthy controls from stage I, and included blood sampling for gene-environment interaction and clinical reappraisal as well. After 6 years, follow-up study (stage IV) was set to assess the mental health outcomes with a focus on extended psychosis phenotype, environmental exposures of the eligiable sample (n: 2192) from the stage I, and to collect blood samples for further genetic analysis. On both stages, Composite International Diagnostic Interview was used by clinically trained interviewers, and was able to provide broad assessment of psychotic experiences, experience-related disabilities, help-seeking and health care utilization.
Conclusions　　The TürkSch has a unique study design and yields data of high quality in the Turkish population, with a specific focus on psychosis.

EW477

Agreement between clinical judgments and subjective perceptions of clinical change

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Introduction　　Research into the relationship between the subjective perception of clinical change and the objective evidence of the same is very limited. Less is known about the relationship between clinical judgments by mental health experts and the patient's perception of symptom change, in particular across different diagnostic groups.
Aims and objectives　　This study aims to determine the level of concordance between the HONOS as a tool for clinical outcome monitoring and the self-reported change in psychopathology in a total sample of psychiatric patients as well as stratified by their primary diagnosis at admission.
Methods　　A consecutive sample of patients admitted to a Swiss psychiatric hospital for either alcohol use disorders, schizophrenic psychoses, mood disorders, anxiety and somatoform disorders, or personality disorders, was assessed using the Brief Symptom Inventory (BSI) at admission and at discharge. The HoNOS were rated by the responsible clinicians. Complete data of admission and discharge were available from approximately 600 cases. Reliable change index (RCI) will be calculated to determine a clinically meaningful change based on the HoNOS scores. Concordance of RCI and change in BSI scores will be explored and compared between different diagnostic groups.
Results and conclusions　　According to our preliminary results from this ongoing evaluation program, we hope to provide a step towards a deeper understanding of the interrelationship between clinical judgments and the course of subjectively experienced mental health problems.
Keywords　　Health of the Nation Outcome Scales; Reliable Change Index; Brief Symptom Inventory; Outcome monitoring; Subjective perception

EW478

Properties of a coding system for traumatic memories

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Introduction　　Narrative studies have focused on the language used by the individuals to describe stressful or traumatic experiences. Hence, linguistic procedures have been applied aiming to obtain information about autobiographical memories and trauma processing. However, there is a general lack of agreement about how to measure narrative aspects. Software programs for this purpose are limited, since they don't capture the language context, and systems based on judge's rates are not free of subjective biases.
Objectives　　This study presents a coding system developed to analyze several language categories related to traumatic memories and psychological processes. Structural aspects (e.g., coherence) and content dimensions of traumatic narratives (e.g., emotional or cognitive processes) are measured. Each narrative aspect is coded by raters using both dichotomous (presence/absence) and numerical values (Likert scale).
Aims　　To propose a structured coding system for traumatic narratives that considers the language context and maximizes consensus among different raters.
Methods　　Traumatic narratives from 50 traumatized women and stressful narratives from 50 non-traumatized women have been evaluated according the system developed. Three blind raters coded each narrative.
Results　　Inter-rater reliability data are provided for the different narrative categories. The agreement between raters is discussed for both structural and content language domains.