

literacy levels, adherence to therapeutic regimen and QoL in individuals with HIV, after 12 months of implementation of a psychosocial rehabilitation program [biweekly sessions].

**Methods:** We will perform a single-group pre-experimental study with pre- and post-intervention evaluation, supported by the participatory methodology in health.

**Results:** This study has received ethical approval from the local IRB. Data collection will start in November 2021 and will be completed in November 2022.

**Conclusions:** Through a multidisciplinary approach, this study will allow the development of health interventions articulated with psychosocial interventions based on various educational and behavioural strategies, promoting literacy and adherence to the therapeutic regimen.

**Disclosure:** No significant relationships.

**Keywords:** mental health; PSYCHOSOCIAL REHABILITATION; Recovery; vulnerable population

## EPV1280

### Comparative study of treatment adherence, treatment-related attitudes, and background factors in schizophrenia spectrum and bipolar patients

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**Introduction:** Previous research confirmed high rates (20–89%) of non-adherence to medication among psychotic and bipolar patients. Results suggests that positive attitude to treatment has the highest influence on patients' adherence and significant differences between treatment related attitudes and treatment adherence of psychotic and bipolar patients were found.

**Objectives:** The aims were to compare treatment related attitudes and treatment adherence between psychotic (schizophrenia spectrum) and bipolar patients; to evaluate the relationship between treatment related attitudes, illness perceptions and health locus of control in psychotic and bipolar populations.

**Methods:** Treatment attitude was evaluated with the Drug Attitude Scale (DAI). Treatment adherence was rated by doctors on Clinical Global Impression (CGI) Scale. Illness perceptions were evaluated with the Illness Perception Questionnaire for Schizophrenia (IPQS) and health locus of control with the Multidimensional of Health Locus of Control Scale –Form C (MHLC) at the end of inpatient care.

**Results:** Number of participants was 51. Data indicated more positive treatment attitude in bipolar patients than in psychotic patients. MHLC scores indicated significant role in symptoms control for chance ( $p=0,042$ ) and „powerful” persons ( $p=0,011$ ) in psychotic patients. IPQS scores indicated that bipolar patients rather have perceptions about treatment influencing symptoms than psychotic patients. Treatment related attitudes were strongly influenced by perceptions about controllability of symptoms by treatment.

**Conclusions:** Bipolar patients had more positive treatment attitude and perceptions about effectiveness of treatment on symptoms. This illness perception about controllability of symptoms by

treatment was the strongest determinant of positive treatment attitude in this study.

**Disclosure:** No significant relationships.

**Keywords:** bipolar disorder; medication adherence; schizophrénia

## EPV1281

### Psychosocial interventions for cardiac surgery patients: continuity at clinical stages

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**Introduction:** More often, cardiac surgery patients (CSP) receive systematic psychological aid after surgery. However, their need for psychosocial interventions in the perioperative period is underestimated.

**Objectives:** The goal is to determine the stages of psychosocial interventions for CSP that could cover the whole period of their treatment and rehabilitation.

**Methods:** Analysis of scientific papers and practical experience gained in cardiologic clinic allowed dividing the system of psychosocial interventions for cardiac surgery patients into periods in accordance with actual stages of medical aid for CSPs.

**Results:** According to the principles of personalized approach, we determined six consecutive semantically different stages of psychosocial interventions: out-of-hospital pre-surgery, in-hospital pre-surgery, early post-surgery, in-hospital post-surgery, post-surgery rehabilitation, and out-of-hospital rehabilitation. They have different duration and cover the whole period of treatment and rehabilitation of CSPs beginning with the moment of indication to surgery up to the complete rehabilitation and full adaptation to their post-surgery somatic condition. Each stage has its own goals, main objectives and expectations. Duration of the stages is conditional and can change depending on the nature of every clinical situation.

**Conclusions:** Determination of clinical stages in the process of psychosocial interventions for CSPs gives ground for selecting optimal psychological methods and techniques for each stage and sets exact goals, achievement of which becomes possible only through a properly organised work of an interdisciplinary team of specialists.

**Disclosure:** No significant relationships.

**Keywords:** psychosocial interventions; perioperative period; psychological methods and techniques; cardiac surgery patients