

EPP0361

The outcomes of the computerized training of cognitive functions in patients with MCI in epilepsyI. Blazhina^{1*} and V. Korostiy²¹Bucovinian State Medical University, Department Of Nervous Diseases Psychiatry And Medical Psychology, Chernivtsi, Ukraine and²Kharkiv National Medical University, Department Of Psychiatry, Narcology, Medical Psychology And Social Work, Kharkiv, Ukraine

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Introduction: Cognitive impairments have a considerable impact on the functioning of patients, their socialization and level of disability. Cognitive deficits significantly deteriorate the quality of patients' life. Currently, the possibilities of pharmacological correction of cognitive disorders in patients with epilepsy are limited.

Objectives: Study of non-pharmacological program of cognitive disorder correction in patients with epilepsy and the assessment of its efficiency.

Methods: We have studied the features of clinical and psychopathological manifestations in patients suffering from epilepsy. The study included 146 patients with epilepsy (85 men and 61 women) who were receiving inpatient care. The following psychodiagnostic techniques were used: MOCA test, Mini Mult test, Münsterberg test, depression and Hamilton anxiety scale, quality of life scale. 63 patients received cognitive training online, of which 30 patients also used psychoeducation methods.

Results: According to the MoCA findings, patients with epilepsy showed cognitive decline, the average score was 20.72, whereas healthy persons' average score was 27.36. The Quality of Life Scale: the average rate among all examined persons was 69.45 out of 100, 78.60 were the results of healthy persons. In patients with PG1, who used cognitive training and psychoeducation the results of the MoCA test showed an improvement in cognitive functions (1.4, $p < 0.001$) and increased subjective assessment of quality of life (2.77, $p < 0.05$).

Conclusions: The study of the use of cognitive training and psychoeducation in patients with epilepsy for cognitive functions, quality of life resulted in a positive outcome. Cognitive online training is an encouraging area in the rehabilitation of patients with cognitive decline.

Disclosure: No significant relationships.

Keywords: Cognitive disorders; MCI; Computerized training; epilepsy

EPP0359

Personal Health Budget: a new rehabilitation approach for severe mental illness within a caring community.

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Introduction: Personal Health Budget (PHB) has been provided to consumers with severe mental illness within a policy shift toward a person-tailored mental healthcare treatment based on individual

unmet needs. PHB is an amount of money to support patient's health and wellbeing needs, which is planned and agreed between patients and their local NHS team. It is not new money, but it may mean spending money differently so that patients can get the care that they need. However, evidence of beneficial effects of PHB is still scarce.

Objectives: The aim of this study was to provide preliminary data on clinical and social benefits of adding PHB to a standard pharmacotherapy in patients with severe mental illness across a 24-month follow-up period.

Methods: 137 individuals with severe mental illness (aged 18–50 years) were recruited in one of the adult mental health services of an Italian Department of Mental Health. They completed the Global Assessment of Functioning scale, the Health of the Nation Outcome Scale and the Brief Psychiatric Rating Scale. Friedman's test for repeated measure was used to assess the longitudinal stability of functioning and clinical parameters. A linear regression analysis was also performed.

Results: A significant decrease in all GAF scale, HoNOS and BPRS scores along the 24 months of follow-up was observed. Regression analysis results specifically showed a relevant association between a PHB multi-axial intervention and the longitudinal reduction in BPRS 'Negative Symptoms' and HoNOS 'Social Problems' sub-scores.

Conclusions: Our findings support the useful implementation of a PHB approach for severe mental illness patients within the Italian mental health service network.

Disclosure: No significant relationships.

Keywords: Personal Health Budget; rehabilitation; Community; mental health care

Schizophrenia and other Psychotic Disorders 04

EPP0361

Does technology-based interventions in psychosis improved functioning and quality of life? A systematic review and meta-analysisC. Morales-Pillado¹, T. Sanchez-Gutierrez¹, B. Fernandez-Castilla², S. Barbeito¹, E. Gonzalez-Fraile¹ and A. Calvo^{1*}¹Universidad Internacional de La Rioja, Faculty Of Health Sciences, Madrid, Spain and ²University of Leuven, Faculty Of Psychology And Educational Sciences, Leuven, Belgium

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Introduction: Technology-based interventions (TBIs), including computer and Internet-based interventions, mobile interventions, health applications, social media interventions, and interventions using technological devices, could become a useful, effective, accessible, and cost-effective approach (Berry et al., 2016; Firth, 2016) to complement conventional interventions for psychosis

Objectives: to compare TBIs with conventional interventions for psychosis, focusing mainly on functioning and quality of life.

Methods: The systematic review preceding this work was based on 58 RCT of TBIs for psychosis. We selected the studies that analyzed functioning ($N = 23$) and quality of life ($N = 15$). We calculated the standardized mean change (SMC) and applied a three-level model because there were several effect sizes within the same study.

Results: There were significant differences between TBIs and conventional interventions for functioning ($d = 0.25$, $SE = 0.09$, $z = 2.72$, $p = <.01$), but not for quality of life ($d = 0.14$, $SE = 0.08$, $z = 1.78$, $p = .076$) in patients with psychosis.

Conclusions: On average, patients who received TBIs performed better in functioning, but not in quality of life. Functioning is impaired in patients with psychosis, so TBIs should be considered a complement and efficacious intervention, highlighting the power of these type of interventions in improving some outcomes.

Disclosure: No significant relationships.

Keywords: Psychosis; Technology-based interventions; Mobile interventions; schizophrenia

EPP0362

Psychopathological networks in psychosis and changes over time: A long-term cohort study of first-episode psychosis

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Introduction: First-episode psychosis is a critical period for early interventions to reduce the risk of poor outcomes and relapse as much as possible. There are now many studies revealing the patterns of course in the short and medium terms, but uncertainties about the long-term outcomes of symptomatology remain to be ascertained.

Objectives: First, we ascertained whether the structure of psychopathological symptoms, dimensions and domains of psychopathology remains invariant over time between first-episode psychosis and long-term follow-up. Second, we analysed the changes in the interrelationships of psychopathological symptoms, dimensions and domains of psychopathology between FEP and long-term follow-up at three levels.

Methods: We performed network analysis to investigate first-episode and long-term stages of psychosis at three levels of analysis: micro, meso and macro. The sample was a cohort of 510 patients with first-episode psychoses from the SEGPEP study, who were reassessed at the long-term follow-up ($n = 243$). We used the Comprehensive Assessment of Symptoms and History (CASH) for their assessments.

Results: Our results showed a similar pattern of clustering between first episodes and long-term follow-up in seven psychopathological dimensions at the micro level, 3 and 4 dimensions at the meso level, and one at the macro level. They also revealed significant differences between first-episode and long-term network structure and centrality measures at the three levels.

Conclusions: Our findings suggest that disorganization symptoms have more influence in long-term stabilized patients. The main results of the current study add evidence to the hierarchical, dimensional and longitudinal structuring of first-episode psychoses.

Disclosure: No significant relationships.

Keywords: Network Analysis; First-episode psychosis; Long-term; Psychopathology

EPP0364

Decreased Resting-state fMRI Local Coherence in Schizophrenia Patients with Poor Long-term Outcome

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Introduction: Schizophrenia is heterogeneous in terms of symptoms and outcome, but neurobiology of this heterogeneity is not well-studied. Local correlation analysis of fMRI data provides a measure of local coherence, i.e., average correlation between BOLD-signal in a voxel and its neighbours. Local correlation is a promising approach, and it seems important to find links between local brain coherence and schizophrenia outcome.

Objectives: We aimed to compare brain local coherence between schizophrenia patients with varied long-term outcomes and healthy controls (HC).

Methods: Patients with chronic schizophrenia spectrum disorders (37 males, mean age 41.5 ± 5.5) and HC (17 males, mean age 38 ± 7.7) underwent resting-state fMRI (3T). Cluster analysis based on PANSS and PSP allowed us to allocate patients into two subgroups ($N = 13/24$). The second subgroup had significantly more marked negative and general psychopathology symptoms and worse functioning than the first subgroup. Local coherence in the brain was compared between clinical subgroups and HC (ANOVA, $p < .001$ voxelwise, $p[FDR] < .05$ clusterwise).

Results: Local coherence in the paracingulate gyri bilaterally ($\{-2; 58; 14\}$; 2712 mm^3) differentiated the groups. *Post hoc* analysis revealed decreased local coherence in the subgroup with poorer outcome compared to HC, along with the absence of differences between the subgroup with better outcome and HC. There were no differences between clinical subgroups.

Conclusions: Hypoactivity of the cingulate cortex is related to negative symptoms (Bersani et al., 2014). Their severity, in turn, is strongly associated with outcome. Thus, local coherence in the cingulate cortex may be one of the factors which underlie outcome heterogeneity.

Disclosure: No significant relationships.

Keywords: resting-state fMRI; Local Correlation; outcome; schizophrenia

EPP0365

Course of the Metabolic Syndrome (Mets) in a First Episode Psychosis Sample

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