

connecting patients who are being discharged from long-term hospitalization to a community based rehabilitation service.

Objectives: To evaluate the effectiveness of the CSP among people with severe and persisting mental illness, as a method to support the positive outcomes and reduce the use of hospital resources after a discharge.

Methods: This is a retrospect, observational descriptive study. We reviewed 55 cases between 2017 and May of 2021. We analyzed demographic information, diagnosis, duration of stay in the CSP, number of hospitalizations before and after the program, number of emergency visits before and after this program and what kind of community rehabilitation services are connected after the discharge.

Results: We found 58,2% male and 41,8% female. The main diagnoses were schizophrenia; schizoaffective and bipolar disorder. Before the CSP 85.4% of the patients had been hospitalized, and 76% had attended in a psychiatric emergency unit. After the discharge 36,36% required hospitalization, and 40% visited the psychiatric emergencies units. 54,54% of patients didn't require hospital resources after their discharge from CSP.

Conclusions: The results suggest that the CSP helps to avoid hospitalization, reduce the use of hospital resources and drop outs. It helps the transition from hospitalization to a community based rehabilitation service.

Disclosure: No significant relationships.

Keywords: community support programme; psychiatry rehabilitation; outcomes; severe mental illness

EPV1290

Prevention and monitoring of metabolic syndrome in patients with severe mental illness - presentation of our study protocol

J. Lopes* and T. Reis

Hospital Espirito Santo, Departamento De Psiquiatria E Saude Mental, Evora, Portugal

*Corresponding author.

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Introduction: Cardiovascular diseases are the leading cause of death in individuals with SMI. The sedentary lifestyle that usually guides these individuals associated with the use of some psychotropic drugs increases the risk of adverse events related to these pathologies

Objectives: Presentation of the Study Protocol for the Implementation of a Psychoeducational Group directed to Prevention and Monitoring Metabolic Syndrome (MS) in patients with SMI

Methods: It is intended to implement a psychoeducational program, which includes a 30-minute walk, focused on healthy lifestyle habits, for 16 weeks.

It is intended to include SMI individuals, from a convenience sample, who present any of these criteria: Excess weight; At risk or diagnosed with DM; Sedentary lifestyle; Smoker. Data regarding socio-demographic, clinical and motivational for and about physical activity will be collected from the intervention group. Patients who refuse to join the study will only receive information about lifestyle changes at the beginning and will continue with their usual care.

Results: According to available literature, it is expected that the monitoring and control of these parameters will translate into a

benefit in reducing cardiovascular risk factors and optimizing the treatment of MS, contributing to the empowerment of patients in managing their disease and increasing their quality and years of life.

Conclusions: The impact of lifestyle changes proved to be effective and are sometimes lasting, with objective gains in quality of life of these patients. The main measure to face this issue, improve the well-being and physical health of these individuals, is to reduce weight and increase baseline physical activity.

Disclosure: No significant relationships.

Keywords: prevention; metabolic syndrome; cardiovascular risk

Research Methodology

EPV1291

Using the analytic hierarchy process to assess the severity of psychopathological states

V. Mitikhin*, T. Solokhina, G. Tiumentkova and M. Kuzminova

FSBSI "Mental Health Research Centre", Department Of Mental Health Services, Moscow, Russian Federation

*Corresponding author.

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Introduction: Currently, there are known problems of assessing the severity of psychopathological states based on psychometric (rank) scales [1]. The main problem: ranks are non-numeric information that does not allow the simplest mathematical operations (summation, average) [2] and, as a result, the impossibility of constructing correct models for evaluating states

Objectives: Development of algorithms for processing initial rank information about the severity of psychopathological states in order to obtain results in numerical form based on the Analytic Hierarchy Process (AHP) [2]

Methods: Clinical, statistical, algorithms of the AHP.

Results: The problems of assessing the patient's states are multi-criteria. They are solved within the framework of AHP by constructing numerical intensity scales when measuring the dimensions of disorders. This means a correct transition from the rank scale to the scale of relations, in which the estimates are numbers that allow any mathematical operations. The implementation of AHP procedures is based on the application of the AHP normative approach [2], which uses expert comparisons of ratings of the rank scale.

Conclusions: The fundamental difference between the results based on AHP and rank results is due to the fact that numerical estimates of the severity of states are obtained, which can be used for any mathematical processing and the construction of correct models of communication and prediction of the state of patients from many factors, taking into account their weight. References: 1. Zimmerman M., Morgan T.A., Stanton K. *World Psychiatry*. 2018;17: 258–275. 2. Mitikhin, V.G., Solokhina, T.A. S.S. *Korsakov Journal of Neurology and Psychiatry*. 2019; 119(2): 49-54.

Disclosure: No significant relationships.

Keywords: psychopathology; algorithm; analytic hierarchy process; severity