ing to high relapse rates and also can influence the attitudes and beliefs of mental health professionals (MHP).

Objectives –assess the beliefs of MHP;
–assess perception of illness in patients with MHD.

Aims Contribute to treatment adherence of patients with MHD, through developing adequate strategies to their needs.

Methods In this cross-sectional study, we use a convenience sample of patients with MHD attending in the mental health departments of three general hospitals in Lisbon great area. Data is being collected through individual interviews. We have applied clinical and socio-demographic questionnaire and additional measures to assess symptom severity, treatment adherence and attitudes towards medication. For MHP, we used a optimism scale (ETOS), Difficulty Implementing Adherence Strategies (DIAS); Medication Alliance Beliefs Questionnaire (MABQ).

Results Two convenience samples were composed by 150 patients with MHD (mean age: 39.7; SD ± 9.8) and 65 MHP (mean age: 37.0; sd 8.3) working in a variety of settings is being collected. From the perspective of patients, the most important reason for adherence is to accept the illness (54,7%, $n = 82$). 50.8% ($n = 33$) of MHP believes that if patients are unmotivated for treatment, adherence strategies are unlikely to be effective. 43.1 ($n = 28$) of MHP agrees that if patients do not accept their illness, any adherence strategies that result.

Conclusion With this study, we expect to gain further knowledge on the factors related patients and MHP that might influence compliance and, therefore, contribute to the development of effective strategies to promote treatment adherence in MHD.

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EW470

A neuropsychological group rehabilitation program with institutionalized elderly

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Introduction Elderly institutionalization involves an emotional adaptation and the research shows that the risk of depression increases.

Objectives Evaluate the impact of a neuropsychological group rehabilitation program (NGRP) on depressive symptomatology of institutionalized elderly.

Aims NGRP influences the decrease of depressive symptoms.

Methods Elderly were assessed pre- and post-intervention with the Geriatric Depression Scale (GDS) and divided into a Rehabilitated Group (RG), a Waiting List Group (WLG), and a Neutral Task Group (NTG).

Results In this randomized study, before rehabilitation, 60 elderly people (RG; 80.31 ± 8.98 years of age; 74.2% women) had a mean GDS score of 13.33 (SD = 9.21). Five elderly included in the NTG (80.13 ± 10.84 years; 75.0% women) had a mean GDS score of 10.60 (SD = 4.72). Finally, 29 elderly in the WLG (81.32 ± 6.68 years; 69.0% women) had a mean GDS score of 14.93 (SD = 6.02). The groups were not different in GDS baseline scores (F = 0.74; $P = 0.478$). ANCOVA has shown significant differences ($P < 0.05$) in GDS scores between the three groups after 10 weeks. Sidak adjustment for multiple comparisons revealed that elderly in the WLG got worse scores in GDS, comparing with elderly in RG ($P < 0.01$), and with elderly in NTG ($P < 0.05$).

Conclusions Elderly that are not involved in a task get worse in depressive symptomatology. Being involved in a structured group task means lower depressive symptoms and being in a NGRP means even greater results.

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

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EW471

Cognitive training using a web-based tailor-made program for first-episode psychosis patients: An exploratory trial

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Introduction Cognitive deficits are a core feature of the first psychotic episode patients and could be an obstacle to functional ability. Cognitive stimulation could be a promising method to surpass neuropsychological deficits.

Objectives –to implement an online training protocol to stable first psychotic episode outpatients;
–to assess adherence to the intervention;
–to measure neurocognitive, psychopathological and functional outcomes pre- and post-training.

Aims To investigate the feasibility of an online-based resource for cognitive stimulation (COGWEB®) and explore possible benefits in different domains.

Methods Fifteen patients were enrolled from the Early Psychosis Intervention Program (PROFIP) at the Department of Psychiatry of Santa Maria Hospital, Lisbon. The training consisted on 30-40-minute online sessions performed every weekday during 6 months at home. Assessments were performed at baseline and after program completion and included: psychopathological scores; personal and social functioning scores; Clinical Global Impression and a neuropsychological battery.

Results Every participant had some kind of impairment on baseline. Mean training time was 36 h. Six patients left the program before completion (half of them because they got employed). The program showed overall good feasibility and safety with no reported significant psychiatric occurrences or hospitalizations. Results regarding final neuropsychological, psychopathological and functioning showed a tendency for stability or improvement on an individual case analysis.

Conclusions Our results show that cognitive training using an online-based stimulation software is a feasible intervention for first-episode psychosis patients with possible benefits for this population. However, results should be analyzed very carefully because of different participant trajectories and of study limitations.

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EW472

Effectiveness and factors predicting success of therapeutic patient education in obese patients candidates for bariatric surgery

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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^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

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.

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, inter-rater 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.