Introduction: Mindfulness-based interventions have received growing attention over the last years for the treatment of various mental disorders, including schizophrenia spectrum disorders (SSD), demonstrating their transdiagnostic validity. However, no study has examined the relationship of probable mechanisms underlying the therapeutic effects of mindfulness in SSD.

Objectives: The current study examines the relationship between mindfulness, depression, anxiety, and quality of life in individuals with schizophrenia spectrum disorders, including schizophrenia spectrum disorders (SSD), demonstrating their transdiagnostic validity. However, no study has examined the relationship of probable mechanisms underlying the therapeutic effects of mindfulness in SSD.

Methods: A total of 83 participants with SSD were recruited at the in- and outpatient facility of the Charité – Universitätsmedizin Berlin, Campus Benjamin Franklin, Berlin, Germany and 2Faculty Of Behavioral And Social Sciences, University of Groningen, Groningen, Netherlands.

Results: No significant relationships.

Disclosure: No significant relationships.

Keywords: Mindfulness; depression; anxiety; quality of life; schizophrenia spectrum disorders

EPV0560

On gender and cognitive flexibility. The REM-ACT study: Acceptance and commitment therapy versus a mindfulness-based emotional regulation intervention in anxiety disorders. A randomized controlled trial

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Introduction: Research is needed to explore whether cognitive flexibility may account for potential gender differences after mindfulness-based interventions.

Objective: To compare the effectiveness of Acceptance and Commitment Therapy (ACT) versus a Mindfulness-based Emotional Regulation (MER) intervention on cognitive flexibility according to gender.

Methods: This study was carried out in a Mental Health Unit in Spain (Colmenar Viejo, Madrid). Firstly, 80 adult patients with anxiety disorders were randomized according to the score on the Acceptance and Action Questionnaire-II (blocking factor), of whom, 64 patients decided to participate (mean age = 40.66, S.D. = 11.43; 40 females). Each intervention was weekly, during 8 weeks, guided by two Clinical Psychology residents. A 2x2x2 mixed ANOVA (pre-post change x intervention type x gender) was conducted, with Sidak-correction post hoc tests. The dependent variable was the score on TMT-B.

Results: A natural logarithmic transformation was conducted to correct violation of normality and homoscedasticity assumptions. No statistically significant differences were observed on age or gender between interventions. No statistically significant interaction effect was observed between pre-post change x intervention x gender [F(1, 52) = 0.014, p = .907]. An interaction effect was observed between pre-post change x intervention [F(1, 52) = 4.180, p = .046; statistical power observed = 52%]; while TMT-B improved after ACT (p = .001; Cohen’s d = 0.607), there were no changes after MER (p = .367; Cohen’s d = 0.097).

Conclusion: The findings of this study provide insight into the mechanisms of mindfulness. Initial evidence for the transdiagnostic and process-based clinical relevance of MBIs for SSD has been found and future studies can further explore the role of mindfulness for central therapeutic processes of change by employing longitudinal designs.

Disclosure: No significant relationships.

Keywords: Depression; Anxiety; mindfulness; Schizophrenia spectrum disorders

EPV0559

The relationship between mindfulness, depression, anxiety, and quality of life in individuals with schizophrenia spectrum disorders

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