

Results: In terms of reducing emergency room use, patients in each treatment group experienced a significant decrease with medium effect sizes ($p < .001$ for both, $d = .768$ for MBT and $d = .640$ for DBT). In terms of reducing hospitalizations, the MBT group had a significant decrease ($p < .05$) with a medium effect size ($d = .568$) whereas the DBT group had a non-significant decrease ($p = .595$) with a negligible effect size ($d = .140$).

When we compare both therapies, no significant differences were found between them in terms of reductions in emergency room use ($p = .358$) and hospitalizations ($p = .195$), as well as dropout rates ($p = .743$). Image 2 further illustrates the dropout trends in the first year of treatment for both groups in intervals of 3 months.

Hospitalizations were rare in our population, which may hinder the validity of results containing this variable. In absolute numbers, total emergency room visits decreased from 119 to 37, whereas hospitalizations were reduced from 24 to 12. Drop-out rates before entering treatment were high (20.6%), as it was during treatment for both therapies (around 30% in the first year of treatment).

Image:

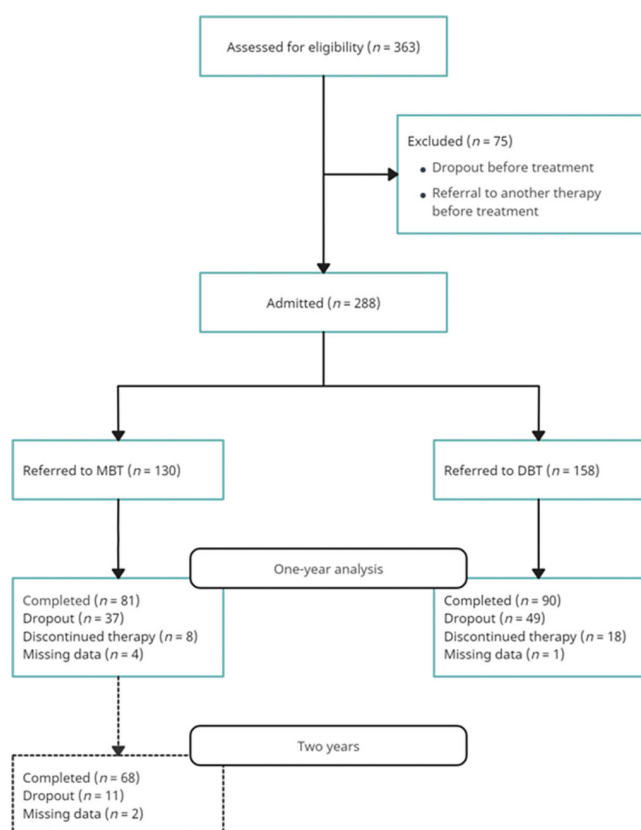
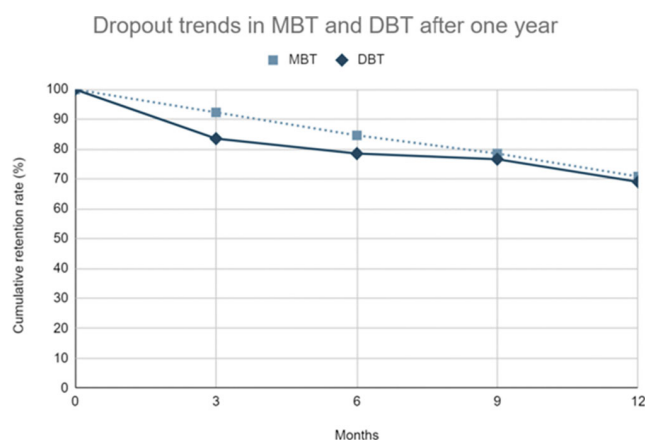


Image 2:



Conclusions: This study emphasizes that both DBT and MBT are linked to a reduction in service use over time. Dropout rates in both treatments are also similar to other studies. Therefore, future research should investigate the factors that can help clinicians guide individuals with PDs towards the type of therapy that is most suitable for them.

Disclosure of Interest: None Declared

Rehabilitation and psychoeducation

O0024

The improvement of mental and physical health of people with severe mental disorder: one-year efficacy of a lifestyle experimental intervention

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Introduction: Patients with severe mental disorders have a significantly reduced life expectancy than the general population, often resulting from the increased prevalence of cardiovascular and metabolic diseases. Reasons include unhealthy lifestyle behaviours, reduced access to screening programs and adverse effects of many psychotropic drugs.

Objectives: Our goal is to assess the efficacy of a psychosocial group intervention promoting healthy lifestyle behaviors compared to a brief psychoeducational group intervention in terms of improvement of severity of psychiatric symptoms and perceived quality of life, and a series of anthropometric and hematological parameters.

Methods: This is a multicenter randomized controlled trial. Patients between 18 and 35 years of age with a diagnosis of schizophrenia and other primary psychotic disorders, unipolar depression and bipolar disorder were recruited. Exclusion criteria

were inability to perform moderate physical activity, pregnancy and breastfeeding and impaired cognitive functions.

Results: 401 patients were recruited and randomly assigned to receive the experimental intervention (LIFESTYLE) or a behavioural control intervention. About 57% of the sample were female, with a mean age of 45.8 ± 11.8 , and BMI of 32.5 ± 5.5 . All of them were receiving almost one psychotropic drug. At one year, we observed a reduction in HOMA-IR index (from 4.3 ± 5.5 to 3.1 ± 2.9 , $p < 0.01$) and triglycerides (from 162.5 ± 78.1 mg/dL to 131.4 ± 76.0 mg/dL, $p < 0.001$), as well as an increase in HDL (from 46.2 ± 14.6 mg/dL to 50.9 ± 26.7 mg/dL, $p < 0.05$). Moreover, a reduction in the values of BPRS “Affectivity” (from 8.7 ± 3.0 to 7.2 ± 2.5 , $p < 0.001$), “Activity” (from 4.7 ± 1.9 to 4.2 ± 1.3 , $p < 0.01$) and “Negative Symptoms” subscale (from 7.7 ± 3.1 to 7.0 ± 2.7 , $p < 0.001$) was also observed, along with an improvement in perceived quality of life (MANSA total score from 4.0 ± 1.0 to 5.3 ± 0.8 , $p < 0.01$).

Conclusions: The results support the evidence that the LIFESTYLE intervention has long-lasting positive effects on physical and mental health of people with mental disorders. More efforts need to be done in order to increase the availability of these treatments in routine clinical settings.

Disclosure of Interest: None Declared

O0025

Sport-based psychosocial interventions for people suffering from severe mental disorders: EASMH pilot actions from 4 European Countries

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Introduction: The *European Alliance for Sport and Mental Health* (EASMH) is a partnership of scientific institutions, charity associations and sport organizations, funded by EU-Erasmus+. It aimed at developing good clinical practice in psychiatric rehabilitation through sport-based interventions as an integration of pharmacological and psychological therapies. Within the framework of the EASMH projects, several actions have been promoted including an assessment of the dissemination of sport-based interventions, a training course for specialized coaches and the implementation of pilot actions in four European Countries.

Objectives: To briefly describe EASMH pilot actions performed in Finland, Italy, Romania and United Kingdom, where trained coaches delivered sport-based interventions to patients with severe mental disorders.

Methods: After completing pilot actions, charity associations and sport organizations belonging to EASMH network described general and specific aims, sport activities, composition of staff, timing and tools for assessing the outcomes.

Results: In Italy, “Crazy for Rugby”, including adolescents and young patients, and “Not only headshots”, a football project for adults with severe mental disorders were performed. In UK, a football-based activity called “Imagine Your Goal” and a walking-football program for participants aged more than 40 were delivered. In Romania, two courses including gymnastics, yoga and pilates called “Get fit!” were provided. Different team sport-based activities were implemented in Finland, where “Multiple Sport Group” and “Rehabilitating Sports” aimed at increasing patients’ autonomy. Assessment of psychopathological, social, cognitive and sport/fitness outcomes confirmed the overall beneficial effects of sport on mental health.

Conclusions: Pilot actions represent the final step of EASMH project, which showed improvement of mental health outcomes by also delivering sport-based rehabilitation to patients with severe mental disorders. Institutions and stakeholders are now called to promote the implementation of such initiatives on a broader scale.

Disclosure of Interest: None Declared

Research Methodology

O0026

Geographical variation in compulsory mental health care: cause for concern and source of causal inference

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Introduction: Compulsory mental health care remains a controversial practice. The many difficulties in performing Randomised Controlled Trials (RCT) on the topic means there is limited evidence to support its effectiveness. For ethical and legal reasons, compulsory mental health care should only be used when necessary. Yet, geographical variations, which can indicate both overuse and underuse, have been observed. In the funded research project “Controversies in Psychiatry” we intend to use this variation as a source of knowledge production. We propose that this naturally occurring variation mimics randomisation, and can therefore permit causal inference from registry data.

Objectives: We will estimate the causal effect of compulsory inpatient mental health care on a range of outcomes, including injuries, self-harm, and all-cause mortality; violent crime; employment vs benefit allowance; rehospitalisation and outpatient commitment.

Methods: Observed variation in register data on all episodes of compulsory inpatient mental health care in Norway between 2015-2016 ($N \approx 300\,000$), will serve as a source of as-random variation. Provider-preference for compulsion usage will be used as an instrumental variable (IV).

Results: Outcomes will be observed from 2017-2025. If assumptions underlying IV-analysis do not hold, the project will still provide important and complete descriptive data on long-term outcomes for a whole population.