

Methods: In this work, we present the educational program that we have developed for patients undergoing psychiatric treatment with atypical antipsychotics, who have been stabilized for at least 3 months and who suffer from SM.

Results: It is a program that starts with the inclusion consultation and educational diagnosis with the first step of clinical (weight, abdominal perimeter and BMI), biological (blood sugar, HbA1C, cholesterol, HDL, triglycerides) and psychometric (SF12, MAQR, food and physical activity diary) assessments. Our initial program includes 6 sessions and 2 maintenance sessions at 1 month and 3 months after the 6th session. The objectives were divided between information about DM, motivation to eat a balanced diet, physical activity and improvement of quality of life. We also included stress management and positive psychology activities. Assessments are repeated at the end of the initial program and at the last maintenance session.

Conclusions: Our program was developed according to the Geneva therapeutic education recommendations. We plan to apply it to groups of patients in our department

Disclosure: No significant relationships.

Keywords: psychoeducation; obesity; antipsychotic

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Group therapy in Schizophrenia. What's the evidence?

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Introduction: The American Psychiatric Association and NICE's Guidelines for schizophrenia recommend psychosocial interventions as adjuvants to pharmacological treatment, highlighting the role of cognitive behavioral therapy for psychosis, psychoeducation, family intervention, cognitive remediation, autonomy training, social skills training, and supported employment. Although highly recommended in their individual forms current guidelines make no definitive statement about their group applicability.

Objectives: The goal of this work was to critically review the evidence of group interventions in schizophrenia

Methods: Non-systematic review of the literature with selection of scientific articles published in the past 10 years; by searching Pubmed and Medscape databases using the combination of MeSH descriptors. The following MeSH terms were used: "schizophrenia", "group therapy".

Results: Group therapy has shown important benefits in different conditions over the years, likely through mechanisms such as peer motivation, controlled confrontation, increased insight and even a tendency to homogenous results between group participants through peer influence. These results have been reproduced in schizophrenia though the benefits of applying group concepts to structured psychosocial interventions is still under study.

Conclusions: Recent evidence suggests some evidence-based interventions can be applicable in group form, namely social skills training, cognitive remediation, psychoeducation, and multifamily groups, synergizing the already known benefits with newer therapy models and decreasing costs for patients and healthcare systems. Adequate controlled studies between individual and group therapy will shed further light on this matter.

Disclosure: No significant relationships.

Keywords: psychosocial; schizofrénia; GROUP THERAPY

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Sexual harassment-abuse and psychotherapy: the strenght of therapeutic relationship

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Introduction: The term trauma comes from the ancient Greek word "titrosko" than means perforate. Sexual harassment and abuse of a person during childhood is an important risk factor for mental trauma.

Objectives: Present the impact of sexual harassment and abuse in the mental health of adolescents and the imprortance of therapeutic relationship.

Methods: From the literature review the child needs love which is demostrated with tenderness. The adult (perpetrator) with a disorder responds to the child's tenderness with the language of passion. The immature Ego of the child is not strong enough to deal with the adult behavior and this causes anxiety, helplessness, confusion and guilt about the relationship with the adult. During the psychotherapeutic process, 4 main protagonists emerge : the victim, the perpetrator, an absent mother and an omnipotent savior.

Results: Mental trauma can adversely affect the development of the neurobiological system resulting in difficulty coping with stressful events. Untreated trauma can lead to serious psychopathology such as anxiety disorders , depressive disorder, personality disorders, addictions. The creation of a therapeutic relationship, understanding the adolescent and his family potential, the recognition and treatment of transference-countertransference phenomena and the existence of a clinical setting that acts as a restraint mechanism could contribute to the therapy of mental trauma.

Conclusions: The Therapeutic Department for Adolescents could be an environment to contain, process and transform the painful into pleasant emotions, as well as aiming the authenticity of the person with a history of sexual harassment and abuse.

Disclosure: No significant relationships.

Keywords: sexual abuse; sexual harassment; therapeutic relationship; mental health