

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

Disclosure of Interest: None Declared

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.

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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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