Data collected included the start date of treatment, BMI measurements before and after treatment.
Results: Among the 220 patients studied, 150 (67.7%) experienced weight gain, while 70 (31.8%) lost weight. The average treatment duration was 11.5 years. Weight gain was more prevalent among males (71.6%) compared to females (66.7%). Patients who gained weight were, on average, prescribed cumulatively more psychotropic medications (3.21) than those who lost weight (2.89).
Conclusions: Shared decision making and acknowledgement of the metabolic consequences of these medications at the point of initiation, and identification of pre-existent metabolic risks, monitor weight gain, and ensure adequate life-style changes to mitigate side effects. These methods should continue throughout the duration of treatment, and when possible, the option of deprescribing should always be available to the patient. It is time care bundles for patients with mental health illness are resourced for primary care.

Disclosure of Interest: None Declared

Rehabilitation and Psychoeducation

EPV1705

Improving Cognition in Severe Mental Illness by Combining Cognitive Remediation and Transcranial Direct Current Stimulation: Study Protocol for a Pragmatic Randomized Sham-Controlled Multi-Center Trial (HEADDSET+)

N. C. Buist[1,2*], A. Poppe[1,2], B. Ćurčić-Blake[3], G. H. M. Pijnenborg[1,4] and L. van der Meer[1,2]

[1]Clinical and Developmental Neuropsychology, University of Groningen, Groningen; [2]Department of Rehabilitation, Lentis Psychiatric Institute, Zuidlaren; [3]Department of BSCS Neuroscience, University Medical Center Groningen, Groningen and [4]Department of Psychotic Disorders, GGZ Drenthe, Assen, Netherlands
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.2167

Introduction: Individuals with severe mental illness (SMI) frequently experience challenges in daily life, often attributable to cognitive impairments. Cognitive rehabilitation interventions can be implemented to enhance thinking abilities and improve functional outcomes. Transcranial direct current stimulation (tDCS) is a non-invasive brain stimulation technique that may promote neural plasticity and therefore, may enhance learning.
Objectives: This trial aims to determine whether individuals with SMI who need supported housing can improve cognitive and daily functioning after following cognitive remediation (CR). Next, this trial evaluates whether CR combined with tDCS will enhance the effect of CR alone. Lastly, this trial will investigate the subjective experience of the CR intervention. We expect that participants will improve in goal attainment and cognitive and daily functioning.
Methods: In this pragmatic, triple-blinded, randomized, sham-controlled multi-center trial, we will compare the experimental group (CR + active tDCS) with the control group (CR + sham tDCS). 126 participants with SMI will receive 16-20 weeks of twice-weekly CR (32-40 sessions of 30-45 minutes) combined with active (N = 63) or sham tDCS (N = 63), separated over five cohorts. We will recruit participants aged between 18 and 65 with SMI residing in supported living facilities. Functional, cognitive, and clinical outcome assessments will be performed at baseline, post-16-week waiting period, post-treatment, and 6-month post-treatment. Additionally, post-treatment participants will be asked to engage in an in-depth interview to evaluate their meta-cognitive skills and subjective experience of the treatment.
Results: Preliminary results from the post-treatment effects, along with insights from in-depth interviews conducted in the first cohort (N = 15) as well as post-16-week waiting period effects for goal attainment (including the second cohort, N ≈ 40) will be presented.
Conclusions: This randomized controlled trial will investigate the efficacy of CR and tDCS in enhancing recovery in people with SMI. If the intervention proves to be effective, it has the potential to be implemented into standard care for service users requiring long-term support.

Disclosure of Interest: None Declared

EPV1706

The efficacy of LIFESTYLE behavioral intervention in improving healthy eating and reducing alcohol consumption in patients with severe mental disorder: one year of follow-up

B. Della Rocca[1*], P. Catapano[1], C. Toni[1], M. Di Vincenzo[1], E. Mancuso[1], F. Lucci[1], G. Sampogna[1], M. Luciano[1] and A. Fiorillo[1]

[1]Università della Campania "Luigi Vanvitelli", Napoli, Italy
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.2168

Introduction: Patients with severe mental disorders (SMD) often report unhealthy dietary patterns, including low intake of fruits and fiber, high consumption of junk food, and alcohol misuse, leading to poor nutritional status and increased oxidative stress, which negatively impacts physical and mental health. Psychoeducational interventions focusing on dietary habits and alcohol consumption have shown promising results, but long-term data is currently scarce.
Objectives: The main objective was to evaluate the LIFESTYLE intervention's one-year effectiveness in helping individuals with SMD improve their eating habits. Secondary objectives included evaluating the impact of psychiatric symptoms on lifestyle behaviors and the reduction of alcohol consumption.
Methods: The study included 401 patients with SMD from 7 university centres in Italy. Participants were randomized to either the control group, which received general health education, or the experimental group, which received a 5-month psychoeducational intervention. The intervention featured group sessions focused on diet, physical activity, and behavior modification. Univariate analysis was performed to investigate the correlation between psychiatric symptoms and changes in lifestyle behaviours, such as eating habits, physical activity, and alcohol consumption.
Results: Univariate analysis showed significant improvements in lifestyle behaviors among the experimental group. There was an increase in fish consumption (OR: 1.67, 95% CI: 1.45-1.97; $p < 0.05$), fresh fruit intake (OR: 1.36, 95% CI: 0.80-2.31; $p < 0.05$), and vegetable consumption (OR: 1.91, 95% CI: 1.56-1.96; $p < 0.05$). Moreover, there was a reduction in junk food consumption (OR: 0.814, 95% CI: 0.53-1.25; $p < 0.05$) and daily alcohol intake (OR: 0.70, 95% CI: 0.42-1.15; $p < 0.05$).
Conclusions: The results of this study support the efficacy of structured lifestyle intervention for enhancing physical activity and eating behaviors in patients with severe mental disorders. They also support the translation of similar interventions into clinical practice and illustrate the necessity of physical activity