ing to high relapse rates and also can influence the attitudes and beliefs of mental health professionals (MHP).

Objectives –assess the beliefs of MHP;
–assess perception of illness in patients with MHD.

Aims Contribute to treatment adherence of patients with MHD, through developing adequate strategies to their needs.

Methods In this cross-sectional study, we use a convenience sample of patients with MHD attending in the mental health departments of three general hospitals in Lisbon great area. Data is being collected through individual interviews. We have applied clinical and socio-demographic questionnaire and additional measures to assess symptom severity, treatment adherence and attitudes towards medication. For MHP, we used a optimism scale (ETOS), Difficulty Implementing Adherence Strategies (DIAS); Medication Alliance Beliefs Questionnaire (MABQ).

Results Two convenience samples were composed by 150 patients with MHD (mean age: 39.7; SD ± 9.8) and 65 MHP (mean age: 37.0; sd 8.3) working in a variety of settings is being collected. From the perspective of patients, the most important reason for adherence is to accept the illness (54,7%, $n = 82$). 50.8% ($n = 33$) of MHP believes that if patients are unmotivated for treatment, adherence strategies are unlikely to be effective. 43.1 ($n = 28$) of MHP agrees that if patients do not accept their illness, any adherence strategies that result.

Conclusion With this study, we expect to gain further knowledge on the factors related patients and MHP that might influence compliance and, therefore, contribute to the development of effective strategies to promote treatment adherence in MHD.

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A neuropsychological group rehabilitation program with institutionalized elderly

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Introduction Elderly institutionalization involves an emotional adaptation and the research shows that the risk of depression increases.

Objectives Evaluate the impact of a neuropsychological group rehabilitation program (NGRP) on depressive symptomatology of institutionalized elderly.

Aims NGRP influences the decrease of depressive symptoms.

Methods Elderly were assessed pre- and post-intervention with the Geriatric Depression Scale (GDS) and divided into a Rehabilitated Group (RG), a Waiting List Group (WLG), and a Neutral Task Group (NTG).

Results In this randomized study, before rehabilitation, 60 elderly people (RG; 80.31 ± 8.98 years of age; 74.2% women) had a mean GDS score of 13.33 (SD = 9.21). Five elderly included in the NTG (80.13 ± 10.84 years; 75.0% women) had a mean GDS score of 10.60 (SD = 4.72). Finally, 29 elderly in the WLG (81.32 ± 6.68 years; 69.0% women) had a mean GDS score of 14.93 (SD = 6.02). The groups were not different in GDS baseline scores (F = 0.74; $P = 0.478$). ANCOVA has shown significant differences ($P < 0.05$) in GDS scores between the three groups after 10 weeks. Sidak adjustment for multiple comparisons revealed that elderly in the WLG got worse scores in GDS, comparing with elderly in RG ($P < 0.01$), and with elderly in NTG ($P < 0.05$).

Conclusions Elderly that are not involved in a task get worse in depressive symptomatology. Being involved in a structured group task means lower depressive symptoms and being in a NGRP means even greater results.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Cognitive training using a web-based tailor-made program for first-episode psychosis patients: An exploratory trial

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Introduction Cognitive deficits are a core feature of the first psychotic episode patients and could be an obstacle to functional ability. Cognitive stimulation could be a promising method to surpass neuropsychological deficits.

Objectives –to implement an online training protocol to stable first psychotic episode outpatients;
–to assess adherence to the intervention;
–to measure neurocognitive, psychopathological and functional outcomes pre- and post-training.

Aims To investigate the feasibility of an online-based resource for cognitive stimulation (COGWEB®) and explore possible benefits in different domains.

Methods Fifteen patients were enrolled from the Early Psychosis Intervention Program (PROFIP) at the Department of Psychiatry of Santa Maria Hospital, Lisbon. The training consisted on 30-40-minute online sessions performed every weekday during 6 months at home. Assessments were performed at baseline and after program completion and included: psychopathological scores; personal and social functioning scores; Clinical Global Impression and a neuropsychological battery.

Results Every participant had some kind of impairment on baseline. Mean training time was 36 h. Six patients left the program before completion (half of them because they got employed). The program showed overall good feasibility and safety with no reported significant psychiatric occurrences or hospitalizations. Results regarding final neuropsychological, psychopathological and functioning showed a tendency for stability or improvement on an individual case analysis.

Conclusions Our results show that cognitive training using an online-based stimulation software is a feasible intervention for first-episode psychosis patients with possible benefits for this population. However, results should be analyzed very carefully because of different participant trajectories and of study limitations.

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Effectiveness and factors predicting success of therapeutic patient education in obese patients candidates for bariatric surgery

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