Objectives: To examine associations between different mindfulness facets, and different aspects of attention and trait impulsivity in BD.

Methods: This study was approved by the Hospital Clínic Ethics and Research Board (HCB/2017/0432). After informed consent, 94 outpatients, *M* age = 45.57, *SD* = 9.8, range 19-61 years, 41.5% Male, 63.8% BD-I according to DSM-5 criteria, in partial or total remission based on Young Mania Rating Scale (YMRS; *M* = 1.81, *SD* = 2.11) and Hamilton Depression Rating Scale (HDRS; *M* = 5.46, *SD* = 3.71) were enrolled in this study. Participants were evaluated using the Five Facet Mindfulness Questionnaire (FFMQ) to assess Mindfulness, the Trail Making Test (TMT-A) and the Conner's Continuous Performance test (CPT-II) to assess Attention, and the Barratt Impulsiveness Scale (BIS-11) to assess Impulsivity. Pearson correlations were performed, and statistical significance was evaluated two-sided at the 5% threshold.

Results: Mindfulness-Describing was negatively associated with Cognitive and Non-Planning Impulsivity (*r* = -.43 and -.28, *p* < .001), Mindfulness-Acting with Awareness was negatively associated with Cognitive, Motor and Non-Planning Impulsivity (*r* = -.27 to -.45, *p* < .001), Mindfulness Non-Judging (*r* = -.33 and -.34, *p* < .001) and Non-Reacting (*r* = -.30 and -.46, *p* < .001) of inner experience were negatively associated with Cognitive and Motor Impulsivity. No associations were found between neither Mindfulness nor Impulsivity with any aspects of Attention.

Conclusions: Preliminary findings suggest that better performance in specific facets of mindfulness (describing, acting with awareness, non-judging or reacting of inner experience) may be related to a decrease in different aspects of trait impulsivity. Further longitudinal and interventional research is needed on underlying mechanisms. Nonetheless, our study suggests the need for including mindfulness-based approaches to improve behavioral and functional outcomes for those with BD.

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Disclosure of Interest: None Declared

relationships, and leisure time. It has already been translated into standardized versions in several languages. The aim of this study is to measure the validity and reliability of the Korean version of FAST (K-FAST).

Methods: A total of 209 bipolar disorder patients were recruited from 14 centers in Korea. K-FAST, Young Mania Rating Scale (YMRS), Bipolar Depression Rating Scale (BDRS), Global Assessment of Functioning (GAF) and the World Health Organization Quality of Life Assessment Instrument Brief Form (WHOQOL-BREF) were administered, and psychometric analysis of the K-FAST was conducted

Results: The internal consistency (Cronbach's alpha) of the K-FAST was 0.95. Test-retest reliability analysis showed a strong correlation between the two measures assessed at a 1-week interval (ICC = 0.97; p < 0.001). The K-FAST exhibited significant correlations with GAF (r=-0.771), WHOQOL-BREF (r=-0.326), YMRS (r=0.509) and BDRS (r=0.598). A strong negative correlation with GAF pointed to a reasonable degree of concurrent validity. Although the exploratory factor analysis showed 4 factors, the confirmatory factor analysis of questionnaires had a good fit for a six factors model (CFI=0.925; TLI=0.912; RMSEA=0.078).

Table. Model fit index of confirmatory factor analysis (n=209)

Measure of fit	4-factor model	6-factor model	Acceptable value
χ^2/df	2.832	2.267	<3
RMSEA (90% CI)	0.094(0.086-0.102)	0.078 (0.069-0.087)	<0.08
CFI	0.887	0.925	>0.9
TLI	0.873	0.912	>0.9

χ^2, chi-square; df, degrees of freedom; RMSEA, root mean square error of approximation; CFI, comparative fit index; TLI, Tucker-Lewis index.

Conclusions: The K-FAST has good psychometric properties, good internal consistency, and can be applicable and acceptable to the Korean context.

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O0058

Psychometric Properties of the Korean Version of Functioning Assessment Short Test in Bipolar Disorder

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Introduction: The Functioning Assessment Short Test (FAST) is a relatively specific test for bipolar disorders designed to assess the main functioning problems experienced by patients.

Objectives: FAST includes 24 items assessing impairment or disability in 6 domains of functioning: autonomy, occupational functioning, cognitive functioning, financial issues, interpersonal

O0059

Changing trends of suicide mortality from 2011 to 2019: an analysis of 38 European Countries

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