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In an escape room with my patient - a hierarchical framework for therapeutic alliance in psychosis

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Introduction: Therapeutic Alliance (TA) is a fundamental aspect of clinical practice, in particular with psychotic patients. In this population, TA has been associated with better clinical outcomes, such as symptomatic and functional impairment reduction and greater life quality. Several aspects have been suggested to negatively interfere with this patient-therapist relationship, including different beliefs about mental health/disease, the role of mental health systems or mental disease-associated stigma. Showing empathy, stimulating metacognition, searching for shared meaning and working as a team seem to be an adequate way to surpass these obstacles - just like we do when we enter an escape room.
Objectives: To understand the importance of TA in the successful clinical management of psychotic patients; and to propose an original hierarchical framework of TA with these patients.
Methods: Review of the scientific literature on the subject and proposal of an original framework of TA with psychotic patients doing an analogy with escape room dynamics.
Results: In an escape room, a team works together to solve a series of mysteries, each leading to another, thus accomplishing one final goal. To do such, every element must agree on the solution to proceed; and there is no access to one level without successfully completing the former.
In a clinical environment with a psychotic patient, such rules may also apply. Although the starting level in each patient-therapist relationship may vary, it is here proposed that proceeding to the next level without at least partial agreement in the previous one may be inefficacious or even counterproductive for the intentions of the therapist.
So, shall we begin?
Level 0 - Who am I? Prior to the encounter with the patient, it is important that the therapist knows himself reasonably well, specially regarding his beliefs, shortcomings and biases in his clinical practice.
Level 1 - What is this? The teamwork starts here. Both therapist and patient must discover why this encounter is happening, what does it mean to be in this medical facility or to be mentally ill, in general.
Level 2 - What is wrong? Trying to understand what is detrimental in the patient's mental health.
Level 3 - What to do? Tailoring a therapeutic intervention to the impairments of the patient.
Level 4 - How to do it? Finding a way to suit the therapeutic intervention to patient's personal preferences and availability.
Level 5 - The way out. Helping the patient escape this room and fulfill his maximum potential in all of the other "rooms" of his life.
Conclusions: TA is indispensable to therapeutic success when dealing with psychotic patients.
There is a need for shared meaning and understanding in multiple aspects of the therapist-patient relationship; an approach that only focus some of these aspects while ignoring others may be ineffective or even detrimental to clinical outcomes.

Disclosure of Interest: None Declared

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Sleep quality in first-episode schizophrenia patients

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Introduction: Sleep disturbances are commonly observed in schizophrenia and are associated with worse psychotic symptoms and poorer clinical outcomes. This has generated considerable interest in characterizing the relationship between disturbed sleep and schizophrenia.
Objectives: The aim of this study is to assess sleep quality in patients recently diagnosed with schizophrenia that are antipsychotic-naïve and to analyze their association with socio-demographic and clinical data in the same patient group.
Methods: We conducted a cross-sectional, descriptive and analytical study among patients in the psychiatry department "G" at Razi Hospital, over a period of six months. Three scales were used: the Global Assessment of Functioning (GAF) Scale, the Positive and Negative Syndrome Scale (PANSS) and the Pittsburgh Sleep Quality Index (PSQI).
Results: The mean age of patients was 26.8 years and 65% were male. The mean age of onset of the disease in patients included in our study was 24.8 years. The majority of patients (96.3%, n=52) were considered poor sleepers (PSQI threshold value >5). We objectified a negative and statistically significant association between patient functioning (total GAF score) and sleep quality (r= -0.277, p=0.043). The PSQI total score was positively and significantly correlated with the negative scale scores (r=0.315, p=0.021), the general psychopathology scale scores (r=0.411, p=0.002) and the PANSS total score (r=0.378, p=0.005); while no significant association was objectified with scores of the positive scale.
Conclusions: Our study has demonstrated a high prevalence of sleep disorders during the first episode of schizophrenia, as well as their association with the severity of symptoms.

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Coherence Abnormalities in Tunisian Schizophrenic patients: case-control study.

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Introduction: Resting state electroencephalogram (EEG) abnormalities in schizophrenia (SCZ) suggest alterations in neural oscillatory activity. However, few studies have examined EEG coherence in this population.

Objectives: Therefore, this study investigated whether these electrophysiological characteristics differentiate schizophrenic patients from healthy controls.
Methods: This was a cross-sectional, descriptive, and analytical case-control study. The selected patients were followed for SCZ at the psychiatry "C" department at the Hedi Chaker hospital of Sfax. Patients were assessed by the Positive and Negative Schizophrenia scale (PANSS) and the Treatment Adherence Scale (MARS). They all benefited from an EEG at the service of functional explorations in Sfax. Student's test was performed to compare the coherence values between groups.
Results: Thirty men including 15 schizophrenic patients and 15 age- and sex-matched controls were included. The average age was 40 years ±12.72 years for schizophrenics and 47.93 ± 15.61 years for healthy controls. Schizophrenics had an average PANSS of 64.6±22.7, and an average MARS score of 5.8 ± 3.09.
In terms of intra-hemispheric coherence, Schizophrenic patients generally exhibited higher coherence at **the Delta band** compared to healthy controls. In contrast, schizophrenic patients appeared to have decreased intra-hemispheric connectivity for other frequency bands, particularly between the frontal and other brain lobes bilaterally.
Conclusions: In this study, we found that the schizophrenic patients had significantly higher coherence in the delta frequency band compared to the normal controls. These findings suggest that EEG can be a sensitive measure for diagnosing SCZ.

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EPV0989

EEG power spectrum analysis for Tunisian schizophrenic patients

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Introduction: Schizophrenia (SCZ) is a common and disabling psychiatric condition. Its diagnosis is entirely clinical. Many researchers have looked into electroencephalogram (EEG) power spectrum analysis for SCZ to find specific abnormalities.
Objectives: The objective of this study was to analyze the EEG of patients with SCZ using power spectral density and to compare them with those of healthy controls, in order to look for specificities.
Methods: This was a cross-sectional, descriptive, and analytical case-control study conducted with patients followed for SCZ in the psychiatry "C" department at the Hedi Chaker hospital in Sfax. Healthy controls were included. Patients were assessed by the Positive and Negative schizophrenia scale (PANSS). All participants benefited from an EEG at rest condition at the service of the functional exploration at the Habib Bourguiba hospital in Sfax. We have measured the powers of each band using Welch power spectral density method called absolute power (AP). Statistical analyses were carried out.
Results: Fifteen schizophrenics and 15 controls, all male, were included. The average age of schizophrenics and healthy controls was 40 years ±12.72 years and 47.93 ± 15.61 years respectively. There were no significant differences in age between patients and controls. Schizophrenics had a mean PANSS of 64.6±22.7.
At the quantitative EEG, differences appeared to be insignificant. There was an overall decrease in AP for the alpha band particularly in the parietal and occipital lobes in schizophrenics (53,16 ± 48,83 μV2 and 75,17 ± 56,28 μV2 respectively) compared to controls (335,15 ± 994,73 μV2 and 400,24 ± 1109,95 μV2 respectively). There was also an overall decrease in AP for the different frequency bands in schizophrenics compared to controls. However, values persisted high in the temporal lobe for all frequency bands.
Conclusions: In conclusion, this decrease in AP for the alpha band in the parietal and occipital lobes in schizophrenics can be a sensitive biomarker for diagnosing SCZ.

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Early detection and intervention of psychosis in children and adolescents in Zurich, Switzerland: Clinical Data from 2017-2022

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Introduction: The construct of a clinical high-risk (CHR) state of psychosis has been established to describe potentially prodromal symptoms which typically appear during adolescence and young adulthood. This is a very sensitive developmental period and the clinical high risk (CHR) is associated with increased functional impairment. To address the specialities in the care for this patient population a specialized outpatient care unit for early intervention in psychosis at the Department of Child and Adolescent Psychiatry and Psychotherapy, Psychiatric University Hospital, of the University Zürich (CAPS) is established. The interdisciplinary team (psychiatrists and psychologists) supports children and adolescents with psychotic disorders or at clinical high risk for developing psychosis. The early intervention service offers specialized assessment, treatment and case management for minors with a first psychosis or CHR-state in an outpatient or inpatient setting as well as by day clinic care.
Objectives: The evaluation main objective was to get a better understanding about this vulnerable patient group. Therefore we analysed the clinical data about CHR-state, comorbid diagnosis, treatment, medication and hospitalisation of the patients who entered the service for early intervention in psychosis.
Methods: Participants who entered the service for early intervention in psychosis were followed up in the years 2017-2021 and descriptive analysis was used to summarize the data. For the evaluation of the risk construct the participants have been classified in "no increased risk", "CHR" or "early onset psychosis" (EOP). Additionally, ICD diagnosis, demographics and treatment (medication, psychotherapy, treatment setting) were assessed. Therapy was either psychotherapy and/or group training called DBT2P (Dialectical behavioral group training for adolescents, to prevent