

## EV1115

**Voluntary and involuntary admission to a subacute psychiatric hospitalization unit**

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**Introduction** Involuntary admissions continue to be a controversial topic in psychiatry. However, it is well known that psychosocial rehabilitation treatment is more successful when the patient is involved in it improving awareness and adherence to treatment.

**Objectives** This study examined admissions patterns, including voluntary, involuntary, and partly voluntary admissions to a subacute psychiatric hospital.

**Methods** This is a transversal study. All patients admitted for a medium-term psychiatric treatment since 01/06/2014 to 30/11/2015 were included. Patients's basic sociodemographic and clinical data were collected and compiled in a database. Descriptive statistics were performed using SPSS Software.

**Results** A total of 88 patients (52% men; mean age: 48.6 years) composed the sample. In 58% of cases, schizophrenia and schizoaffective disorder were the diagnoses motivating the admission. Among 88 patients, 44 (50%) had voluntary admissions, 16 (18.2%) had involuntary admissions, 27 (30.7%) had partly voluntary admissions and just one patient (1.1%) had partly involuntary admissions. Seventy-one (80.1%) patients had voluntary admissions at discharge, and only one of them escape from hospital and did not finish the treatment.

**Conclusions** In the short term involuntary hospitalization has benefits, however also can have adverse long-term consequences for the patient-therapist allegiance, breaking the psychotherapeutic relationship and making the patient abandon treatment. It's important to reassess the condition of admission and work with the patient the need to engage in treatment.

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

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## EV1116

**Analysis of the elapsed time since a patients' disease is diagnosed till they come to a rehabilitation center**

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**Introduction** The elapsed time since a patients' disease is diagnosed till these patients come to rehabilitation centers is usually long. In this study in our sanitary area, we have checked the average length of time since the patient is diagnosed till they come to the rehabilitation center.

**Objectives** To calculate and analyze the years of evolution of the disease in patients who come to the rehabilitation center in the Talavera area during year 2014. Classify them by sex.

**Methods** Retrospective cross-sectional descriptive study. We carried out a register of all the patients who come to the Psychosocial and labor Rehabilitation center in 2014. Classified them by sex, and the time lapsed since they were diagnosed until 2014.

**Results** From all 135 patients: 92 men (68.15%) and 43 women (31.85%). Less than 2 years of evolution: 1 patient (1%) 1 men, 0 women; between 2 and 5 years of evolution: 7 patients (5%) 5 men, 2 women; between 6 and 10 years evolution: 13 patients (10%) 7 men, 6 women; more than 10 years: 114 patients (84%).

**Conclusions** It is evident that the number of patients increases proportionally to the number of years since the diagnosis. The majority of patients who come to the center (84%) were diagnosed more than 10 years ago. This leads us to wonder why the patients in our sanitary area with recent diagnosis of diseases such as schizophrenia do not come to the mentioned centers earlier.

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## EV1117

**The social cognition individualized activities lab: Implementation of a new remediation intervention for social cognition**

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**Introduction** People with schizophrenia exhibit deficits in neurocognitive and social cognitive (SC) processes which limit their social reintegration. SC was found to mediate in part the impact of neurocognitive dysfunctions on real-life functioning.

**Objective** The purpose of this study was to implement a new intervention for patients with schizophrenia, the Social Cognition Individualized Activities Lab (So.C.I.A.L.) which trains both social cognition and neurocognitive functions.

**Aims** To determine the efficacy of the So.C.I.A.L. in improving SC by a comparison with a validated cognitive remediation (CR) intervention: the Social Skills And Neurocognitive Individualized Training (SSANIT).

**Methods** Nine stabilized patients accepted to participate in this pilot study. Five were randomized to So.C.I.A.L. and 4 to SSANIT. The two programs were matched for the overall treatment duration (20 weeks), as well as frequency and duration of the sessions. Both interventions included individual sessions of neurocognitive individualized training; So.C.I.A.L. included group sessions on Emotion Recognition and Theory of Mind, while SSANIT group sessions of Social Skills Individualized Training.

**Results** No group difference was found for changes in neurocognition, while a significant group effect was observed for changes in SC, due to improvement only in the So.C.I.A.L. group.

**Conclusions** The study results showed a specific effect of the So.C.I.A.L. on SC, beyond the effect on neurocognition. Further studies are needed to assess the impact of So.C.I.A.L. on real-life functioning in a larger group of subjects.

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

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## EV1118

**Advantages and obstacles for community based approach using case management method in the work with users that have psychotic disorders – Case study**

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