

months later. TF, fibrinogen, D-dimer, vWF, FVII and PAI-1 and their correlations with three depression scales (HAMD, PHQ-9, HADS-D) and with vital exhaustion (VE) were analyzed. **Results:** TF correlated significantly (a) with D-dimer negatively (-.20; $p < .05$) and with PAI-1 thrombolysis positively (.42; $p < .0001$) and (b) with HAMD positively (.21; $p < .002$), PHQ (-.21; $p < .003$) and VE (-.18; $p < .02$) negatively. There were no significant correlations of any other examined coagulation factors with depression scales at baseline. In a regression analysis age, family history of MI, HAMD, VE and diabetes predicted TF at baseline (corr R^2 .30; F 15.3, $p < .0001$). Not TF but fibrinogen decreased in the course of time (time effect $p = .02$) as well as v.WF (time effect $p = .04$). In line with our expectations, fibrinogen (.15; $p = .03$) and D-dimer change (.16; $p < .06$) correlated with VE change. This was not seen in other examined coagulation parameters and depression scales. Interestingly TF change correlated with FVII change (.20; $p < .02$) and fibrinogen change with vWF change (.38; $p < .0001$). **Conclusions:** TF correlated with D-dimer and PAI-1. Correlations between TF and age, disease history and depression scales were shown. Coagulation parameters as possible mediators for CAD progression may be influenced by level of VE, HAMD and PHQ. A more sophisticated analysis of all coagulation and disease factors seems necessary to evaluate the psychosocial findings.

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Interstitial cystitis/bladder pain syndrome and quality of life: cross-sectional study on Italian women

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Background: Interstitial Cystitis/Bladder Pain Syndrome (IC/BPS) is a chronic condition well studied in the urology and gynaecology fields, but its psychological impact on patients' quality of life has been neglected. Our study prioritised the psychological impact of IC/BPS on the quality of life and wellness of patients in an effort to identify the emotional impact of this pathology on the sex lives of women. **Methods:** A cross-sectional study was conducted on sample composed of 132 women (aged 20-75 years). **Results:** Statistical analysis evidenced significant differences in diagnosis time ($p < .02$) associated with sexual distress and characterised by significant metacognitions, such as negative beliefs ($p < .01$), cognitive confidence ($p < .08$), stress ($p < .00$), anxiety ($p < .001$), and depression ($p < .001$). This finding highlighted that women suffer significant psychological distress related to IC/BPS. **Conclusions:** Personalised treatments using an integrated clinical approach should be the innovative solution for comorbid psychological distress in IC/BPS pathology.

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Assessing Alexithymia: the first application of TSIA on obese patients

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Background: Alexithymia is associated to physical and psychological diseases including obesity. The most widely used instrument to assess the alexithymia construct is the TAS-20, which shows the limitations of a self-report test. To overcome these limitations, the Toronto Structured Interview for Alexithymia (TSIA) was developed as an interview-based method. The aim of the study is to assess alexithymia levels in obese patients using a multimethod measurement to evaluate both possible differences between the two instruments and their relationship with the obesity condition and psychophysical symptomatology. **Methods:** A total of 54 obese patients (12 women; mean BMI: 42.56 ± 6.16), seeking surgical treatment, were enrolled in a Centre of Excellence in Bariatric Surgery in Latina. The subjects completed: TSIA, TAS-20, SCL-90-R and a sociodemographic questionnaire. Weight was measured on-site.

Results: Data analysis showed a positive association between TAS-20 and TSIA ($r = .289$; $p = .034$). However, only TSIA scores were positively related to body weight ($r = .393$; $p = .003$) whereas TAS-20 was positively related to global severity index (GSI, SCL-90-R) ($r = .438$; $p = .001$). The set of linear regression models performed showed that only TSIA total score was a significant predictor of body weight ($B = .944$, $p = .012$) whereas using the TAS-20 total score a predictive effect on body weight did not emerge. **Conclusions:** The findings showed a different association between body weight and alexithymia according to instrument employed to evaluate alexithymia. This finding supports the importance of a multimethod assessment in some clinical conditions.

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Promoting mental health and well-being in early adolescence through a resilience-based programme

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Background: Early adolescence is a time of biological, psychological and social changes and mental health at this stage of life is a key area of health concern. Resilience consists of resources and dynamic processes, meant to re-establish equilibrium and positively adapt to stressful, challenges and traumatic events. The school system provides a nurturing environment to build adolescents' resilience, promote their mental health and well-being and prevent mental health disorders. However, unmet needs in the field of resilience-based programmes targeting early adolescents still exist. **Methods:** The universal programme UPRIGHT has been co-created during the first 9 months of the EU H2020 UPRIGHT Project*, through a holistic approach involving the active