

Introduction: Electroconvulsivotherapy (ECT) one of the oldest treatments in biological psychiatry, is used nowadays mainly due to safety, efficacy and tolerability. Can be first-line treatment for mood disorders with catatonic or psychotic symptoms, and a second-line treatment to pharmacotherapy resistance or intolerable side effects.

Objectives: To analyze the number of ECTs done, the number of patients submitted to this procedure in the ECT Unit in Centro Hospitalar Lisboa Norte (CHULN) comparing their diagnosis. To evaluate the number of patients that underwent maintenance and/or continuation treatment.

Methods: Retrospective study involving patients submitted to ECT from 1 of January to 31 of December of 2019. A literature review exploring the use of ECT in psychiatry was conducted.

Results: During the 12-month period were performed 179 sessions, corresponding to 18 patients. The diagnosis were schizophrenia, 55%, bipolar disorder, 39% and 6% with major depression. Only 28% underwent continuation and/or maintenance treatment.

Conclusions: In this sample, of those diagnosed with schizophrenia, 90% were submitted to ECT due to oral therapy failure and 10% due to catatonia. Of those diagnosed with bipolar disorder 42.9% had a depressive episode and of these 14.2% had psychotic symptoms. This Unit is integrated in the biggest hospital of Portugal, it is important to understand the small number of patients submitted to this treatment and identify factors that may be preventing the referral of patients to this treatment. Clinicians may have the impression that ECT should be left as a last resort treatment which may explain the low percentage of major depression among our patients.

Disclosure: No significant relationships.

Keywords: Electroconvulsive therapy; schizophrenia; ECT; Major Depression

O243

Psychiatric rehabilitation: An innovative program of integrative neurocognitive remediation therapy for patients with cognitive dysfunction

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Introduction: Neurocognitive dysfunction is associated with important socio-professional consequences and diminished quality of life. In the Neurocognitive Remediation Clinic of the Centre Hospitalier Universitaire Brugmann (Brussels, Belgium), patients suffering from neurocognitive dysfunctions related to common mental disorders (e.g. psychotic, mood, adjustment disorders) are considered for Neurocognitive Remediation Therapy (NCRT), combining personalized computerized cognitive training and strategy training, with group sessions of physical rehabilitation and cognitive behavior therapy.

Objectives: This cross-sectional study aims to assess the efficacy of a 12 week (1day/week) NCRT program organized within the day clinic.

Methods: Patients who completed the NCRT between March 2018 and June 2019 were eligible to participate. Efficacy was assessed using the cognitive failure questionnaire (CFQ) and a 17-item

questionnaire assessing daily functioning. Current scores on the CFQ were compared to the scores before and after NCRT. Additionally NCF was retrospectively assessed through the neuropsychological test results before and after NCRT.

Results: Of the eligible 38 patients, 27 consented to participate (18 women/9 men); median age was 52 years, range (29-61); median time since stop NCRT was 7 months, range (4-17). Twenty patients (80%) reported improvement in daily function. Subjective neurocognitive function improved significantly immediately after NCRT ($t=2.681$, $df=23$, $p=0.013$) and remained stable at time of assessment ($t=2.775$, $df=24$, $p=0.011$). After NCRT at least 1 neuro-psychological subtest normalized in 25 patients (96.15%). Divided attention, long-term visual memory and planning improved in respectively 80%, 75% and 75% of the patients.

Conclusions: Our innovative integrative program improves neuropsychological performances and sustainably ameliorate subjective neurocognitive and daily function.

Disclosure: No significant relationships.

Keywords: Rehabilitation; Neurocognitive function; daily function; remediation therapy

O244

Involving families in psychiatric treatment and rehabilitation

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Introduction: Psychiatric rehabilitation promotes recovery in individuals with mental disabilities. Its mission is to engage patients and families or caregivers in a collaborative treatment process. The vision of recovery is more likely to become a reality when patients and families are actively involved in treatment. Numerous factors have converged during the past decades to facilitate development and refinement of evidence-based approaches for strengthening families coping with mental disorders.

Objectives: To review current knowledge on the importance of involving families in psychiatric treatment and rehabilitation, addressing effectiveness of family interventions, role of family coping skills in neutralizing stress and vulnerability, and family burden of mental illness.

Methods: Non-systematic review of literature through search on PubMed/MEDLINE database for publications up to 2020. Textbooks were consulted.

Results: Given the unpredictability of major mental disorders, families assume responsibility for extensive monitoring and supervision of a severely and chronically mentally ill relative. Clinical, social, family and economic benefits are achieved by adding psychosocial family interventions to a comprehensive array of services required by patients. Family interventions are not stand-alone modalities: they are coordinated with pharmacotherapy, illness management, crisis intervention, clinical case management, skills training and supportive services. Family interventions show benefits, such as fewer psychotic/affective episodes of exacerbation or relapse by the patient, reduced hospitalizations and improved family morale and less emotional burden.

Conclusions: The new and effective family interventions do not stigmatize families as being 'sick' or in need of therapy to 'straighten them out'. Family interventions are viewed as conferring added therapeutic protection to the patient and relatives.

Disclosure: No significant relationships.

Keywords: family interventions; psychiatry; recovery; Rehabilitation

Research methodology

O245

Phase space dynamics of eye-movement deficits in psychiatric patients

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Introduction: Eye movement deficits in psychiatric patients have often been investigated with linear models, which fail to fully capture the complex dynamics characterizing eye movements.

Objectives: The present work aims to investigate the deficits in fixational eye movements in psychiatric patients according as non-linear chaotic dynamic.

Methods: We recruited 191 patients (91 males, average age 45 years) diagnosed with schizophrenia, bipolar disorder, depression and personality disorder. The control sample consisted of 22 healthy subjects (12 males, mean age 41 years). Fixational eye movements were recorded with the Eytribe infrared system and off-line analyzed using Matlab. The dynamics of fixation eye movements were investigated using a phase space graph, which refers to chaotic system analysis. This analysis allows to evaluate how the changes in space during fixation as a function of their speed.

Results: A major difference emerged: psychiatric patients showed larger and faster eye movements gravitating around a single point of density, while control subjects exhibited slower and smaller eye movements with multiple drifts and microtremors.

Conclusions: In conclusion, the dynamics of fixational eye movements in psychiatric patients seemed to be characterized by poorer efficiency in space exploration. These differences could be attributed to a worse coordination between the perceptual and the oculomotor system.

Disclosure: No significant relationships.

Keywords: inpatients; chaotic system analysis; space exploration; Fixational eye movements

O246

Early screening of autism spectrum disorder in general and pediatric practices, nurseries and early child care centers: Kitcat french study protocol using a two-stage procedure

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Introduction: Early screening of children at-risk to develop Autism Spectrum Disorder (ASD) needs to be improved to propose early interventions. This detection should allow diagnosis of ASD before the age of 3. An early screening performed at the general practitioner of the family should facilitate accessibility to diagnosis and a better collaboration between professionals.

Objectives: Our primary objective is to estimate the positive predictive value of an early detection kit composed of 2 questionnaires (First screening: M-CHAT-R/F™ + CSBS DP™-ITC) and a confirmation of the detection with a phone call by a neuropsychologist. Patients with confirmed positive M-CHAT-R/F™ and/or CSBS DP™-ITC scores are referred to a level 2 team for pre-diagnosis and diagnosis assessment.

Methods: The KitCAT study is a cohort study of 1,700 children aged 16 to 24 months seen in routine care in general or pediatric practices, or in nurseries and child care centers.

Results: Seven hundred and five children have already been enrolled in the study. Twenty nine patients, ie 4.1%, (with a confirmed positive M-CHAT-R/F™ and/or CSBS DP™-ITC scores) were referred to a level 2 team where a pre-diagnosis assessment was conducted by using the following test: ADI-R, ADOS 2, BLR, WPPSI-IV and Vineland II. The diagnosis of ASD (using the same test than the pre-diagnosis) was confirmed for the first two patients aged of 3.

Conclusions: The preliminary results confirm that the use of 2 questionnaires may optimize the reliability of the screening. A thousand children are still needed for the final analysis and further results are expected.

Disclosure: No significant relationships.

Keywords: questionnaires (M-CHAT-R/F™ + CSBS DP™-ITC); autism spectrum disorder; early screening; Neurodevelopmental disorders

O247

A french adaptation of the vineland adaptive behavior scales VABS-II

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Introduction: For populations with intellectual disability and autism spectrum disorder, it is essential to complete cognitive assessment with an adaptive behavior scale.

Objectives: To translate VABS-II from English to French and establish norms for the French population.