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Effective weight-management programs often include a combination of physical activity, diet, and psychological intervention. The effects of these programs are frequently not stable, and usually the maintenance of achieved weight-loss lasts only for a short period of time. The purpose of the present study is to compare an Acceptance and Commitment Therapy (ACT) group intervention and a Cognitive Behavioral Therapy (CBT) group in a sample of obese individuals with respect to mid-term outcome. The comparison between ACT and CBT has been assessed in a two arm randomized clinical trial, with 156 participants involved, randomly assigned to the two conditions. Both CBT and ACT groups followed an in-hospital intensive four-week treatment for weight reduction that includes dietarian, metabolical, psychological and physical rehabilitation. Participants were assessed before (t0), after in-hospital rehabilitation program (t1) and after six-month (t2). The CORE-OM (Clinical Outcome Routine Evaluation – Outcome Measure) and the AAQ II (Acceptance and Action Questionnaire II) were administered to evaluate respectively the psychological functioning and the psychological flexibility. As a measure of weight-loss the weight was recorded. The evidence supports the hypothesis that ACT group intervention promotes a mid-term improvement more effectively than CBT group, specifically for Binge Eating Disorder patients. A further comparison of ACT and CBT intervention is required.

## **ADULT ATTACHMENT STYLE AND HEALTH RELATED QUALITY OF LIFE IN PATIENTS WITH FIBROMYALGIA SYNDROME**

Romeo Annunziata (1,2), Ghiggia Ada (1,2), Di Tella Marialaura (1,2)

(1) Department of Psychology, University of Turin

(2) Clinical Psychology Unit, A.O.U. Città della Salute e della Scienza, Turin

One-hundred consecutive Fibromyalgia (FM) patients attending the “Città della Salute e della Scienza” Hospital, University of Turin, were enrolled. The participants were administered the Attachment Style Questionnaire (ASQ), the Hospital Anxiety and Depression Scale (HADS), The Short-Form 36 Health Survey (SF-36) and the item pain of the Fibromyalgia Impact Questionnaire, revised version (FIQ-R). FM patients had a mean (SD) age of 49.9 (10.7) years and showed high level of pain intensity (mean:7.5;SD:1.8), high levels of depressive (mean:9.2;SD:4.1;cut off:8) and anxiety symptoms (mean:9.8;SD:4.3;cut off:8). The main aim of this study was to evaluate the effects of attachment style on health related quality of life (HRQoL) of FM patients. In order to verify possible relationships between HRQoL, attachment style, distress and pain intensity correlation analyses were performed. Results showed a significant negative correlation between the mental component of HRQoL (MC\_SF-36) and the dimension of avoidant attachment style (ASQ\_discomfort of closeness) ( $r = -.368$ ;  $p < .001$ ). To investigate if avoidant attachment was a significant predictor of the mental component of HRQoL, beyond the effects of anxiety and depressive symptoms and pain intensity, a hierarchical multiple regression analysis was performed. The final model showed that the ASQ\_discomfort of closeness explained 41% of the total variance of the MC\_SF-36 ( $F(4;95) = 16.54$ ,  $p < .001$ ). Avoidance attachment style significantly predicted the SF-36\_MC score ( $\beta = -.19$ ,  $t = -2.3$ ,  $p = .019$ ), together with depressive ( $\beta = -.40$ ,  $t = -4.2$ ,  $p < .001$ ) and anxiety symptoms ( $\beta = -.20$ ,  $t = -2.27$ ,  $p = .025$ ). In conclusion, our data suggested that avoidance attachment style was a significant predictor of a poor mental component of health related quality of life in FM patients. Psychological therapy focused on attachment models might reduce anxiety and depressive symptoms and consequently improve HRQoL in FM patients.

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