

chronic/treatment resistant phases of psychosis highlighting the need to investigating the effect in earlier phases of psychosis, that is, first-episode and potentially clinical high-risk states.

Disclosure of Interest: None Declared

S0093

Illicit drug use and co-morbidities: a gender perspective

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Abstract: At the global level, women are more likely than men to misuse pharmaceutical drugs, particularly pharmaceutical opioids and tranquillizers. By contrast women are three times less likely than men to use cannabis, cocaine or amphetamines and one in five people who inject drugs are women. This mainly reflects differences in opportunities to use drugs owing to the influence of social or cultural environments, rather than intrinsic gender vulnerability. The scientific literature shows that processes of drug use initiation, social factors and characteristics affecting people who use drugs, biological factors and progression to the development of drug use disorders vary considerably between men and women. In this presentation we will present the main characteristics at bio-psychosocial level, including mental (i.e. Depression, Post-Traumatic Stress disorder) and physical comorbidities (i.e. HIV, HCV) of women with illicit drug use disorders. Finally, there will be a reflection on the different difficulties that women who use drugs have in accessing treatment.

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S0094

Social inclusion: a fundamental PROM for evaluating recovery-oriented global mental health programmes

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Abstract: Social inclusion is a multidimensional concept, referring to ample participation in key social, cultural, economic and political activities. Since the turn of the century, social inclusion has become a guiding principle in policy recommendations of many international (United Nations, WHO, EU) and national bodies, aiming to improve the lives of people with mental ill-health. More recently, social inclusion has been increasingly used as an outcome measure, to test the effectiveness of complex interventions, especially in the field of global mental health.

This presentation will focus on: (1) current definitions and controversies in research on social inclusion for and with people with mental ill-health; (2) measuring social inclusion; and (3) the evidence-base of interventions to improve social inclusion. Special attention will be given to recovery-oriented interventions in global mental health such as peer support.

In summary, over the last years, impressive conceptual and methodological advances have been made to transform policy rhetoric into meaningful and effective interventions. However, challenges remain, including consensus on culturally appropriate measurement of social inclusion, and balancing the roles and responsibilities of all stakeholders (service users, mental health service providers, wider society) across the entire exclusion-inclusion continuum to promoting social inclusion and mental health.

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S0095

Clinical, physiological and cerebral effects of a remote adapted physical activity program in patients with schizophrenia

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Abstract: Background: Physical activity (PA) has emerged as an interesting adjuvant non-pharmacological intervention in patients with schizophrenia (SZPs). The vast majority of programs are face-to-face without considering the patients' physiological capacities and their difficulty to achieve the programs. The aim of this study was to demonstrate the efficacy of PA on clinical variables and brain plasticity. Its originality was to adapt PA on the cardiorespiratory and physical capacities (APA) and to deliver PA remotely by a videoconference coach (e-APA).

Methods: This longitudinal study included 35 SZPs (DSM-5) randomized either in an e-APA group or in a control group (health education training (e-HE)). Both programs were delivered in the same conditions, remotely via the web with a professional, for two 60-minute sessions per week during 16 weeks. Cardiorespiratory capacity measured by VO₂max, clinical symptoms assessed with PANSS, BNSS and SNS, total hippocampus (HCP) volumes and their subfields, were evaluated in pre- (session 1) and post-interventions (session 2). High-resolution T₁-weighted and two high-resolution T₂w brain volumes were proceeded at session 1 and 2 (MRI 3-T, Philips). ANCOVAs were performed to determine intervention and/or diagnostic effects on relative variation (RV) of cardiorespiratory capacity, clinical symptoms and HCP volumes.

Results: The retention rate of SZPs in the study was 88.6%. SZPs of e-APA group presented a greater RV of VO₂max (+7.3%) compared to SPZs-HE (-3.9%) (p = 0.024). No significant effect of the e-APA compared to the e-HE was demonstrated regarding the RV of the clinical symptoms. However, between 1 and 2 sessions, total PANSS scores, positive and general PANSS sub-scores significantly decreased in both groups while total SNS and BNSS scores only decreased in e-APA group. Finally, a positive and greater RV of the left subiculum volume was observed in e-APA (+3.4%) compared to e-HE (-2.5%) (p = 0.0005).

Conclusion: This study is the first one demonstrating the feasibility and acceptability of a remote APA program in SZPs with high participation rates. Our results show that e-APA induces brain plasticity reflected by an increase of HCP subfield volume and

improves the cardiorespiratory capacity in SZPs. This study underlines that remote APA represents an innovative, original, safe and effective adjunctive therapeutic strategy in schizophrenia.

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S0096

Woman aspects of behavior addiction, including gambling

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Abstract: Behavioral addictions, also known as non-substance or non-drug addictions, refer to a range of compulsive behaviors that individuals engage in despite the negative consequences that result from these behaviors. Research on behavioral addiction in women has shown that women are at a higher risk for certain types of behavioral addictions, such as shopping addiction and internet addiction, compared to men. Studies suggest that women may be more susceptible to these types of addictions because of social and cultural factors, such as societal expectations of women to be nurturing and caregiving, which may lead them to use these behaviors as a form of coping mechanism. There is also evidence that women are more likely to experience shame and guilt as a result of their addiction, which can make it more difficult for them to seek help and support. Gambling among women has traditionally been less common than among men however, this trend is changing. Survey have shown that the number of women who gamble is on the rise, and that they are becoming increasingly diverse in terms of age, income, social background. Research studies have found that the rate of problem gambling among women is lower than men, but that women tend to develop gambling problems more quickly than men. This is thought to be due to a number of factors, including women's greater vulnerability to stress and depression, as well as the fact that women are more likely to have a history of trauma or abuse. Overall, research on behavioral addictions among women is still a relatively new field, and there is a need for more studies to be conducted in order to better understand the unique factors that contribute to the development of these types of addictions in women.

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S0097

The association between loneliness and psychiatric symptomatology in older psychiatric outpatients

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Abstract: Purpose: loneliness in adults increases with age. Although loneliness has been found to be associated with psychiatric disorders and dementia, no information is available on prevalence of loneliness in older psychiatric patients. Given the negative

consequences of loneliness for morbidity and mortality, identification of specific populations vulnerable to loneliness is important. The aims of the present research were to examine prevalence of loneliness in older psychiatric outpatients, including gender differences and associations with psychiatric disorders and with social situation.

Methods: interviews were done in 181 patients from an outpatient clinic for geriatric psychiatry between September 2013 and February 2018, using questionnaires regarding loneliness, depression, anxiety, frailty and alcohol use.

Results: prevalence of loneliness was as high as 80%. Loneliness was associated with having less social contacts, in women only. There were no associations with DSM-IV-TR-classifications. However, loneliness was associated with higher scores on a depression questionnaire. There were no significant differences in intensity of treatment between lonely and non-lonely participants.

Conclusion: Loneliness is highly prevalent in older psychiatric outpatients, with men and women equally affected. Loneliness should be assessed in all older psychiatric patients, especially when they show high scores on symptom checklists or have a restricted social network.

Reference: Schutter et al. (2022) The association between loneliness and psychiatric symptomatology in older psychiatric outpatients. *Journal of Geriatric Psychiatry and Neurology* 35: 778-788.

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S0098

Personal recovery, clinical recovery and patient-rated measures

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Abstract: This talk will cover two common areas of confusion. First, the relationship between personal recovery and clinical recovery will be described, using recent meta-analytic evidence. It will be argued that personal recovery is not the same as clinical recovery, and that there is now an established policy and practice consensus that supporting personal recovery is the primary aim of mental health systems. Traditional clinical recovery-oriented treatments which target for example symptomatology or relapse prevention can for many people with mental health issues contribute to their recovery at points in their lives, but for others different approaches are needed. This variation in clinical need is addressed in the second area – patient-rated measures. The rationale for measures of experiential knowledge will be given. A distinction will be drawn between Patient-rated outcome measures (PROMs) and Patient-rated experience measures (PREMs), and between peer-developed patient-generated PROMs (PG-PROMs) compared with those developed by non-peer research teams. It will be argued that modern mental health systems should be judged by their impact on recovery, as measured using PROMs and PREMs in preference to staff-rated measures.

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