

EPP0834

Current Evidence on Virtual Reality–Based Interventions for the Treatment of Mental Disorders

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Introduction: Virtual reality (VR) enables immersion in an interactive digital world with realistic experiences, that can be applied for controlled and personalized interventions.

Objectives: This presentation aims in summarizing the current research on VR in the treatment of mental disorders.

Methods: Selective literature search in PubMed and Google Scholar.

Results: An increasing number of publications report the therapeutic application of VR for the treatment of mental disorders. Most VR applications are based on established therapy approaches, such as exposure therapy. According to meta-analytic data, virtual exposure therapy (VRET) for specific phobia and agoraphobia with panic disorder is as effective as traditional in vivo exposure therapy. VRET for the treatment of social phobia is significantly more effective than waitlist and placebo control groups with, however, currently inconsistent metanalytic results when compared to in vivo exposure therapy. VRET for the treatment of posttraumatic stress disorder (PTSD) is similar in effectiveness compared to active psychotherapy. For psychosis, positive results have been reported for the VR-based treatment of auditory verbal hallucinations. For patients with a substance use disorder, VR can induce craving, with still unverified diagnostic and therapeutic relevance.

Conclusions: VRET can broaden the psychotherapy options for anxiety disorders. Encouraging results of VR-based treatments for psychosis and PTSD indicate the need for further research concerning its effectiveness and safety. In the field of substance use disorders, evaluation of clinical-orientated VR applications is needed.

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EPP0835

Using Best-Worst Scaling to assess preferences for online psychological interventions to decrease cannabis use in young adults with psychosis

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Introduction: In individuals with first episode psychosis (FEP) and cannabis use disorder (CUD), reducing cannabis use is associated with improved clinical outcomes. Access to evidence-based psychological interventions to decrease cannabis use in FEP clinics is highly variable; E-mental health interventions may help to address this gap. Development of E-interventions for CUD in individuals with FEP is in its incipient phases.

Objectives: To assess preferences for online psychological interventions aiming at decreasing or stopping cannabis use in young adults with psychosis and CUD.

Methods: Individuals aged 18 to 35 years old with psychosis and CUD were recruited from seven FEP intervention programs in Canada and responded to an electronic survey between January 2020-July 2022. We used the Case 2 Best Worst Scaling methodology that is grounded in the trade-off utility concept to collect and analyse data. Participants selected the best or worst option for each of the nine questions corresponding to three distinct domains. For each domain we used conditional logistic regression and marginal models (i.e., three models in total) to estimate preferences for attributes (e.g., duration, frequency of online intervention sessions) and attribute levels (e.g., 15 minutes, every day).

Results: Participants (N=104) showed higher preferences for the following attributes: duration of online sessions; mode of receiving the intervention; method of feedback delivery and the frequency of feedback from clinicians (Table 1). Attribute-level analyses showed higher preferences for participating once a week in short (15 minutes) online interventions (Figure 1). Participants valued the autonomy offered by online interventions which aligns with their preference for completing the intervention outside the clinic and only require assistance once a week (Figure 2). Participants' preferences were higher for receiving feedback related to cannabis consumption both from the application and clinicians at a frequency of once a week from clinicians (Figure 3).

Table 1. Preferences for Attributes. Results of conditional logistic regression

Attributes	Domains	OR	95% CI for OR
Duration session	A	1.62	1.45; 1.82
Frequency sessions		0.98	0.87; 1.09
Duration intervention			ref
Preferred mode of receiving the intervention	B	1.63	1.46; 1.83
Preferred location for participating		1.07	0.96; 1.20
Frequency of assistance from the clinician			ref
Preference for the feedback delivery method	C	1.21	1.08; 1.36
Frequency of feedback from the treating clinician		1.14	1.02; 1.28
Frequency of feedback from the application			ref

Note: In boldface significant odds ratios (OR) and confidence intervals (CI)