

(PTGI), the Brief Resilience Scale, and the Brief Cope (BC) were used to measure STS, VPTG, resilience, and coping strategies, respectively.

Results: Nurses in Greece demonstrated high levels of STS at the first lockdown, significantly lower in the second one, which raised again -but not significantly- in the third lockdown. Resilience significantly decreased, whereas VPTG significantly increased across the three lockdowns. Following the escalation of the pandemic nurses in general used significantly more adaptive and less maladaptive coping strategies to deal with the crisis.

Conclusions: Further research is needed to clarify the longitudinal course of the negative and positive psychological effects of the pandemic on healthcare staff. Conclusions can guide the development of interventions to safeguard nurses from the deleterious impacts of the COVID-19 and support them in their process of growth.

Disclosure: No significant relationships.

Keywords: coping strategies; Vicarious Posttraumatic Growth; Covid-19 pandemic; Secondary Traumatic Stress

Schizophrenia and other Psychotic Disorders 06

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Peripersonal space plasticity in Schizophrenia: a motor training.

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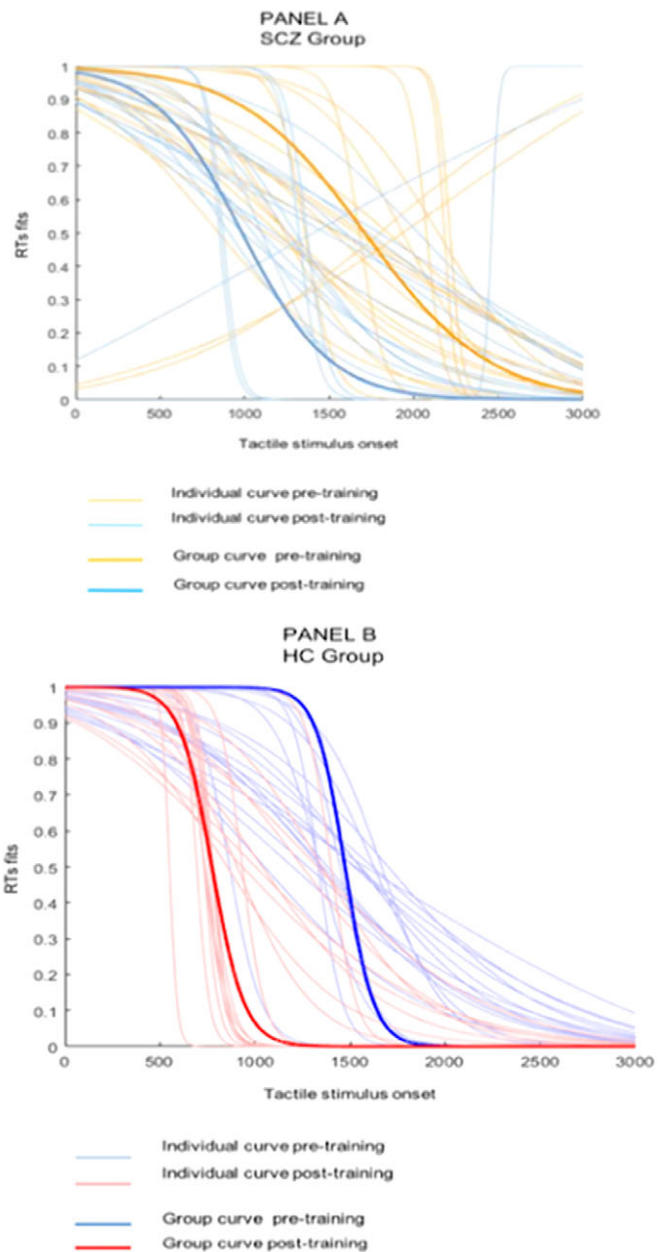
Introduction: A primary disruption of the bodily self is considered a core feature of schizophrenia patients (SCZ). The “disembodied” self would be underpinned by an inefficient body-related multi-sensory integration mechanism occurring in the Peripersonal Space (PPS). PPS is a plastic sector of space surrounding our body, whose extent is altered in SCZ. Although PPS represents a malleable interface marking the perceptual border between self and others, no study has investigated the potential alteration of its plasticity in SCZ.

Objectives: We investigated the PPS extension and its plasticity in SCZ and their potential correlations with the clinical scales.

Methods: Thirty SCZ and thirty healthy controls (HC) underwent a multisensory task to estimate PPS boundary before and after a motor training. Patients were also administered the Positive And Negative Syndrome Scale (PANSS) and the Examination of Anomalous Self-Experience (EASE).

Results: Data confirm a narrower PPS extent in SCZ than in HC, whereas no differences in PPS expansion was found in the two groups after the motor training (Figure 1). Positive symptoms

were associated directly with PPS extent and inversely with PPS plasticity. No associations were found between PPS and EASE domains. Figure 1: Graphical representation of PPS expansion in SCZ and HC. Both panels show individual normalized sigmoid fits



Conclusions: The present study suggests a narrower PPS extent and a preserved PPS plasticity in SCZ with respect to HC. Both PPS extent and plasticity are related to the severity of positive symptoms. These results highlight the potential role of rehabilitation interventions in order to improve patients' weakened body boundary.

Disclosure: No significant relationships.

Keywords: schizophrenia; motor training; Psychosis; peripersonal space