of emotional support. CONCLUSIONS: This exploratory study supports the construct validity of the SBDD measure because SBDD was associated with SF-36 domains in expected ways. SBDD was associated with certain predictors of future health status, including health behaviors such as regular exercise. SBDD could be used as a community indicator to assess the burden of mental distress in women in Venezuela.

**PMH42**

**HEALTH-RELATED QUALITY OF LIFE OF MARRIED, WORKING WOMEN WITH CHILDREN (SUPERWOMAN SYNDROME) IN KOREA**

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OBJECTIVES: To assess health-related quality of life (QoL) of married, working women with children (working-moms) faced with psychosocial stress (known as superwoman syndrome).

METHODS: A total of 200 working-moms (aged 40.2 ± 5.3) were recruited randomly by telephone, and a questionnaire was administered to classify types of superwomen syndrome: self-reliance type (ST), conflict type (CT), and additive type (AT). To compare, a community samples of aged group (n = 80, aged 70.0 ± 5.9) were recruited at a local community center. We measured QoL using SF-36v2 for both groups. RESULTS: As expected younger working-moms reported significantly higher physical function (PF: 79.7 ± 18.7 vs. 71.9 ± 21.9, p = .0031) and mental health (MH: 49.2 ± 15.3 vs. 41.0 ± 14.8; p < .0001). On the contrary role-physical (RP: 78.9 ± 23.6 vs. 80.5 ± 22.5) and role-emotional (RE: 77.2 ± 25.0 vs. 83.2 ± 24.0) scores were lower than aged. Additionally, social functioning (SF) was significantly lower in working-moms (p < .0003). Further by types, most physical-related scales of CT group (n = 10) were significantly higher (all p's < 0.0025), whereas vitality (VT) and MH were lower than aged. Majority of working-moms were classified as CT group (n = 169). They reported the same QoL patterns as total samples. Notably, AT group (n = 21) reported only MH (62.9 ± 13.8 vs. 41.0 ± 14.8; p < .00001) was significantly higher than aged, and rest were either similar (PF, VT), or significantly lower than aged (RP: 62.8 ± 24.6 vs. 80.5 ± 22.5; RE: 55.1 ± 26.6 vs. 83.2 ± 24.0; all p's < 0.0002). CONCLUSIONS: Most working-moms reported higher functioning and well-being, but in fact they were limited in playing roles due to physical and mental problems. It is suspected that they are denying and suppressing their various health problems. Particularly, additive group report they are in well-being, but the study showed they are definitely not. They even may develop mentally and physically-related diseases in the near future. Therefore, a cohort study is urgent for working, married women with children in Korea.

**PMH43**

**THE SPANISH VERSION OF THE TOOL QUESTIONNAIRE: A USEFUL MEASURE FOR EVALUATING THE HRQOL AND UTILITIES FROM SCHIZOPHRENIC AND BIPOLAR PATIENTS**

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OBJECTIVES: Develop a cross-cultural translation, Swedish to Spanish, of TOOL questionnaire—a previously validated instrument to assess the impact of adverse effects (AE) on the health utilities and health related quality of life (HRQoL) in patients with schizophrenia and bipolar disorder. METHODS: TOOL questionnaire has 8 attributes and 4 levels per domain (Likert scale). These domains are mood (anxiety and depression), function capabilities, and AE frequently associated with antipsychotic drugs (fatigue-weakness, weight gain, stiffness-tremor, physical restlessness, sexual dysfunction, and vertigo-nausea). Firstly, 4 independent translators (3 Spanish and 1 Swedish) carried out the forward-backward translations of the original TOOL questionnaire. Next, draft version was reviewed by an experts panel (5 psychiatrists & 1 GP specialized in HRQoL) and tested in 40 stable patients (20 schizophrenic & 20 bipolar). Regarding patients’ responses, comprehension and importance (CI) of each item were evaluated by using a Likert scale ranging from 0 (lowest level of CI) to 4 (highest level of CI). Furthermore, feasibility and internal consistency were preliminarly analyzed. RESULTS: According to experts’ criteria 3 items should be modified to facilitate comprehension: mood, physical restlessness and vertigo-nausea. However, CI of items mean scores were respectively: mood (3.30/2.37); function capabilities (2.58/2.03); fatigue-weakness (3.58/2.55); weight gain (3.75/2.87); stiffness-tremor (3.65/2.61); restlessness (3.37/ 2.62); sexual dysfunction (3.39/2.51) and vertigo-nausea (3.56/ 2.44). Furthermore, only 2 patients (5%) were unable to complete this questionnaire. Internal consistency was high (Cronbach α = 0.87) and neither item ceiling nor floor effects were found in patients responses. Finally, the Spanish version of the TOOL questionnaire was reached by consensus. CONCLUSIONS: The Swedish TOOL questionnaire was culturally adapted into Spanish. Psychometric analyses are needed to validate this HRQoL measure in Spain. Moreover, a multivariate utility functional should be estimated to evaluate AE by using a patients’ centered perspective.

**PMH44**

**LINGUISTIC VALIDATION, SENSITIVITY AND SPECIFICITY OF THE SCALE “DEPRESSION IN THE MEDICALLY ILL-18”**

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OBJECTIVES: 1) To develop a linguistically validated version of the DMI-18 in Castilian; 2) to evaluate its sensitivity and specificity as a screening tool for depression in a sample of patients with an organic illness attending the General Hospital of Galdakao—Usansolo; and 3) to compare its screening qualities with the ones of the most used screening tools, such as the Hospital and Anxiety Depression Scale (HADS), the Beck Depression Inventory Fast Screen (BDI-FS) and the Patient Health Questionnaire-9 (PHQ-9). METHODS: The DMI-18 was validated linguistically into Castilian using the translation—backtranslation method recommended by Acquadro, Conway, Grouded, and Mear, (2004). Researchers interviewed somatic patients (n = 11) and experts in depression (n = 3) to detect possible understanding difficulties in the DMI-18 questions. Dr. Parker, original author of the DMI-18, collaborated during the translation process. The sample was composed by 156 outpatients and inpatients that were attending some service of the Hospital. Patients completed the DMI-18, HADS, BDI-FS and the PHQ-9. Immediately afterwards a mental health clinician interviewed patients individually using a psychiatric semistructured interview (PRIME-MD) to state whether the patient presented or not an affective disorder. The resulting diagnoses coming from the self application of the screening tests were compared against the clinical assessments made by the expert in mental health. These data were used to calculate the sensitivity and the specificity of the DMI-18, and of the competing screening instruments. RESULTS: Using the clinicians valuation as the gold standard, the specificity of the DMI-18, and of the competing screening instruments. RESULTS: Using the clinicians valuation as the gold standard, the specificity of the DMI-18, and of the competing screening instruments. RESULTS: Using the clinicians valuation as the gold standard, the specificity of the DMI-18, and of the competing screening instruments. RESULTS: Using the clinicians valuation as the gold standard, the specificity of the DMI-18, and of the competing screening instruments. RESULTS: Using the clinicians valuation as the gold standard, the specificity of the DMI-18, and of the competing screening instruments.