

screening procedures for individuals reporting specific vulnerabilities and treatment strategies tailored on patients' needs.

**Disclosure:** No significant relationships.

**Keywords:** complexity; integrated treatments; psychosis; vulnerability

## Cognitive remediation in schizophrenia: New evidences and future perspectives in the digital era

S0177

### Effectiveness of cognitive remediation in schizophrenia: What works and what does not work?

A. Vita<sup>1</sup>, G. Deste<sup>2</sup>, A. Ceraso<sup>3</sup>, G. Nibbio<sup>3</sup> and S. Barlati<sup>1</sup>

<sup>1</sup>Department Of Clinical And Experimental Sciences University Of Brescia, And Department Of Mental Health And Addiction Services, Spedali Civili Hospital, University of Brescia, Brescia, Italy;

<sup>2</sup>Department Of Mental Health And Addiction, ASST Spedali Civili di Brescia, Brescia, Italy and <sup>3</sup>Department Of Clinical And Experimental Sciences, University of Brescia, Brescia, Italy

\*Corresponding Author.

doi: 10.1192/j.eurpsy.2021.148

**Introduction:** Cognitive function in schizophrenia is one of the main elements related to functional outcomes. Although there is enough evidence that cognitive remediation (CR) is beneficial, there is still a limited understanding of how the active therapy ingredients contribute to brain changes and translate into improved real-world functioning.

**Objectives:** Identify neurobiological, psychopathological, cognitive, and functional CR response or resistance predictors in schizophrenia, considering both cognitive and functional outcomes.

**Results:** We still lack a precise understanding of how CR produce its effects with different programs, different numbers of sessions, with and without a therapist. CR exerts its maximal benefit when delivered in the context of psychiatric rehabilitation, but it is not yet clear what are the mechanisms of integrated treatment effectiveness. Only a few studies have looked for the relationship between CR response or resistance and the biological, socio-demographic, clinical and cognitive features in schizophrenia. The current knowledge on efficacy predictors of CR is sparse and include: age, illness duration, premorbid adjustment, baseline cognitive performance, intrinsic motivation, hostility, disorganized symptoms, neurobiological reserve, genetic polymorphisms, antipsychotics amount, the type of CR, etc. All of these limitations may have contributed to the poor implementation of CR in national and international guidelines, as well as in clinical practice.

**Conclusions:** It is important that future research shift from studies of group efficacy to individual efficacy of treatments, in the perspective of precision medicine. Issues related to individual effectiveness predictors and interactions between specific pharmacologic, specific CR technique and individual patients' characteristics should be further addressed.

**Disclosure:** No significant relationships.

**Keywords:** schizophrénia; cognition; cognitive remediation

S0180

### Cognitive remediation in the era of new technologies: Applications and innovations

T. Wykes

Department Of Psychology, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, United Kingdom  
doi: 10.1192/j.eurpsy.2021.149

Most cognitive remediation therapies now involve computer presentation that differ in their level of sophistication and incorporation of gaming technology. But sophistication doesn't seem to affect the benefits as few outcome differences have been noted. Rather there seems to be a need for some interaction between a therapist and client with two recent meta-analyses reporting this therapist effect. For the large-scale roll-out of cognitive remediation this poses a problem – how do we train these therapists? We know that training or at least educational background is important, so we need clear training packages and supervision. Covid-19 has also given us a greater challenge as it has limited our face-to-face interactions. To remove these two challenges we can use technology. For training we need online processes to increase training availability and for a lack of face to face contact we can provide the bridge with suitable platforms which allow the sharing of screens. Both would ensure that cognitive remediation is available to a wider group, although that requires overcoming the digital divide often experienced by people with a diagnosis of schizophrenia. The tools and the training programme issues are discussed with reference to some initial data.

**Disclosure:** No significant relationships.

**Keywords:** cognitive therapy; schizophrénia; cognitive remediation; psychological therapy

### Symposium with the European Institute for Women's Health: Mental health of women: What can we do to improve it?

JS0001

#### Mental health and human rights of women

M. Amering

Department of Psychiatry and Psychotherapy, Medical University of Vienna, Vienna, Austria  
doi: 10.1192/j.eurpsy.2021.150

**Introduction:** Mental health stigma and discrimination interact with gender inequality and the discrimination of women and girls to their mental health detriment.

**Objectives:** Present and discuss the challenges and opportunities of a human rights based approach to womens' mental health.

**Methods:** Non-systematic review of policy and practice of human rights based interventions for womens' mental health.

**Results:** Current mental health as well as gender equality legislation converge towards the realization of longstanding demands of equality for women as well as for persons with mental health problems: removal of barriers, respect and enablement of autonomy, renewed efforts toward effective inclusion in all spheres of life.