



**Disclosure:** No significant relationships.

**Keywords:** analytical-cathartic therapy; ACTA; psychotherapy; neurotic disorders

#### EPV0559

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

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doi: 10.1192/j.eurpsy.2021.2079

**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 SSD through quantitative measures.

**Methods:** A total of 83 participants with SSD were recruited at the in- and outpatient facility of the Charité – Universitätsmedizin Berlin in Germany. Participants completed the Southampton Mindfulness Questionnaire, Comprehensive Inventory for Mindful Experiences, and Freiburger Mindfulness Inventory, the Depression, Anxiety, Stress Scale, and the World Health Organization Quality of Life Questionnaire. PROCESS analysis examined the relationship between mindfulness and quality of life and the mediating role of depression and anxiety.

**Results:** Indicated a significant positive association between mindfulness and physical health, psychological and environmental quality of life. Depression and anxiety were found to mediate this relationship, with higher depression and anxiety

scores being related to lower mindfulness and quality of life. In this relationship, however, depression was found to be the stronger predictor.

**Conclusions:** 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

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### 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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doi: 10.1192/j.eurpsy.2021.2080

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

**Objectives:** 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 [ $F_{(1, 52)} = .014, p = .907$ ]. 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  $d = 0.097$ ).

**Conclusions:** These medium effect-size results confirm previous findings of our research team indicating cognitive flexibility improves after ACT but not after MER.