

their caregiver followed the program. 57% (25) of the already followed up patients (44) improved the quality of their health mental care. 44, 5% (36) of the patients were participated to the integrative cognitive remediation and psychosocial rehabilitation program in CRISALID; 12, 4% (10/36) of the patients entered to this cognitive remediation and psychosocial rehabilitation program after their caregiver followed the PROFAMILLE program.

Discussion: These first preliminary results are interesting in several aspects of the mental health care, mostly concerning the first access to mental health care and the improvement of its quality, including the participation to cognitive and psychosocial rehabilitation programs. Thus, these results confirm the previous findings regarding PROFAMILLE Program: this program not only benefits directly to the caregivers, but also to their ill relatives by improving the quality and the access to mental health care. These results must be confirmed including more participants and a control group (without PROFAMILLE program). In conclusion, a validated psychoeducational program for caregivers represents an important stake in the rehabilitation process for people suffering from schizophrenia spectrum disorders on their way to recovery; these programs should be systematically implemented in mental health care.

T187. ATHENS MULTIFAMILY THERAPY PROJECT THE ATHENS MULTIFAMILY THERAPY PROJECT (A- MFTP) PROVIDES SYSTEMIC MULTIFAMILY GROUP THERAPY TO YOUTHS WHO EXPERIENCED A FIRST PSYCHOTIC EPISODE (FEP) AND THEIR FAMILIES

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Background: The Athens multifamily therapy project (A- MFTP) provides systemic multifamily group therapy to youths who experienced a first psychotic episode (FEP) and their families. The participants were partly recruited from the ongoing longitudinal Early and Long-term Psychosis Intervention Study –ELPIS, Athens FEP Project, which aims to investigate the involvement of genetic and environmental determinants on psychosis risk.

Methods: A group of five families with a child who had experience FEP, attended two multifamily group sessions per month, in the time period from September 2017 to Jun 2018. Parents and offspring participated to the sessions, which were conducted by two co-therapists. Monthly supervision was provided. Assessment of patients' psychopathology was based on PANSS at baseline, end of therapy and 6-month follow-up. All participants fulfilled an instrument assessing family factors (SCORE-15) and the Reflective Functioning Questionnaire (RFQ) at the same three time points. Furthermore, participants were asked to give written opinions regarding the therapeutic process at the middle phase, the end of therapy and six months follow - up. Written feedback and reflections on the group therapy sessions were periodically filled by the therapists.

Results: A qualitative analysis identified the emerging themes and patterns, focusing on the language and the meaning constitutes. Communication techniques, emotional processing and problem solving were the main learnings for the members of the group. They highlighted the impact of the group processes on family communication and individual understanding, while the development of a "new family" emerged from the group relationships

Discussion: A- MFTP seems to be a promising service aiming to improve mental health and wellbeing of participants, to contrast chronicity and to contribute to early intervention services for psychoses in Greece.

T188. THE CLINICAL SCIENCE OF TRANSCRANIAL DIRECT CURRENT STIMULATION STUDIES IN SCHIZOPHRENIA: SYSTEMATIC REVIEW AND META-ANALYSIS

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Background: Transcranial direct current stimulation interventions have produced findings that inform clinical neuroscience, and may have potential as a treatment for the cognitive symptoms of schizophrenia-spectrum illnesses. The first recorded study of tDCS in this population was in 1994 and every year since then has seen growth in the number of studies conducted, with 15+ studies each year since 2013. This project is a meta-analysis of studies using transcranial direct current stimulation in people with schizophrenia-spectrum illnesses and any domain of cognition.

Methods: Search terms sought out articles in populations with schizophrenia, schizoaffective, schizotypal, schizoid, unspecified psychosis, and thought disorder illnesses. Within these populations, non-invasive electrical stimulation terms included transcranial direct current stimulation, tDCS, and transcranial electrical stimulation. Within those studies, cognitive terms included working memory, memory, cognitive control, executive function, attention, recall, recognition, perception, learning, cognition, inhibition, and executive control. PRISMA guidelines were followed.

Results: 177 Articles were located through a literature search using the PubMed database. 39 studies were screened out by title, 102 studies were screened out by abstract, 7 studies were screened out by text. Finally, 29 studies were subjected to meta-analysis.

Discussion: While the research on transcranial direct current stimulation continues to develop, the current study highlights methodological trends like studies with stimulation concurrent to task and those using training approaches. Overall effects are summarized by defining study characteristics and cognitive domains, where appropriate.

T189. FREE THYROXIN CONCENTRATIONS MODERATE THE RESPONSE TO A COGNITIVE REMEDIATION THERAPY IN PEOPLE WITH EARLY PSYCHOSIS: PRELIMINARY FINDINGS

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Background: Cognitive deficits are a common cause of functional disability in people with psychotic disorders. Cognitive remediation produces moderate improvements in cognitive performance in people with schizophrenia, although there is variability in the responses between patients. As previous longitudinal studies suggest that free thyroxin (FT4) levels influence attention cognitive tasks in patients with early psychosis, we aimed to conduct a pilot study to explore whether thyroid hormones might predict the response to cognitive remediation therapy (CRT) in patients with first-episode psychosis.

Methods: 27 patients (8 women; 19 men) with first-episode psychosis aged between 18 and 35 years old were randomized to receive a computerized CRT for three months (2 sessions/week) (N=14) or treatment as usual (TAU) (N=13). A full cognitive battery (CANTAB Schizophrenia) was administered at baseline and follow-up (3 months later, after the CRT/TAU period). Plasma levels of thyroid-stimulating hormone (TSH) and FT4 were measured. Data were analyzed on an intention-to-treat basis. Correlation analyses were conducted to explore the association between TSH and FT4