improved: before psychoeducation 63% of caregivers had moderate adherence and 35% had low adherence. After the intervention 90% of relatives showed moderate adherence and 2% showed high adherence, and none denied the necessity of treatment.
Conclusions: Psychoeducation for caregivers of patients with FPE helps them develop stress management skills, constructive communication with the patient and problem-solving strategies. The intervention reduces anxiety, stigma and improves medication adherence. The study demonstrates that psychoeducation is effective intervention that reduces the risk of relapse during the early years, contributes to the patient's recovery.

Disclosure of Interest: None Declared

Research Methodology

EPV1727

Saccade latency can indicate temporal attention differences in ADHD

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Introduction: Temporal attention (TA) is the ability to allocate attention to specific periods in time. Temporal processing is often impaired in individuals with ADHD, but additional studies are needed to expand knowledge about these deficits compared to control groups.
Objectives: To analyze the performance of adults in TA tasks based on ADHD symptoms using eye-tracking to measure saccade latency.
Methods: Forty young adults (20 meeting ADHD criteria and 20 in the control group - CG) performed an attentional task in which a fixation point (FP) was presented at the center of a computer screen; 1000 ms later, an arrow indicating right or left appeared. The task consisted of two blocks, one with a higher frequency of targets at a 400 ms interval and the other at a 1000 ms interval, among shorter and longer intervals. Participants were instructed to focus on the FP, prepare to respond to the higher frequency interval, and only move their eyes after the peripheral target appeared. Saccade latency—defined as the time between target appearance and the initiation of eye movement—was recorded using a Tobii eye-tracker. A repeated measures ANOVA was conducted for the analysis. Ethical approval was obtained.
Results: For longer intervals, saccade latency was significantly different between the ADHD and control groups ($p = .009$). While the CG showed reduced latency, the ADHD group exhibited increased latency, demonstrating a diminished ability to control attention over time.
Conclusions: Young adults with ADHD exhibit a reduced capacity to sustain attention over longer periods of time. **Grant:** CNPq process number: 408084/2021-9

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EPV1728

The impact of involuntary-to-voluntary hospitalization transitions on psychiatric decompensation: A protocol for a retrospective cohort study

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Introduction: Involuntary hospitalization of a patient with a mental disorder is defined as admission to an inpatient unit without consent. Literature suggests that severe involuntarily admitted patients often present in crisis situations, receive less pharmacologic intervention and therapy, and exhibit poorer prognostic outcomes, such as an increased risk of readmission. Despite being a lifesaving treatment, involuntary admissions can also be stigmatizing, undermine the long-term therapeutic relationship and reduce adherence to care. In this context, little research has been conducted to evaluate how switching a patient's hospitalization from involuntary to voluntary may impact health outcomes, such as psychiatric decompensation.
Objectives: To compare the risk of hospital readmission of patients who switched to voluntary hospitalization with those who remain under involuntary hospitalization, and to analyze their sociodemographic characteristics and prognostic outcomes.
Methods: An observational retrospective study will be conducted using administrative and clinical data of patients who were involuntary admitted to inpatient psychiatry of Unidade Local de Saúde São João. All involuntary hospitalizations spanning from January 1, 2022, and December 31, 2022, will be categorized into two groups: patients who switch to voluntary hospitalization or patients that maintained involuntary hospitalization. Data registered in medical records within one year after the index hospitalization will be assessed (whether structured data or free-text). Descriptive, univariate, and multivariate analyses will be performed.
Results: For both groups, sociodemographic and clinical variables will be described and compared, as well as the number of previous admissions, their legal status and the presence of previous ambulatory involuntary treatment. Administrative data on patient's hospitalization, such as the length of stay, medical treatment and procedures performed, and the orientation received after discharge will also be compared. Additionally, prognosis outcomes, including readmissions, length of stay of readmissions and legal status of readmission will be analyzed.
Conclusions: We expect to elucidate the impact of switching involuntary hospitalized patients to voluntary status on prognosis outcomes. Through this comparative analysis, we hope to provide evidence supporting the prioritization of voluntary treatment whenever feasible.

Disclosure of Interest: None Declared

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