rated and rater-based intensity and distress of delusions and comorbid symptoms at pre- and post-intervention. Findings supported the feasibility and acceptability of the DICE intervention, with high retention (10/13 participants; 77%) and completion rates for the EMA- (59%) and EMI-questionnaires (72%), as well as a high protocol adherence (90-97%), exceeding all predefined benchmarks. Open feedback indicated good satisfaction, with all participants using the application between sessions, reflecting a high engagement level. Clinical outcomes displayed relevant changes in ameliorating the intensity of delusions when being measured by the Psychotic Symptom Rating Scales as well as by the Green Paranoid Thought Scale, and self-rated improvements in distress and depressive symptoms. Changes in the intensity and distress of delusions might be explained by improved coping behaviour. Further research with control conditions is needed to validate findings and analyze the efficacy as well as mechanisms of actions of the DICE intervention in a fully powered trial.

Disclosure of Interest: None Declared

CRS013

Effectiveness and efficiency of Virtual Reality cognitive behavioural therapy for paranoid delusions - results from a randomized clinical trial

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Abstract: Background: Cognitive behaviour therapy is the main evidence-based psychological treatment for paranoid ideations in patients with psychotic disorders. Virtual reality may improve psychological treatment, because it facilitates behaviour interventions aimed at reducing avoidance and dropping safety behaviours. We investigated the effects of virtual-reality-based cognitive behaviour therapy for paranoid ideations (VR-CBTp) compared to standard CBTp.
Methods: We performed a pragmatic single-blind, randomised clinical trial in seven mental health centres in the Netherlands and Belgium. Eligible patients had a psychotic spectrum disorder and experienced paranoid ideations. Both interventions consisted of 16 sessions maximum. Treatment could be completed early when all goals had been achieved. The primary outcome was momentary paranoia, measured with the experience sampling method (ESM). Secondary outcomes included other measures of paranoid ideations, safety behaviour, social anxiety, depression, worry and self-esteem.
Findings: 103 participants were enrolled and 98 randomised to VR-CBTp (n=48) or CBTp (n=50). At post-treatment, VR-CBTp had significantly stronger effects than standard CBTp at post-treatment on momentary paranoia (interaction effect b=-0·3, 95% CI -8·4 to 7·8, n=81, p=0·04, effect size 0·62), safety behaviour, depressive symptoms and self-esteem, of which the difference in effects on self-esteem and social interaction anxiety remained at follow-up. Completers on average received 12·4 (VR-CBTp) and 15·0 (CBTp) sessions. Limited ESM compliance resulted in 43% data loss at post-treatment and 49% at follow-up.
Interpretation: CBTp and VR-CBTp are both efficacious treatments for paranoid ideations, but VR-CBTp may be somewhat more effective and more efficient than CBTp.

Disclosure of Interest: None Declared

CRS014

Findings from RCT's on virtual reality-based interventions for auditory hallucinations and paranoia

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Abstract: Introduction: Virtual reality (VR) has the potential to enhance current psychotherapies for psychotic symptoms by simulating virtual environments that evoke responses reflective of real-world scenarios.
Objective: This study aimed to evaluate the effectiveness of VR-based psychotherapeutic interventions through findings from two large-scale randomized clinical trials—CHALLENGE and Face Your Fears—that targeted auditory hallucinations (AH) and paranoia, respectively, in individuals with schizophrenia spectrum disorders (SSD).
Method: The CHALLENGE and Face Your Fears trials were randomized, assessor-blinded, parallel-group superiority trials that enrolled 270 and 254 patients with SSD, respectively. In the CHALLENGE trial, participants were randomized to 7 sessions of Challenge-VR therapy (Challenge-VRT) or treatment-as-usual (TAU). In Face Your Fears, participants received either 10 sessions of VR-CBT or standard CBT.
Results: Linear mixed-model analyses on primary and secondary outcomes in both trials revealed that in the CHALLENGE Trial, Challenge-VRT significantly reduced AH symptom severity, as measured by the Psychotic Symptoms Rating Scales (PSYRATS-AH total, adjusted mean difference: -2.26, 95% CI: -4.26 to -0.25, p = 0.03) and frequency (PSYRATS-Frequency, adjusted mean difference: -0.84, 95% CI: -1.53 to -0.14, p = 0.02) at treatment cessation. Face Your Fears Trial: No significant differences were observed between groups on the primary outcome at endpoint (adjusted mean difference: 1.12, 95% CI: -1.75 to 3.99; Cohen's d = 0.10; p = 0.44). However, both groups demonstrated large within-group improvements (VR-CBT: Cohen's d = 0.88; standard CBT: Cohen's d = 0.87). Standard CBT demonstrated superiority over VR-CBT on the secondary outcome measure emotion recognition latency overall at treatment cessation (adjusted mean difference -348.3, 95%CI: -696-6 to -0.04; Cohen's d = 0.25, p= 0.05), and on emotion recognition accuracy, sadness at 9 months follow-up (adjusted mean difference 0.85, 95% CI: 0.06 to 1.63; Cohen's d = 0.27, p= 0.03). No serious adverse events were reported in either trial.
Conclusion: Challenge-VRT appears to be a promising treatment for reducing the severity of AH in SSD, though further research is

required to optimize and extend its efficacy across broader aspects of schizophrenia. In contrast, VR-CBT did not demonstrate superiority over standard CBT for paranoia, suggesting that both treatments may offer comparable benefits. Future research should explore mediators and moderators of treatment efficacy, as well as patient preferences, to tailor interventions for maximum impact.

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CRS015

Time trends in public stigma

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Abstract: Attitudes toward people with mental illness change. We present evidence of attitude change from different contries, with regard to different mental health conditions. While attitudes towads mental health problems in general, and towards depression, seem to soften, there is little positive change with regard to people with substance use disorders, and attitudes have even worsened towards people with schizophrenia. We discuss possible explanations for these diverging trends, and hypothesize on potential remedies.

Disclosure of Interest: None Declared

CRS016

Role of national psychiatric associations against pseudoscientific and misleading information and practices concerning mental health

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Abstract: Since their emergence as healthcare practices with scientific backgrounds, psychiatry and psychology have been criticized and attacked in different ways. Their scientific base has often been questioned, but more generally, their applications were suggested to follow alternative motives rather than the highest benefit of the suffering individuals. The antipsychiatry movement, with decades of history, on some occasions, could be considered to play an important role in optimizing psychiatric practices. However, with the increasing societal influence of antiscientific and pseudoscientific discourses, a significant section of individuals with mental health issues experience delays in their access to appropriate care and are sometimes harmed by the practices recommended as alternatives to psychiatry or medicine in general. There has been an increase in such misleading discourses following the pandemic, probably based on the uncertainty and lack of information on the nature of the infection and prevention methods, including the vaccine. In some instances, these misleading attitudes toward psychiatry and psychiatric practices are also pioneered by medical professionals. Some medical professionals deny the need and effectiveness of psychiatric practices, and some employ or recommend methods of care despite their lack of training and experience and the questionable nature of the practices. In many countries, national psychiatric associations are considered a leading source of information concerning mental health-related issues. However, without a systematic, need- and problem-focused strategy, including publicly available and acceptable information resources, it is difficult to oppose the overflow of misleading information currently available. Laws and regulations in many countries may act as a barrier against practices with no evidence base or with evidence of harmful effects. However, there are challenges in their implementation and limitations in their scope. National psychiatric associations may need to be involved in creating and implementing such regulations.

Disclosure of Interest: None Declared

CRS017

Peptide specific antibodies to Epstein Barr Virus and Toxoplasma gondii as markers of psychiatric disorders and suicide behaviors

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Abstract: Immunoassays such as enzyme-linked immunosorbent assays (ELISAs) provide precise measurements of class-specific antibodies to infectious agents. The application of these assays to blood and cerebrospinal fluid from individuals with psychiatric disorders has supported a role for microbial agents in these conditions. However, standard immunoassays are limited by their capacity to measure antibodies to only a single or a small number of infectious agents and epitopes, restricting the ability to identify differential immune responses.

Recent technological advances now allow for comprehensive profiling of immune responses to multiple infectious agents and their specific antigenic epitopes. These methods enable the investigation of differential immune responses as potential modulators of psychiatric disease risk.

We applied two novel serological platforms to analyze immune responses in blood samples from individuals with various psychiatric disorders and suicidal behaviors, as well as healthy controls. The first method assessed antibodies to >4200 peptides derived from >80 infectious agents immobilized onto a solid-phase surface. These peptides were incubated with small blood volumes, and antibody binding was detected via secondary reactions.

Results demonstrated significant differences in immune responses to *Toxoplasma gondii* and Epstein-Barr virus (EBV) in individuals with schizophrenia and other severe psychiatric disorders. Responses to *T. gondii* were primarily directed at dense granule (GRA) proteins, with multiple GRA peptide reactivities detected even in individuals classified as "seronegative" by standard immunoassays. For EBV, differential responses were observed to ZEBRA and other latency-associated proteins. Findings were corroborated using a phage

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