

## EPP0108

**Coercion rates in different mental health care models: flexible assertive community treatment vs care as usual**

A. Tomcuk<sup>1\*</sup>, V. Roganovic<sup>2</sup>, K. Tomcuk<sup>3</sup>, S. Dedovic<sup>2</sup>,  
T. Djuriscic<sup>4</sup> and J. Dedovic<sup>1</sup>

<sup>1</sup>Special Psychiatric Hospital Kotor, Kotor; <sup>2</sup>Health Center Budva, Budva; <sup>3</sup>Special hospital Risan, Kotor and <sup>4</sup>Institute for Public Health of Montenegro, Podgorica, Montenegro

\*Corresponding author.

doi: 10.1192/j.eurpsy.2023.446

**Introduction:** In 2018, within the Horizon 2020 program, RECOVER-E project activities were initiated in Montenegro. During the years 2019 and 2020 Community mental health team (CMHT) within the Special Psychiatric Hospital Kotor was established. This team became responsible for management of treatment of a group of users with severe mental health illnesses, based on the principles of „Flexible Assertive Community Treatment (FACT – A Dutch model).

**Objectives:** The main objective of this research was to establish whether there were substantial differences regarding the use of seclusions, restraints and forced medication during the hospital readmissions in the group of patients treated by the CMHT, compared to usual mental health care in Montenegro.

**Methods:** A sample of 202 users of mental health services from Kotor and surrounding municipalities were recruited. Patients were randomized into two similar-sized groups - intervention group, whose treatment was managed by the multidisciplinary CMHT, and control group where treatment as usual was continued (out-patient treatment without field work and hospital readmissions during the psychotic relapses).

To estimate and follow-up the frequency of application of coercive measures in this research, hospital documentation was used.

**Results:** Patients in the intervention group had statistically significant less coercive intervention (such are mechanical restraining, seclusions, isolations and forced medication) during the study. There were no significant differences in the number of hospital days and readmission rates.

**Conclusions:** This study showed that CMHT care could reduce some of the coercive measures during the treatment of severe mental illnesses.

**Disclosure of Interest:** None Declared

## EPP0109

**Peculiarities of the anhedonia phenomenon in schizophrenic and affective disorders**

A. Barkhatova\* and M. Popov

Department of endogenous mental disorders and affective states, Mental health research center, Moscow, Russian Federation

\*Corresponding author.

doi: 10.1192/j.eurpsy.2023.447

**Introduction:** Anhedonia is a transdiagnostic psychopathological phenomenon, which is assessed as «core» for several diseases, first of all - schizophrenic and affective spectrum disorders. The problem of clinical features differentiation and identification of anhedonia's neurobiological mechanisms in the structure of the affective

and schizophrenic spectrum disorders is still topical and far from being resolved.

**Objectives:** The aim of the study was comparative research of the relationship between the features of neurocognitive functioning and the manifestations of anhedonia among patients with disorders of the schizophrenic and affective spectra.

**Methods:** The sample consisted of 40 patients, 17 patients with schizophrenic spectrum disorders and 23 patients with affective spectrum disorders were examined. We used next psychometric techniques to research anhedonia: Revised Social Anhedonia Scale (RSAS), The Temporal Experience of Pleasure Scale (TEPS), Physical Anhedonia Scale (PAS). We used following methods to study neuropsychological features: Dynamic praxis; Color interference test; Arithmetic Tasks; Plot picture; Number of skips and impulsive errors; Reverse and straight rows; Verbal fluency; Number of repetitions; Rey-Osterritz figure.

**Results:** Patients with schizophrenia spectrum disorders show lower scores of pleasure anticipation ability and ability to experience pleasure in the social sphere. Neuropsychological indicators of prefrontal cortex dysfunction demonstrate a positive relationship ( $p = 0.035$ ) with the severity of social anhedonia and a negative relationship with the ability to anticipate pleasure. Thalamus and forehead dysfunction indicators mainly show a negative relationship with the ability to directly experience pleasure. Indicators of dysfunction of the parietal, occipital and temporal lobes have single connections with different parameters of anhedonia.

**Conclusions:** Manifestations of different parameters of anhedonia demonstrate their heterogeneity among patients with schizophrenic and affective spectrum disorders. Patients with schizophrenic spectrum disorders have greater difficulty with anticipation of pleasure and the ability to experience pleasure in the social sphere. The ability to anticipate pleasure is more strongly related to prefrontal brain function, whereas the ability to experience pleasure directly is related to subcortical brain function.

**Disclosure of Interest:** None Declared

**Anxiety Disorders and Somatoform Disorders 01**

## EPP0110

**Perceived stress, psychological empowerment and social support among nurses working in psychiatric acute units**

E. Alexos, G. Koulierakis and A. Zartaloudi\*

University of West Attica, Athens, Greece

\*Corresponding author.

doi: 10.1192/j.eurpsy.2023.448

**Introduction:** Perceived stress in the case of health professionals in general and, more specifically, nurses is a frequent phenomenon and occurs when the demands of the clinical environment exceed the available resources in order for nurses to manage the problems that arise.

**Objectives:** The objective of our study was to investigate the relationship between social support and psychological empowerment with perceived stress of nurses working in psychiatric acute units.