

FEP. Folate deficiency is associated with cerebrovascular and neurological diseases, and mood disorders. The importance of folate in the nervous system was initially demonstrated in studies that established a greatly increased risk of neurodevelopmental disorders in the offspring of folate-deficient pregnant women. In the adult, epidemiological studies have linked lack of folate to neurodegenerative and neuropsychiatric diseases. However, the mechanisms by which chronic folate deficiency adversely affects CNS function are incompletely understood. Some studies in animals models have hypothesized that folate deficiency in animals could be associated with pyramidal cell loss and reduced hippocampal BDNF.

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"Social functioning and use of rehabilitation resources in a group of people who experienced a first episode of psychosis and participated in a psychotherapeutic group program versus a control group"

A. Oliva Lozano^{1*}, J. Garde Gonzalez¹, P. Herrero Ortega¹, A. Muñoz-Sanjosé^{1,2,3}, Á. Palao-Tarrero^{1,2,3}, M. P. Vidal-Villegas^{2,3}, R. Mediavilla^{2,3,4}, P. Tarín Garrón⁵, J. M. Pastor-Haro¹, Á. De Diego Gómez-Cornejo⁶, M. F. Bravo-Ortiz^{1,2,3,4} and O. B. O. A.-M. Group¹

¹Psychiatry, Clinical Psychology and Mental Health, La Paz University Hospital; ²Psychiatry, Autonomous University of Madrid (UAM); ³Hospital La Paz Institute for Health Research (IdiPAZ); ⁴Centro de Investigación Biomédica en Red de Salud Mental (CIBERSAM); ⁵School of Medicine, Autonomous University of Madrid (UAM) and ⁶Psychiatry, Rodríguez Lafora Hospital, Madrid, Spain

*Corresponding author.

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Introduction: Psychotic disorders have a huge impact on social functioning, which is the ability to establish and maintain social activities such as interpersonal relationships and self-care activities of daily living. Research data support that the early intervention in people who have experienced a first episode of psychosis (FEP) -based on a multidisciplinary treatment including both psychopharmacological and psychosocial treatments-, has a relevant role in a favorable evolution. AGES-Mind study is based on manualized psychotherapeutic interventions for people with first-psychosis episodes.

Objectives: To describe the use of rehabilitation resources and social functioning in a group of people with FEP who were included in a psychotherapeutic group program versus a control group, at 12 and 24 months since the beginning of the intervention.

Methods: Longitudinal, analytical, observational, retrospective study on a cohort of 46 patients with first-episode psychosis within the last 5 years. 23 patients received group psychotherapy in the context of the AGES-Mind study and they were compared with 23 control patients who did not receive a group intervention (treatment as usual). Controls were matched by age, gender and time elapsed since the first episode of psychosis with those exposed to the intervention. Sociodemographic data, social functioning (self-care, social activities, social relationships, and behavior) and use of rehabilitation resources outcome variables were assessed.

Results: Significant differences were found regarding participation in social activities in the intervention group versus control group at

24 months. No significant differences were found in other dimensions of social functioning or in the use of rehabilitation resources.

Image:

Table 1
Sociodemographic characteristics of the participants (N=46)

	Total (n=46)	RCT (n=23)	No RCT (n=23)
Gender, n(%)			
Female	16(34,8)	8(34,8)	8(34,8)
Male	30(65,2)	15(65,2)	15(65,2)
Age			
Average Age (standard deviation)	25.59 (6,1)	25.83 (6,3)	25.35 (5,9)
Median Age (quartiles)	24.50(22,3)	25(22,3)	24(21,3)
Age FEP			
FEP Average Age (standard deviation)	24.41 (6)	24.43 (6,4)	24.39 (5,6)
FEP Median Age (quartiles)	23.50(20,27)	24(19,3)	23(20,3)
Civil State n(%)			
Single	42(91,3)	22(95,7)	20(87)
Married	4(8,7)	1(4,4)	3(13)
Education level n(%)			
Preschool	0(0)	0(0)	0(0)
Elementary School	5(10,9)	1(4,4)	4(17,4)
Secondary School	16(34,8)	8(34,8)	8(34,8)
High School Degree	16(34,8)	7(30,4)	9(39,1)
College Degree	9(19,6)	7(30,4)	2(8,7)
Postgraduate Degree	0(0)	0(0)	0(0)
Occupation n(%)			
Unemployed	25(54,6)	11(47,8)	14(60,9)
Sporadic Employment	8(17,4)	3(13)	5(21,7)
Stable Employment	13(28,3)	9(39,1)	4(17,4)
Disability n(%)			
No	33(71,7)	16(69,6)	17(73,9)
Yes	10(21,7)	5(21,7)	5(21,7)
In process	3(6,5)	2(8,7)	1(4,4)

Note. FEP= First Episode of Psychosis, RCT= Randomized Controlled Trial.

Image 2:

Table 2
Use of rehabilitation resources and social functioning in the intervention group (RCT) and in the control group (no RCT) at 12 and 24 months since the beginning of the intervention

	T1 RCT (n=23)	No RCT (n=23)	T2 RCT (n=23)	No RCT (n=23)
CCP n(%)				
No	14 (60,9)	14 (60,9)	12 (52,2)	14 (60,9)
Yes	9 (39,1)	9 (39,1)	11 (47,8)	9 (39,1)
CCP- DH n(%)				
No	13 (56,5)	19 (82,6)	18 (78,3)	20 (87)
Yes	10 (43,5)	4 (17,4)	5 (21,7)	3 (13)
CCP- LRC n(%)				
No	17 (73,9)	19 (82,6)	14 (60,9)	18 (78,3)
Yes	6 (26,1)	4 (17,4)	9 (39,1)	5 (21,7)
CCP- PSRC n(%)				
No	19 (82,6)	22 (95,7)	20 (87)	23 (100)
Yes	4 (17,4)	1 (4,4)	3 (13)	0 (0)
ACT n(%)				
No	22 (95,7)	21 (91,3)	20 (87)	20 (87)
Yes	1 (4,4)	2 (8,7)	3 (13)	3 (13)
Self-care n(%)				
No	4 (17,4)	9 (39,1)	1 (4,4)	10 (43,5)
Yes	4 (17,4)	0 (0)	5 (21,7)	2 (8,7)
NA	15 (65,2)	14 (60,9)	17 (73,9)	11 (47,8)
Social activities n(%)				
No	7 (30,4)	8 (34,8)	4 (17,4)	12 (52,2)
Yes	9 (39,1)	12 (52,2)	13 (56,5)	8 (34,8)
NA	7 (30,4)	3 (13)	6 (26,1)	3 (13)
Relationships n(%)				
No	14 (60,9)	10 (43,5)	10 (43,5)	11 (47,8)
Yes	9 (39,1)	11 (47,8)	10 (43,5)	9 (39,1)
NA		2 (8,7)	3 (13)	3 (13)
Behaviour n(%)				
No	20 (87)	17 (73,9)	19 (82,6)	16 (69,6)
Yes	3 (13)	6 (26,1)	4 (17,4)	6 (26,1)
NA				1 (4,4)

Note. NA= No Answer; CCP= Continuity of Care Program; DH= Day Hospital; LRC= Labor Rehabilitation Center; PSRC= Psychosocial Rehabilitation Center; ACT= Assertive Community Team

Conclusions: Further studies with larger sample sizes are needed in order to determine if the participation in group therapy leads to an improvement in social functioning and use of rehabilitation resources for people who have experienced a first episode of psychosis.

Disclosure of Interest: None Declared