

Rehabilitation and psychoeducation

EPP0210

Cognitive activity of infants after severe brain damage (early habilitation/ rehabilitation)

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Introduction: One of the forms of early comprehensive care for children after severe brain injuries is inpatient habilitation/ rehabilitation. Children receive help from a team of medical, psychological and pedagogical specialists. The process of special education consists mainly in the development of cognitive interest, because it is the basis of socialization.

Objectives: To study cognitive activity in children who have suffered severe brain damage.

Methods: observation, pedagogical examination, psychiatric supervision.

Materials: 36 children aged 1.2-1.8 years during hospital treatment.

Results: According to the results of the pedagogical survey, three groups of children were identified.

Group 1 (11%): fixed gaze; emotional response to sound (smile); short-term eye tracking of an object; ability to touch an object and hold it for a short time; walking skill is formed.

Group 2 (33%): short-term gaze fixation; reaction to sound by involuntary hand movements; lack of eye tracking of an adult's face; lack of ability to touch or hold an object; walking skill is formed.

Group 3 (56%): lack of fixed gaze; reaction to sound by shouting and increased motor activity; lack of ability to touch or hold an object; lack of walking skills.

Conclusions: Indicative responses to an adult's voice and face, eye tracking of an object, sensorimotor activity, and so on. these are indicators that show whether a child has cognitive activity. The rehabilitation team can rely on these indicators when choosing treatment and the content of the special educational process.

Key words: early intervention, toddlers, organic damage of central nervous system, rehabilitation/ habilitation

Disclosure of Interest: None Declared

EPP0211

Adaptation of the brief psychoeducational intervention programme (BREF) for carers of patients with eating disorders

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Introduction: Even though international guidelines suggest that psychoeducation for carers should be provided systematically, it

remains insufficiently available in psychiatry (1), including for eating disorders (EDs). The complicated interplay of factors contributing to the maintenance of EDs, including family/carer influences, highlights the importance of carer interventions within ED treatment (2). Carer interventions demonstrate positive outcomes for carers themselves, though are also hypothesised to benefit the patient indirectly. The BREF programme is a short, early and systematic single-family psycho-educational programme. The BREF programme is already proven to be effective for other mental disorders (3)

Objectives: The aim of this study is to adapt the BREF programme to the specific needs of carers of patients eating disorders (ED). The main objective was to identify the issues in the experience of the disorder that are most important to carers and which should be the focus of the BREF programme for carers of patients with eating disorders.

Methods: Twenty-eight topics relating to difficulties commonly encountered by carers of patients with eating disorders were identified by a group including mental health professionals with expertise in these disorders, patients and their relatives. The topics tested are illustrated by 2 decks of cards presented to the participants; the first concerns the problems frequently encountered by users living with ED and the other the problems frequently encountered by their carers. The 2 decks were tested by the participants to the first 15 sessions of the BREF ED programme run from January to July 2023 as part of the pilot conducted in a university-hospital department specialised in eating disorders.

Results: 30 participants participated in the study.

The 10 most frequently selected topics relating to patient problems were, in descending order: relative's fear and anxiety; relative's false-self functioning; ambivalence towards care; dysmorphophobia; food restrictions; relative's hyperactivity; eating disorders; denial of symptoms; perfectionism; malnutrition. The 10 most frequently selected topics concerning the issues of carers were: social withdrawal; difficulty navigating care; fatigue/helplessness; disruption to family life as a result of the illness; guilt; right attitude to have with the ill relative; fear for your loved one's future; fragility of the relative; not knowing/understanding the care their relative is receiving; cost of care and food expenses.

Conclusions: The priority topics highlighted in this study helped to identify relevant content for the BREF programme adapted to the context of eating disorders. This programme appears to be a promising way of responding to the concerns and information needs of carers of patients with ED. In this regard, it addresses a major shortcoming in the organisation of mental health services.

Disclosure of Interest: None Declared

EPP0212

Evaluation of the effectiveness of psychosocial rehabilitation: an innovative approach based on the analytic hierarchy process

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Introduction: In psychosocial rehabilitation (PSR), rank scales are widely used to assess the severity of functional disorders in patients. The main problem of evaluating the effectiveness of PSR is related

to the methods of processing data obtained using psychometric scales used to evaluate the effectiveness of interventions within PSR. The proof of the non-numerical nature of ranks was obtained by J. Pfanagl (1968). Incorrect processing of rank information obtained in the framework of psychosocial research leads to contradictions in the assessment of the patient's condition. Consequently, rank processing does not allow classical mathematical operations (summation, average), which makes it impossible to correctly estimate the effectiveness of PSR numerically.

Objectives: Development of algorithms for numerical evaluation of PSR efficiency based on rank information processing using the analytic hierarchy process (AHP) [1].

Methods: Clinical, psychometric, AHP algorithms

Results: The analysis of the problems of assessing the patient's conditions on the basis of categorical and psychometric (rank) scales and subscales shows that these problems can be presented in the form of appropriate hierarchies, the structure of which must be taken into account when processing the initial information.

According to the results of the analysis of the data of preliminary studies, the main areas of impaired functioning of patients affecting the evaluation of the effectiveness of PSR have been identified. Rank estimates of changes in the relevant areas of the patient's dysfunction after the PSR program compared to the initial level are the basis for the conclusion about the effectiveness of the PSR components. Algorithms of the AHP normative approach were used to translate rank information into numerical information [2]. The weight of the areas of the patient's functioning disorders was used in the formation of integral estimates of the effectiveness of PSR.

The fundamental difference between AHP-based assessments and rank assessments is due to the fact that numerical estimates of the weight of the criteria and the corresponding changes in the patient's condition are obtained, which depend on the qualifications of specialists, the characteristics of the scales used to measure violations in the relevant areas and the procedures of the PSR.

Conclusions: Obtaining the results of processing rank information in a numerical scale allows to obtain the correct integration of the patient's personal characteristics when considering PSR procedures and to obtain correct prognostic models of the patient's condition. 1. Saaty T. European Journal of Operational Research.1990; 48(1):9-26. [https://doi.org/10.1016/0377-2217\(90\)90057-I](https://doi.org/10.1016/0377-2217(90)90057-I) 2. Mitikhin V.G., Solokhina T.A. et al. Psychiatry, 2022; 20(2): 51-59. DOI: 10.30629/2618-6667-2022-20-2-51-59

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EPP0213

Personalized assessment of the effectiveness of psychosocial rehabilitation: an innovative approach based on the process of analytical hierarchy

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Introduction: In psychosocial rehabilitation (PSR), rank scales are widely used to assess the severity of functional disorders in patients. The main problem of evaluating the effectiveness of PSR is related to the methods of processing data obtained using psychometric scales used to evaluate the effectiveness of interventions within PSR.

J. Pfanagl (1968) obtained the proof of the non-numerical nature of ranks. Incorrect processing of rank information obtained in the framework of psychosocial research leads to contradictions in the assessment of the patient's condition. Consequently, rank processing does not allow classical mathematical operations (summation, average), which makes it impossible to correctly estimate the effectiveness of PSR numerically.

Objectives: Development of algorithms for numerical evaluation of PSR efficiency based on rank information processing using the analytic hierarchy process (AHP) [1].

Methods: Clinical, psychometric, AHP algorithms.

Results: The analysis of the problems of assessing the patient's conditions on the basis of categorical and psychometric (rank) scales and subscales shows that these problems can be presented in the form of appropriate hierarchies [2], the structure of which must be taken into account when processing the initial information. According to the results of the analysis of the data of preliminary studies, the main areas of impaired functioning of patients affecting the evaluation of the effectiveness of PSR have been identified. Rank estimates of changes in the relevant areas of the patient's dysfunction after the PSR program compared to the initial level are the basis for the conclusion about the effectiveness of the PSR components. Algorithms of the AHP normative approach were used to translate rank information into numerical information [2]. The weight of the areas of the patient's functioning disorders was used in the formation of integral estimates of the effectiveness of PSR.

The fundamental difference between AHP-based assessments and rank assessments is due to the fact that numerical estimates of the weight of the criteria and the corresponding changes in the patient's condition are obtained, which depend on the qualifications of specialists, the characteristics of the scales used to measure violations in the relevant areas and the procedures of the PSR.

Conclusions: Obtaining the results of processing rank information in a numerical scale allows to obtain the correct integration of the patient's personal characteristics when considering PSR procedures and to obtain correct models of the patient's state. 1. Saaty T. European Journal of Operational Research.1990; 48(1):9-26. [https://doi.org/10.1016/0377-2217\(90\)90057-I](https://doi.org/10.1016/0377-2217(90)90057-I) 2. Mitikhin V.G., Solokhina T.A. et al. Psychiatry, 2022; 20(2): 51-59. DOI: 10.30629/2618-6667-2022-20-2-51-59

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Depressive Disorders

EPP0215

HERV-E λ 4-1 activation in peripheral blood mononuclear cells of the recurrent depression patients under the influence of human recombinant IL-1 β

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Introduction: Mental disorders represent complex phenotypes and are the leading causes of global disease burden. Human endogenous