

based on DSM-5 criteria to classify participants as having or not having major depressive disorder.

Given the paired nominal data, McNemar’s test was employed for analysis

Results: A total of 507 caregivers were recruited, including 349 women. The average age of the participants was 58.0 years (SD = 9.0). At the beginning 14.6% of participants had a diagnosis of major depressive disorder. Fourteen sessions later this rate decreased to 5.7% (McNemar’s test, p-value < 0.00001)

Conclusions: The annual prevalence of depression in the general population is approximately 5%, indicating a threefold over-representation among caregivers participating in the program. This rate of over-representation is consistent with other studies utilizing the CES-D, which also captures subclinical depression. Given the implications of depression for participants’ physical health, this underscores the need for systematic investigations aimed at providing support. The Profamille program, which employed specific cognitive behavioral techniques in a group setting, resulted in a significant reduction in depression rates over 14 sessions, bringing the final rates more in line with those of the general population. These findings suggest that the program effectively normalized the prevalence of depression. However, the absence of a control group limits our ability to assess the natural progression of depressive symptoms without program participation

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Systematic Review and Meta-Analysis of Cognitive Behavioral Social Skills Training for Schizophrenia

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Introduction: Schizophrenia is a major cause of severe global functional disability with negative symptoms that greatly affect functional outcomes. These symptoms are divided into expressive (e.g., facial affect and voice tone) and experiential (e.g., amotivation and asociality) dimensions.

Objectives: This study assessed the effectiveness of Cognitive Behavioral Social Skills Training (CBSST) in enhancing functioning in individuals with schizophrenia. It examined the link between defeatist performance attitudes and functional changes post-CBSST.

Methods: We conducted a comprehensive search of PubMed, Embase, and Cochrane databases up to September 2024 for studies comparing CBSST with standard treatments for schizophrenia. We calculated the mean or standardized mean differences (MDs and SMD) for continuous outcomes along with 95%

confidence intervals (CIs). Heterogeneity was evaluated using the I² statistics.

Results: Our review included 7 studies with 462 patients, of whom 219 (47.4%) received CBSST. There were no significant differences between the groups regarding positive symptoms (SMD 0.19, 95% CI -1.01 to 0.64, I² = 95; Figure 1A), negative symptoms (SMD -0.84, 95% CI -1.85 to 0.17, I² = 93; Figure 1B), Depression Scale scores (SMD 0.18, 95% CI -0.20 to 0.57, I² = 62; Figure 1C), or the Independent Living Skills Scale (MD 0.05, 95% CI 0.04 to 0.06, I² = 0; Figure 2). However, the independent living skills scores were significantly lower in the control group.

Image 1:

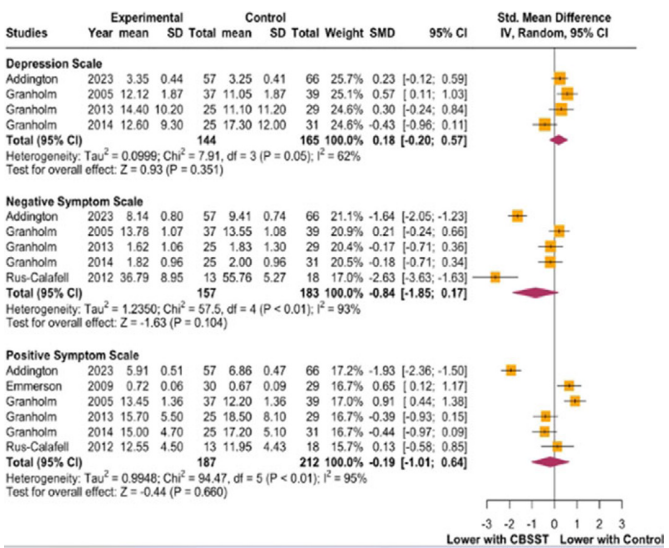
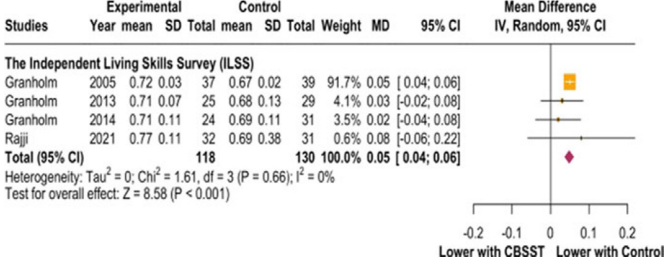


Image 2:



Conclusions: CBSST is effective in enhancing functioning in individuals with schizophrenia. Along with other supportive goal-oriented interventions, it can alleviate symptom distress, boost motivation and self-esteem, and enhance life satisfaction. Individuals with severe defeatist performance attitudes may experience the greatest benefit from cognitive-behavioral approaches that target functional improvements.

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