Methods: The specialists, including dermatologists and mental health professionals, determined an item pool of 30 items. Before the data collection, all items were checked by the researchers in terms of clarity and acceptability. Thus, the eight items were removed from the questionnaire due to having similar meanings, measuring the facts about treatments that are not the study's objective, and containing unclear statements. The final version of the questionnaire, which consists of 22 items, was applied to the participants.
Results: One hundred patients with acne vulgaris were recruited. Among the participants, 72% were women, and the mean age was 22.72. Most patients' acne severity was group 2 (40%) and group 3 (36%). Three items were removed because of having low item-total score correlations. Five items were removed in factor analysis because of low factor loading or cross-loading. Exploratory factor analysis results of the scale are presented in Table 1.

Table 1. Exploratory Factor Analysis Results of the Scale

	Factor 1 (min-max)	Factor 2 (min-max)	Factor 3 (min-max)
Isotretinoin treatment can lead to dryness of lips, nose, and eyes. Isotretinoin treatment may have many side effects. Isotretinoin treatment may cause damage to the liver. Side effects of isotretinoin treatment may affect my daily life. Isotretinoin treatment may cause depression. Isotretinoin treatment may cause elevation of cholesterol level.	0.516-0.842		
Isotretinoin treatment may cause infertility in men. Isotretinoin treatment may cause infertility in women. Isotretinoin treatment may prevent height gain. In case of pregnancy, isotretinoin treatment may cause congenital defects in the baby.		0.425-0.945	
I'm afraid of using isotretinoin for a long period. I stop the isotretinoin treatment as soon as possible. I will wait as long as I can before using isotretinoin treatment. I need more reassurance about isotretinoin treatment.			0.569-0.890

The Cronbach alpha score of the final form of the scale was found to be .81, the internal consistency of the first factor (hesitancy related to reversible adverse effects) was calculated as .79, the second factor (hesitancy related to irreversible adverse effects) was calculated as .78, and the final factor (isotretinoin-related anxiety) was found to be .72.
Conclusions: The Isotretionin Hesitancy Scale is valid and reliable among patients with acne vulgaris.

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Brief Psychotherapeutic and Psychopharmacological Interventions as Facilitators of Bariatric Surgery Success in Patients on the Anxious-Impulsive Spectrum: A Pilot Study

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Introduction: Patients undergoing bariatric surgery often present with impulsive behavior and symptoms of anxiety. In this context, brief psychotherapeutic interventions such as nutritional education, cognitive restructuring, and behavioral activation have been shown to enhance pre-surgery weight loss and improve the likelihood of successful surgical outcomes. Furthermore, anorexigenic pharmacological treatments involving fluoxetine, bupropion, naltrexone, eslicarbazepine, zonisamide, and topiramate have been associated with increased success rates of the bariatric intervention.
Objectives: To assess the impact of brief psychotherapeutic interventions and psychopharmacological treatments on the success of bariatric surgery in anxious-impulsive patients, investigating the effectiveness of combined strategies in enhancing preoperative weight loss and surgical outcomes.
Methods: Within the framework of a third-level hospital's Bariatric Surgery Protocol, a total of 63 obese patients were assessed using the MINI International Neuropsychiatric Interview (MINI), Hamilton Anxiety Rating Scale (HARS), and Barratt Impulsiveness Scale (BIS-11) during the pre-surgical evaluation. Patients with Axis I pathologies were excluded, leaving a sample of 56 participants (38 females; BMI: 43.58±8.72 kg/m2; age: 48.5 ±9.7 years). Individuals displaying mild anxiety (6-14 points on HARS) and moderate/severe anxiety (>14 points on HARS) and/or those with a BIS-11 score exceeding 32.5 were selected for combined psychotherapeutic and psychopharmacological interventions.
Results: Categorized by anxiety and impulsiveness levels, the patient distribution was as follows:
Mild anxiety without impulsiveness: 19 patients
Mild anxiety with impulsiveness: 31 patients
Moderate/severe anxiety without impulsiveness: 2 patients
Moderate/severe anxiety with impulsiveness: 15 patients
This pilot study explores the potential synergy between brief psychotherapeutic interventions and psychopharmacological approaches in enhancing the outcomes of bariatric surgery for patients within the anxious-impulsive spectrum.
Conclusions: The results shed light on the feasibility and potential benefits of a combined treatment strategy, contributing to the optimization of bariatric surgery success in this specific patient population. Further research is warranted to confirm and generalize these findings.

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