

## SP0008

**Predictors of Adherence and Response to Exercise Interventions in Schizophrenia**

L. Röll

Psychiatry and Psychotherapy, LMU Hospital, Munich, Germany  
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**Abstract:** Exercise can be considered a feasible and efficient add-on treatment in schizophrenia. However, there remain two major challenges with regard to feasibility and efficiency: First, drop-out rates during exercise programs appear to be relatively high, ranging between 30 to 80 percent. Second, only between 30 and 50 percent of patients clinically respond to exercise interventions. Hence, we aimed to identify factors that predict adherence and response to exercise programs in people with schizophrenia. Based on data from 180 patients with schizophrenia enrolled in the Enhancing Schizophrenia Prevention and Recovery through Innovative Treatments (ESPRIT) C3 study, we examined clinical baseline characteristics that may predict study completion and number of attended trainings (adherence), as well as clinically relevant improvements in symptomatology and functioning (response). We found that only levels of functioning at baseline, but not symptom severity, cognitive functioning, or physical health, predicted adherence. Further, we provide preliminary evidence suggesting that patients with higher cognitive abilities and higher education who performed regular exercise already prior to the study participation were more likely to respond. To conclude, our findings indicate that exercise is particularly helpful for a subgroup of patients characterized by higher levels of functioning, higher cognitive abilities and education, and more pronounced affinity to exercise. Future studies should additionally include environmental, genetic, and neural data to predict adherence and response to exercise.

**Disclosure of Interest:** None Declared

## SP0007

**Telepsychiatry as catalysts for equitable Mental Health Care in Intellectual Disabilities**

K. Krysta

Department of Rehabilitation Psychiatry, Medical University of Silesia, Katowice, Poland  
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**Abstract:** Telepsychiatry has emerged as a transformative force in the field of mental health care, addressing disparities in service delivery and increasing access to care. This exploration focuses on the role of telepsychiatry in achieving equitable mental health care for individuals with intellectual disabilities (ID). Intellectual disabilities affect millions globally, posing significant public health challenges. This vulnerable population encounters numerous barriers in accessing quality mental health care, including geographical isolation, limited transportation options, and a shortage of specialized providers. Telepsychiatry offers a promising solution,

leveraging technology to overcome these challenges. The presentation reviews the current landscape of mental health care for individuals with intellectual disabilities and the specific barriers they encounter. It highlights the potential benefits of telepsychiatry, including increased availability of specialized care, reduced geographical barriers, and enhanced caregiver support. Ethical considerations and best practices associated with implementing telepsychiatry in the context of intellectual disabilities are discussed. Case studies and success stories illustrate how telepsychiatry positively impacts individuals with intellectual disabilities and their families. In conclusion, telepsychiatry plays a promising role in promoting equitable mental health care for individuals with intellectual disabilities. Embracing technology and adopting best practices pave the way for a more inclusive and accessible mental health care system, leaving no one behind.

**Disclosure of Interest:** None Declared

## SP0008

**Teleassistance Telerehabilitation Services for urgent mental health needs of people with Intellectual and Developmental disabilities**

M. O. Bertelli

CREA (Research and Clinical Centre), San Sebastiano Foundation, Misericordia di Firenze, Florence, Italy  
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**Abstract:** Persons with intellectual disability (PwID) and/or autism spectrum disorder with high support needs (ASD-HSN) have resulted to be among the most vulnerable populations to COVID-19 and distress factors associated to the measures for containing its spread. Many health, rehabilitation, and assistance needs were managed through the use of telemedicine, specifically teleassistance (TA) and telerehabilitation (TR), with regard to the prevention and treatment of the epidemic illness as well as the continuity of care required for the condition of developmental disability and co-occurring physical or mental disorders. TA and TR can function either directly or indirectly with the PwID/ASD; in the latter case, a family member, a regular caregiver, or a technician provides local mediation. This paper examines the most common TA and TR activities, along with their requirements, applications, and goals. All of these activities should be in line with the overarching goal of each customized therapy and rehabilitation plan, which is to enhance and support the quality of life for people with intellectual and developmental disabilities.

Studies on TA and TR efficacy for PwID/ASD are limited, especially concerning adulthood. The scant research that is currently available demonstrates efficacy in maintaining or marginally enhancing cognitive, adaptive, and vocational skills. In addition to managing both routine and unusual activities as well as critical episodes, family members and other caregivers reported feeling more empowered about their educational and interpersonal abilities with the PwID/ASD. The primary benefits over traditional in-person services have been found to be greater