

A total of 2109 participants living at home (53.39% men; $m_{age} = 75,38 \pm 8.11$) – from the Survey of Health, Aging, and Retirement in Europe (SHARE dataset release 7.0.0 of 2017) – completed questionnaires measuring physical (mobility, number of diseases, IADL, BMI) and cognitive (memory, executive function) health, social engagement, and personality (Big Five Inventory). These variables were gathered into three distinct blocks: sociodemographic characteristics (age, sex), model's Rowe and Kahn variables (physical, cognitive, social engagement), and personality. SA was assessed by the Euro depression scale. A correlation matrix was computed to examine the interrelationships between all variables. We then performed linear regression analysis when it was appropriate.

A higher level of motor and cognitive abilities correlated with a lower level of depressive symptoms ($r=0.34$; $p<.001$; $r=-.20$; $p<.001$; $r=-.17$; $p<.001$). The number of diseases was positively correlated with depressive symptoms ($r=0.26$; $p<.001$). The more engaged people were, the fewer depressive symptoms they had ($r=0.09$; $p=.019$). An effect of the level of education on depressive symptoms ($F(5,847)= 7.06$; $p<.001$) was found: people with a higher educational level had a lower depression score than those with a lower educational level. A lower level of neuroticism, higher level of agreeableness, and conscientiousness were significantly correlated with a lower level of depressive symptoms ($r=0.41$; $p<.001$; $r=-.09$; $p<.028$; $r=-.08$; $p=.028$). Linear regression analyses showed that personality variables explained 11% of the variance of depression scores, beyond sociodemographic characteristics (age, sex) (9%) and variables in the Rowe and Kahn model (10%). The three blocks, all together, explained 29% of the variance of the depression scores.

In line with Rowe and Kahn's model (1997), results showed that physical, cognitive, and social factors from the SHARE study partially explained SA (i.e., absence of depressive symptoms here). Interestingly, personality variables also explained a significant proportion of depressive symptoms. Personality may have an important role in addressing SA: adapting the care as well as the prevention to encourage the elderly to engage in physical, social, or cognitive activities.

Keywords: *Successful aging, personality, depressive symptoms.*

FOOD ADDICTION AND ADULT ADHD SYMPTOMS AMONG BARIATRIC SURGERY CANDIDATES: ARE THEY ASSOCIATED WITH POORER QUALITY OF LIFE?

Sarah El Archi¹, Paul Brunault^{1,2,3}, Arnaud De Luca^{4,5}, Régis Hankard^{4,5}, Céline Bourbao-Tournois⁶, Nicolas Ballon^{2,3}, & Servane Barrault^{1,7,8}

¹*Qualipsy, EE 1901, Université de Tours, Tours (France)*

²*CHRU de Tours, Service d'Addictologie Universitaire, Équipe de Liaison et de Soins en Addictologie, Tours (France)*

³*INSERM U1253 Imagerie et Cerveau (iBrain), Tours (France)*

⁴*CHRU de Tours, Centre Spécialisé de l'Obésité, Tours (France)*

⁵*Inserm U1069 Université de Tours, Tours (France)*

⁶*CHRU de Tours, Service de Chirurgie Digestive et Endocrinienne, Chambray-lès-Tours (France)*

⁷*CHRU de Tours, Service d'Addictologie Universitaire, Centre de Soins d'Accompagnement et de Prévention en Addictologie d'Indre-et-Loire (CSAPA-37), Tours, (France)*

⁸*Laboratoire de Psychopathologie et Processus de Santé, Université Paris Descartes, Paris (France)*

Abstract

Background and objective: Both food addiction (FA) and adult ADHD symptomatology have a significant impact on quality of life (QOL), which in turn may affect bariatric surgery outcomes in the context of severe obesity. The main objective of this study was to investigate the association between FA, ADHD symptomatology and QOL in the specific population of bariatric surgery candidates.

Method: Three hundred and twenty-two adult bariatric surgery candidates were recruited during the systematic preoperative psychiatric assessment. The participants completed questionnaires assessing body mass index (BMI), QOL (QOL-Obesity, and Dietetics rating scale, QOLOD), FA (YFAS 2.0), and adult ADHD symptoms (ASRS).

Results: Prevalence for FA and significant adult ADHD symptoms were 26.7% and 9% respectively. All QOL dimensions were negatively correlated with FA and adult ADHD symptoms. The age, the ASRS, and YFAS 2.0 scores independently predicted the QOL score. The participants with FA had significantly lower QOL scores on the five dimensions of the QOLOD. The participants with adult ADHD symptoms had significantly lower scores on the physical and psycho-social QOL dimensions only.

Discussion: This study supports the hypothesis of FA and ADHD symptoms are associated with poorer QOL, in bariatric surgery candidates. Because they affect QOL and poorer surgery outcomes, investigation, and management of FA and ADHD symptoms may be interesting clinical interventions.

Keywords: *Bariatric surgery, quality of life, food addiction, addictive behaviors, adult ADHD.*

VERIFICATION OF PSYCHOMETRIC PROPERTIES OF THE INSOMNIA TYPE QUESTIONNAIRE (ITQ) IN THE CZECH POPULATION

Veronika Ondrackova Dacerova, Katerina Bartosova, & Veronika Vesela

Faculty of arts, Department of Psychology, Masaryk university (The Czech Republic)

Abstract

Insomnia is one of the second most common mental disorders and is one of the primary risk factors for developing depression. The global prevalence of insomnia symptoms ranges from 30-35% and the course of the disease is often chronic. Clinically significant insomnia is reported by 10–23% of college students. Sleep deprivation among college students has been associated with increased alcohol consumption, a higher incidence of somatic illness, risky sexual behavior, and traffic accidents. Researchers have identified significant heterogeneity in the clinical and biomarker characteristics of insomnia leading to subtypes without sufficient validity. The Dutch Insomnia Type Questionnaire (Blanken et al., 2019) aims to identify robust subtypes and thus reduce heterogeneity among insomnia. The aim of our research is to adapt the Insomnia Type Questionnaire into the Czech sociocultural environment and verification of its psychometric characteristics and mapping of subtypes of insomnia. The identification of insomnia subtypes is a potential benefit for clinical practice, as it could allow the selection of high-risk individuals for early preventive intervention. Reducing previously unrecognized insomnia heterogeneity through subtyping can then help elucidate the mechanisms of insomnia and the development of personalized insomnia treatment.

Keywords: *Insomnia, sleep, insomnia type questionnaire, subtyping.*
