

EPV0961

Clinical and cognitive factors associated to insight in first psychotic episodes

T. Gonzalez Salvador^{1*}, I. Cabello Rojano², S. Boi¹, R. Gutierrez Labrador³ and P. R. Capilla⁴

¹Psiquiatría, Hospital Universitario Puerta de Hierro; ²Medicina Interna, Hospital Infanta Sofía; ³Psiquiatría, Hospital Universitario Infanta Sofía and ⁴Psiquiatría, Hospital La Paz, Madrid, Spain

*Corresponding author.

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Introduction: Insight is a field of interest in psychosis, due to its influence on the course and prognosis of the disease and as well as adherence to treatment.

Objectives: The present work aims to evaluate the influence of cognitive and psychopathological variables on awareness of illness in first psychotic episodes.

Methods: It is a cross-sectional study of a sample of 26 patients with diagnosis of a first psychotic episode admitted in a Brief Hospitalization Unit, who have been evaluated using the Positive and Negative Symptom Scale (PANSS), the Screening for Cognitive Impairment (SCIP) and the Scale of Non-awareness of Mental Disorder (SUMD).

Results: A positive correlation was found between SUMD and negative PANSS (the worse insight, the greater negative psychopathology) and between the level of cognitive performance and the awareness of having negative symptoms (affective blunting, anhedonia and associability) and their attribution to the disease.

Conclusions: This findings suggest the importance of addressing awareness of negative symptoms from the first episodes in psychoeducational family therapy and rehabilitation programs, taking into account that this process is hindered by the cognitive dysfunctions.

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Spontaneous mentalizing in patients with schizophrenia – a meta-analysis

T. Csulak^{1*}, R. Herold¹, G. Berke², Z. Sipos², K. Farkas², P. Hegyi², T. Tényi¹ and A. Hajnal¹

¹Department of Psychiatry and Psychotherapy and ²Institute for Translational Medicine, University of Pécs, Pécs, Hungary

*Corresponding author.

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Introduction: Mentalizing helps us to understand the behaviour of others in our everyday social interactions. Spontaneous mentalizing without explicit instructions refers to representing mental state attribution. Several studies have described social cognitive deficit in schizophrenia, which largely determines the functional outcome of the disease.

Objectives: To better understand the involvement of spontaneous mentalizing in schizophrenia, we consider it important to summarize the results of studies that used indirect instruction to measure spontaneous mentalizing performance in schizophrenia.

Methods: In our meta-analysis, we conducted a systematic search of four large databases (MEDLINE, EMBASE, Cochrane Central Register of Controlled Trials [CENTRAL], Web of Science). A total of 14 articles were involved.

Results: Based on our findings, the performance of patients with schizophrenia is significantly weaker than in the average population for both scripts with mentalizing interactions (MD: -0.63; 95% CI (-0.90, -0.35); p=0.0021), and with goal-directed movements (SMD: -0.55; 95%CI (-0.97, -0.13); p=0.02). The intentionality of expressions used by patients with schizophrenia is significantly lower compared to the average population (for both animations with complex social interactions: MD: -0.99; 95% CI (-1.39, -0.59); p=0.0003; and with goal-directed movements: MD: -0.31; 95% CI (-0.53, -0.08); p=0.0218). We have found no significant difference neither in appropriateness nor in intentionality of verbal terms between the two groups in the case of animations with random movements.

Conclusions: Based on the meta-analysis, we found poorer performance in schizophrenia in spontaneous mentalizing. We also found poorer performance in tasks with goal-directed movements used as control tasks, suggesting a more pervasive impairment of mentalizing in schizophrenia. These deficits may affect the functional outcome of the disease and could potentially have therapeutic implications.

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The role of resilience and coping behavior in schizophrenia in the prevention of psychosis relapse

V. Mitikhin*, M. Kuzminova and L. Alieva

Department of Mental Health Services, Mental Health Research Centre, Moscow, Russian Federation

*Corresponding author.

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Introduction: According to scientific sources, personal resources in the form of resilience, stress coping skills play an important protective role in the prevention of psychosis recurrence. Weakening the psychological capacity of the patient and increasing stress are risk factors for psychosis.

Objectives: To study the protective role of such personal resources as resilience and coping with stress in schizophrenia, as well as the influence of negative symptomatology and psychosociorehabilitation intervention on these factors.

Methods: Clinical-psychopathological, statistical, and psychometric methods were used (Alfimova-Golimbet's resilience scale, Amirkhan's coping strategies questionnaire, and PANSS). Patients of two groups participated in the study: 1 - members of a community organization (OO), n=49, who in addition to psychopharmacotherapy were given comprehensive long-term psychosociorehabilitation (3.7±2.5 years), 2 - patients of the medical-rehabilitation department of a psychiatric hospital (MRO), n=48, in whom the psychosociorehabilitation intervention was shorter (40.3±6.5 days).

Results: The results of the study showed that significant predictors of a favorable course of the schizophrenic process were high indicators of resilience, coping behavior, and a small degree of negative