their diagnosis (I — F20.x, II — F21.x, III— F2x+HIV); BPRS (Overall & Gorham, 1962) – to assess psychiatric status, RSAS (Eckblad et al., 1982) – to assess anhedonia. Dispersion analysis (Kruskal and Mann–Whitney tests), Spearman and Pearson correlation were used.
Results: Patients with comorbid HIV-infection showed increased level of perceived stigma, although they resisted the stigma internalization better than others did (Table 1).

Table1. Differences in stigma structure (M±S.D.)	F21.x(I)	F20.x(II)	F2x+HIV(III)
PDD	2.05±0.43	2.07±0.45	2.42±0.48*
Alienation	2.60±0.49*	2.47±0.57	2.02±0.82
Stigma resistance	2.61±0.34**	2.41±0.47	2.18±0.63
*p<0.05 **p(I–III)<0.05			

Patients with schizotypal disorders and patients at early stages of HIV infection experienced the most alienation and frailty to internalization of stigma (Tables 1, 2).

Table2. Correlations of ISMI, RSAS, and PDD, BPRS indexes, HIV stages (p<0.05)	HIV stage*	PDD	BPRS total score
Social anhedonia		0.5	0.4
Alienation	–0.4		0.6
Stigma resistance	–0.5	0.4	
*Patients being in 2-4 clinical stages of HIV-infection were included in the study			

Correlation relationship between social anhedonia and perceived stigma (r=0.5, p<0.05) observed in patients with HIV infection.
Conclusions: Comorbid HIV infection in psychiatric patients contributes to the psychiatric stigma structure. Differentiated approaches in rehabilitation of HIV-positive mental patients should be used.

Keywords: stigma of mental illness; Internalized stigma; HIV infection; Schizophrenia spectrum disorders

EPP1140

Psychoeducational groups for relatives of patients with cognitive impairment: Effect on the psychological state of caregivers

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Introduction: The Cognitive Disorders Unit carries out sessions of Psychoeducational Groups (PG) for caregivers of patients diagnosed with cognitive impairment (CI). The aim is to educate about the disease, improve the caregiver's self-care and learn how to take better care of the sick.
Objectives: Analyze the profile of the caregivers that participate in PG and assess changes in their psychological state.
Methods: Subjects: 110 caregivers of patients diagnosed with mild-moderate CI who have participated in PG. Methodology: socio-demographic data of the caregiver and patient are collected. The following scales are passed: General-Health-Questionnaire (GHQ-12), Global-Deterioration-Scale, Barthel-Index. 5 sessions of 90 minutes are carried out every fortnight. An opinion questionnaire and the GHQ-12 are administered at the end of the sessions.
Results: 86% of caregivers are women: 37% spouses and 55% daughters; mean age 57; 92% of patients live with the caregiver. 62% of caregivers present some kind of psychological disorder that is significantly reduced (p=0,0003) after some sessions. After PG: 65% of caregivers are able to further enjoy their daily activities 46% improve concentration capacity 42% improve sleeping and mood. Opinion Questionnaire Results: 98% of caregivers are satisfied with the activities, the topics addressed and their applicability.
Conclusions: The participants in PG were mostly daughters of patients, with average age 57, and living in the same household. Participation in PG improves the information and skills of caregivers, and reduces psychological disorders by improving their mood, their ability to concentrate, their quality of sleep and enjoyment of daily activities.

Keywords: psychoeducational; group; relatives; cognitive impairment

EPP1141

Horticultural rehabilitation programme: Effects on schizophrenia

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Introduction: Horticultural therapy is a professional practice that is increasingly used in a lot of mental health rehabilitation programs. This therapy was introduced in the Comunitary Rehabilitation Service of INAD, considering its beneficial results in patients with severe mental disorder in combination with the usual rehabilitation program.
Objectives: We would like to study the benefits of this therapy compared to the usual in our patients.
Methods: This is an explanatory study for the purpose of establishing the association between the application of a Therapeutic Horticulture Program and the Clinical Symptomatology of Schizophrenia. A

research with an experimental design Pre and Post-Test was carried out, by applying a Horticulture Program and evaluating with PANSS after 6 months its effects on the Clinical Symptomatology. The participants of the experimental group were selectively chosen. The only selection criteria were to attend the orchard at least once a week and be diagnosed with a schizophrenic disorder. The control group was chosen according to the number of members that made up the other group, with the criterion that they did not perform any outdoor activities and also had a diagnosis of schizophrenia.
Results: The comparison of the Pre and Post-Test measures in the case of the experimental group reports the presence of statistically significant differences in the scale of positive symptomatology composite scale and general scale.
Conclusions: This psychopathological improvement of those participants open a door to possible applications of this therapy as a psychosocial treatment.

Keywords: schizophrénia; horticultural; Rehabilitation

Research methodology

EPP1142

Evaluation of executive dysfunction in clinical practice-pragmatic challenges and solutions

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Introduction: Executive dysfunction (ED) is an important clinical dimension that need to be evaluated in neurologic and psychiatric disorders, due to this factor's impact over patients functionality, quality of life, and overall prognosis. Working memory, inhibition, set shifting, and fluency are the most widely accepted dimensions of ED. The evaluation of these aspects in clinical practive should be more frequently implemented, because they may offer an image about the patients ability to cope with new situations, stressful events, social challenges being included.
Objectives: To determine the most appropriate methods of ED evaluation in psychiatric practice.
Methods: A literature review was conducted through main electronic databases, and papers published between January 2000 and August 2020 were included in the analysis.
Results: Wisconsin Card Sorting Test (WCST), Halstead-Reitan Neuropsychological Battery, Cambridge Neuropsychological Automated Battery (CANTAB), Wechsler Adult Intelligence Scale (WAIS), and Controlled Oral Word Association Test (COWAT) have been the most frequently cited instruments for ED evaluation. The neuropsychiatric disorders in which ED was recommended in clinical trials were schizophrenia and other psychotic disorders, neurocognitive disorders, bipolar disorders, and major depressive disorders. An integrated approach, that combines initial evaluation and periodic monitoring of symptoms severity, global functioning, quality of life, and ED severity should be considered standard-of-practice for neuropsychiatric disorders.
Conclusions: ED is an important dimension of clinical evaluation in many psychiatric disorders that is useful because the results may correlate to the patients prognosis, quality of life, and overall functional evolution.

Conflict of interest: No significant relationships.

EPP1143

Modern system approach to the diagnosis, therapy and rehabilitation of mental disorders

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Introduction: The current stage of research on mental disorders is associated with the use of system approaches to the development of the scientific foundations of psychiatric care.
Objectives: Approach to solving problems that arise in the diagnosis of psychopathological conditions, assessing their severity, as well as evaluating the effectiveness of psychosocial treatment and rehabilitation.
Methods: Clinical, psychometric, system analysis methods and algorithms of the Analytical Hierarchy Process (AHP) [1] were used.
Results: When assessing a patient's condition and behavior, it is necessary to make decisions (diagnosis, development of treatment and rehabilitation plans) based on heterogeneous information (genetic, neuronal and environmental, involving individual characteristics, as well as family and social context). This information is hierarchically organized and includes quantitative and qualitative data. Exposure at each of these different levels can affect the onset and course of the disease, and therefore should be considered in primary prevention and subsequent psychosocial therapy and rehabilitation of patients. Analysis of the problems of assessing psychopathological states and related psychosocial problems shows that these problems can be presented in the form of appropriate hierarchies, the structure of which must be taken into account when processing the initial information. The main advantages of the AHP include the use of the relationship scale (fundamental scale) for processing heterogeneous data based on expert, clinical information.
Conclusions: The approach provides correct integration of heterogeneous characteristics when considering diagnostic procedures, psychosocial therapy and rehabilitation.1. Mitikhin V.G., Solokhina T.A. S.S. Korsakov Journal of Neurology and Psychiatry, 2019, 2: 49-54. doi:10.17116/jnevro201911902149

Keywords: mental; disorders; system analysis; analytic hierarchy process

EPP1144

Objective risk assessment using a driving computer game

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