

Methods: Fifty-four adults with schizophrenia were randomly divided into two intervention and control groups. Participants in the intervention group received 30 sessions of 5-45 minutes of computerized cognitive training in addition to the usual treatment programs. While the control group only received their usual rehabilitation programs (Pharmacotherapy, psychotherapy and occupational therapy).

Mental health was evaluated with Warwick-Edinburgh Mental Well-Being Scale and Depression-Anxiety-Stress Scale (DASS), and cognitive functions with CANTAB tests Batteries before the intervention, after and two months after the intervention (follow up). The set of CANTAB tests used in this study included the following tests: Spatial Recognition Memory (SRM), Paired Associates Learning (PAL), Stockings of Cambridge(SOC), Spatial Working Memory (SWM), and Spatial Span (SSP).

Results: The analysis of the findings showed that the patients' performance in the cognitive tests related to memory and executive functions improved significantly in the intervention group after the intervention. In problem solving skills, despite the better performance in the intervention group, the difference between the two groups was not significant. Also, the intervention was able to significantly improve mental health and reduce stress. But no significant difference was observed in reducing anxiety and depression.

Conclusions: As a result, the study showed that 30 sessions of computerized cognitive training can have a positive effect on overall mental health and some cognitive functions.

Disclosure of Interest: None Declared

EPV0887

Cognitive Speech Therapy Protocol directed to Autistic Spectrum Disorder (PROFOCO-ASD): construction stage

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Introduction: Autism Spectrum Disorder (ASD) is considered a neurodevelopmental disorder characterized by changes in cognitive aspects that influence the process of social communication development in these individuals. The Speech-Language Pathologist is the professional qualified to evaluate and intervene in cases of language impairment, however, there are few accessible cognitive assessment instruments. The Cognitive Speech Therapy Protocol (PROFOCO) is a questionnaire to assess cognitive aspects directed to children with a clinical diagnosis of Autism Spectrum Disorder (ASD).

Objectives: The present study aims to present the construction phases of the Cognitive Speech Therapy Protocol aimed at Autistic Spectrum Disorders (PROFOCO-ASD), with emphasis on the panel of experts.

Methods: The Cognitive Speech Therapy Protocol was prepared as a PhD thesis in the area of Rehabilitation Sciences at the Faculty of Medicine of the University of São Paulo (FMUSP). This is a

questionnaire to investigate cognitive aspects aimed at children between 2 and 12 years old, diagnosed with Autism Spectrum Disorder, to be applied by a speech therapist and answered by parents or guardians. The construction of the protocol took place in 4 stages: experience of the authors, review of updated literature, a pre-test applied in person to 10 parents and guardians of children with ASD and the panel of experts where the protocol was analyzed by 3 specialists from area of speech therapy linked to USP AND UNIFESP, with experience in language and in the construction of protocols as criteria for selection, which analyzed the content of the questions, the vocabulary, the structure of the protocol and the answer

Results: The authors' experience in the construction process made it possible to observe the need to introduce issues involving the adequate state of brain regulation, conditions for reception, analysis and storage of information and conditions for programming, regulation and execution of activities. The updated bibliographic review made it possible to elaborate each question based on scientific evidence. The pre-test made it possible to analyze the understanding of the proposed questions, the vocabulary used and the time required for application. The expert panel provided an analysis of the content and vocabulary, leading to relevant changes in its general context, demonstrating the importance of the expert panel phase in the development of a reference protocol.

Conclusions: The present study demonstrates the importance of the expert panel phase in structuring a screening instrument, since a different perspective from people involved in the language area can give more clarity to the questions, as well as the vocabulary used, ease of a protocol capable of being understood by a population in different contexts, its vision also evolves, in different regions.

Disclosure of Interest: None Declared

Research Methodology

EPV0888

Insights into Early Onset Dementia: a protocol for an 8-year nationwide retrospective study using administrative data

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Introduction: Early-onset dementia (EOD) is defined as any type of dementia with an onset before the age of 65. Despite its profound impact on patients and their families, EOD has garnered less attention when compared to late-onset dementia (LOD), often resulting in its underestimation. In comparison to LOD, EOD

commonly manifests with atypical and heterogeneous symptoms, encompassing mainly non-memory problems, ranging from language and executive impairments to behavioral-led dysfunction. Despite the importance of accurate data to organize appropriate healthcare, evidence regarding EOD patients in Portugal is lacking.

Objectives: The primary aims of this study include identifying the causes for hospitalization in EOD patients, diagnosed with dementia either as a primary or secondary diagnosis, and comparing them with inpatients aged 65 and older (LOD). Additionally, the study aims to analyze key hospitalization outcomes for both groups, including length of stay, in-hospital mortality, and readmissions. As a secondary aim, this study seeks to describe subtypes of EOD.

Methods: A retrospective observational study will be conducted following the RECORD statement. Data will be retrieved from an administrative database that gathers de-identified routinely collected hospitalization data from all Portuguese mainland public hospitals. Hospitalization episodes of inpatients younger than 65 years old, with a primary or secondary diagnosis of dementia (ascertained by ICD-9-CM codes 290.0-290.4, 294.0-294.2, 331.0, 331.1, and 331.82), will be extracted. Comparison patients will be selected by propensity score-matching from inpatients over 65 years with a dementia ICD-9-CM code (in any position), matched for Charlson Comorbidity Index (CCI).

Results: Descriptive and analytical statistics will be conducted to describe and characterize both group of inpatients. Variables such as age at admission, sex, place of residence, causes and type of admission, psychiatric comorbidities, length of stay (LoS), destination after discharge, readmissions, in-hospital mortality and hospital charges will be analyzed.

Conclusions: With this nationwide analysis of EOD hospitalizations, we aim to reveal critical aspects of this condition, including common causes of admission, diagnostic features and health outcomes, allowing for appropriate medical interventions and support tailored to the specific needs of this clinical group.

Disclosure of Interest: None Declared

EPV0889

Prevalence and impact of comorbid mental disorders in hospitalized patients with obstructive sleep apnea: a protocol for a nationwide retrospective study

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Introduction: Obstructive sleep apnea (OSA) is a common sleep disorder in the adult population, often associated with an increased prevalence of comorbid conditions such as obesity and diabetes, but

also several mental disorders that have been independently associated with worse hospitalization outcomes in a variety of situations. However, and despite such associations, there is a relative dearth of studies exploring comorbid psychopathology beyond depression and anxiety, and no studies seem to address the impact of comorbid mental disorders on the hospitalization outcomes of patients with OSA.

Objectives: This study aims to characterize and compare mental comorbidities among hospitalization episodes of adult patients with and without OSA held in mainland Portugal, regardless of the primary cause of admission, and to analyze the impact of such comorbidities on hospitalization outcomes.

Methods: An observational retrospective study will be conducted using an administrative database comprising de-identified routinely collected discharge data from all Portuguese mainland public hospitals. Inpatient episodes spanning from 2008 to 2015 will be categorized into two groups according to the presence of an OSA code (ICD-9-CM codes 780.51, 780.53, 780.57, 327.20 and 327.23). For both groups, mental disorders will be identified according to categories 650 to 670 of the Clinical Classifications Software (CCS) for ICD-9-CM. Descriptive, univariate, and multivariate analyses will be performed. Study reporting will comply with the RECORD statement guidelines.

Results: Out of 6,072,538 sampled episodes, 57,301 have an OSA code. Prevalence of any comorbid mental disorder is 30.4% in the OSA group, and 19.3% in the non-OSA group. For both groups, sociodemographic, administrative, and clinical variables will be characterized and compared, as well as the prevalence of each mental disorder category, yearly hospitalization trends, and most common primary diagnoses. Hospitalization outcomes, including length of stay, in-hospital mortality, and readmissions, will be compared taking into consideration the presence of CCS categories of mental disorders.

Conclusions: We expect to improve the understanding of the prevalence of mental comorbidities among hospitalized patients with OSA, including understudied mental disorders, and to elucidate their impact on relevant hospitalization outcomes, thus highlighting the need to recognize and treat this common association to achieve optimal outcomes.

Disclosure of Interest: None Declared

EPV0890

Methods and experiences of a collaborative research project carried out by academic clinical researchers and experts by experience

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Introduction: Patient or service user participation in research and development is seen as essential in health research, including in