

112)=5.07, $p < 0.01$) and perceived their diseases as less cyclical in nature than the poor and good adherers ($F(2,112)=4.23$, $p < 0.01$). Full and good adherers varied between themselves, with the good adherers citing a psychosocial cause (e.g., stress) for their disease significantly more ($F(2,112)=4.87$, $p < 0.01$).

Conclusions: When intervening to improve patient adherence to treatment for a chronic disease, health professionals may potentially target additionally various dysfunctional perceptions regarding treatment control, nature of timeline beliefs and perceived causal attributes for a disease.

~~PUB 22~~

~~Models of Interpersonal Health Behaviour and Childhood Obesity~~

~~M.A. Taliercio~~

~~Department of Medicine, University of Malta~~

Aims: Childhood obesity is becoming an ever-growing public health concern, whose ramifications are from both a health and economic perspective. A variety of behavioural models of intervention have been developed to help obese children lose weight and prevent obesity at the outset. However the problem is that this research is widely scattered in the social science literature, and there is a need for studies that synthesise existing research.

Methods: This critical literature review surveyed the dominant scholarly explanations of how and why childhood obesity occurs as well as the most prevalent interventions developed by health care professionals. The study also described the theoretical bases for these interventions. The models examined included the theory of planned behaviour, Tran theoretical model of behaviour change, and social cognitive theory, among others.

Results: Findings of the literature review revealed that the condition of obesity in youth is not simply a physiological malady but also a mental one. Although the various models of intervention represent different points along an action spectrum—such as social cognitive theory's emphasis on self-efficacy, and the Tran theoretical model of intervention's perception component—they all focus on aspects of decision-making that are intimately related.

Conclusions: Findings of this literature review demonstrated that by using structured intervention with integrated theoretical models, greater success can be achieved. In addition, this study has positive social change implications by highlighting the most successful components of current models of intervention in obesity. A childhood free from the scourges of obesity will provide psychosocial benefits, of whose values to society are incalculable.

~~PUB 23~~

~~Integration of Medicines Entitlement System~~

~~I. Pulis, A. Anastasi~~

~~Pharmaceutical Policy and Monitoring Directorate (DPPM), Strategy and Sustainability Division, Ministry for Social Policy, Malta~~

Aims: To improve access, and long-term equity through integration of the medicines entitlement services within the National Health System to better meet the health needs of the local population wherever they live or whatever their financial circumstances.

Methods: Data and information was collated throughout the last 6 months. The shortcomings in the Medicines Approval Section (MAS) and the Schedule V Section were identified, and the following criteria were established:

1. The necessity to amalgamate medicines entitlement services.
2. The setting up of a clear policy and standard operating procedures (SOPs) for everybody to follow.
3. An educational campaign explaining the processes

An algorithm was set-up to portray and integrate the existing entitlement system. Schedule V and MAS workforce, were integrated within the same premises. A clear concise policy that defines the medicines entitlement priorities was proposed to provide a transparent framework within which stakeholders could understand their roles and responsibilities. The policy was reviewed and validated by discussing it with the stakeholders. The necessary amendments were made and the policy was finalised. The policy was published, together with clear criteria for approval and specific forms, the government formulary list, and the protocols.

Results: The following are the outcome measures:

- a. A policy to compensate for the missing links in the system, that could be assessed from time to time and revised as appropriate. This aids the clinician on applying for medicines through the Schedule V, Protocol Regulated and Exceptional Medicinal Treatment requests.
- b. The publishing of a hardcopy containing all the processes involved to be distributed to all users in the field.
- c. Information Technology (IT) system integration and enhancement, and the compilation of tailor-made reports for trend analysis and final assessments.

Conclusions: The reviewed system and processes contributed a structured framework to the department. The policy and guidebook have been designed to aid the user on requesting a particular medicine, reducing unnecessary conflicts and misunderstandings. The IT system will further ameliorate the services, enhancing the tracking system and accountability.

~~PUB 24~~

~~The pilot study about the reliability and validity of Chinese version of Life incidence of traumatic event—student form and Child-report posttraumatic symptom~~

~~X. Liao~~

~~Biostatistics Department, Southern Medical University, Guangzhou, China~~

Aims: Validating Chinese Version of the Life Incidence of Traumatic Event—Student form and Child-report Posttraumatic Symptom introduced from USA, in order to evaluating its utility locally

Methods: The cluster sampling method was employed to recruit the 8-18 pupils and students in the normal community schools and two special school (one school for the blind and the other school for borderline delinquency male students). Achenbach's YSR was chose to serve as the validity criteria. The translation and back translation procedure was done follow the author's recommendation. Several psychometrical indicators were analyzed for reliability and validity about the Chinese version of LITE-S and CROPS, such as Cronbach α coefficient, test-retest coefficient, construct validity, discriminate validity, criteria validity

Results: The Cronbach α coefficient for LITE-S and CROPS was 0.794 and 0.903 respectively. The five-week test-retest coefficient for LITE-S and CROPS was 0.760 and 0.903, respectively. There