F214. PSYCHOLOGICAL INTERVENTIONS FOR POSITIVE SYMPTOMS IN SCHIZOPHRENIA: A NETWORK META-ANALYSIS

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Background: There is rising awareness about the need of multi-disciplinary approaches integrating psychological treatments for schizophrenia, but a comprehensive evidence base on their relative efficacy is lacking. Conventional pairwise meta-analyses cannot provide a hierarchy based on the randomised evidence. We aimed to integrate the available evidence to create hierarchies of the comparative efficacy, acceptability and tolerability of psychological interventions for schizophrenia.
Methods: We performed a network meta-analysis (which uses both direct and indirect comparisons) of randomized controlled trials on psychological treatments aimed at positive symptoms in the acute treatment of schizophrenia, compared with another psychological intervention or with a no treatment condition (waiting list, treatment as usual). We excluded trials done in patients with predominant negative symptoms, concomitant psychiatric disorders or medical illnesses, and those done in first episode or stable patients. Published and unpublished studies were sought through database searches, trial registries and websites. Study selection and data extraction were conducted by at least two independent reviewers. Our primary outcome is the change in positive symptoms on a validated rating scale. Secondary outcomes include number of dropouts, overall and negative symptoms of schizophrenia, response, relapse, adherence, depression, quality of life, functioning and adverse events. Analyses were conducted in R within a frequentist framework. The risk of bias in studies has been evaluated using the Cochrane Risk of Bias tool and the credibility of the evidence will be evaluated using an adaptation of the GRADE framework to NMA, recommended by the Cochrane guidance. Subgroup and sensitivity analyses will be conducted to assess the robustness of the findings. The protocol of this review has been registered in Prospero (registration number: CRD42017067795).
Results: After screening 20196 references for title and abstract and 2555 full text articles, we identified 58 suitable trials, for a total of 3956 participants. Regarding primary outcome positive symptoms, only Cognitive Behavioural Therapy was significantly more effective than treatment as usual, with a standardised mean difference of -0.59 [95% credible interval -1.03; -0.16].
The standardised mean differences with 95% credible intervals for other interventions were: Acceptance and Commitment Therapy -0.07 [-2.12; 1.98], Cognitive Therapy -0.18 [-1.92; 1.55], Hallucination Treatment -0.69 [-2.40; 1.01], Metacognitive Therapy -0.26 [-1.16; 0.64], Mindfulness -0.26 [-2.14; 1.62], with heterogeneity $tau^2 = 0.6942$.
Data analyses on other outcomes are ongoing.
Discussion: We are going to investigate the possible sources of heterogeneity with the pre-planned subgroup analyses: number of sessions, study duration, individual versus group setting, expertise of the therapist and baseline severity.
A network meta-analysis is the only methodology that allows the production of hierarchies of interventions for treatment of schizophrenia. Such hierarchies, saying which treatment is likely to be the best, the second best and so on, are essential for guideline development. The results of this study are therefore likely to provide knowledge of great impact for treatment decisions.
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F215. EARLY SIGNS ACTION PLAN: EXPERIENCES OF RELATIVES

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Background: The shift towards person-centered care is ongoing within healthcare today. The Early Signs Action Plan was developed to facilitate participation of patients and their next-of-kin in outpatient psychiatric services specialized in the treatment of persons with schizophrenia and similar disorders. The aim was to investigate relatives' experiences regarding the activation of the action plan for their next-of-kin.
Methods: The study is a qualitative interview study using a semi-structured interview guide. The interviews are conducted with relatives (anticipated N=10) to outpatients whose Early Signs Action Plan has been activated. Interviews are digitally recorded and transcribed verbatim. The material is analyzed with qualitative content analysis
Results: Preliminary analysis based on the first six interviews suggests that relatives experience increased involvement in services as well as improved relations with care staff. Relatives felt a greater sense of security as they were more knowledgeable, and activation of the plan resulted in a more immediate response from service providers. However, some respondents expressed communication problems with staff, pointing to a need for improved flow of information and increased understanding of the situation. Some expressed a feeling of uncertainty related to lack of feedback from staff, as well as lack of continuity and limited inclusion in the care process. Results from the entire study will be presented
Discussion: Early Signs Action Plan may constitute a useful tool for the involvement of relatives in psychiatric services. However, relatives pointed out several areas for improvement

F216. SLEEP QUALITY AND CLINICAL IMPROVEMENT IN FIRST EPISODE PSYCHOSIS

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Background: Sleep disturbance is a common feature in early psychosis. Sleep quality has shown to be associated with both symptom severity and clinical improvement in persons with chronic illness.
Understanding the influence of sleep quality in early psychosis can be beneficial in determining interventions for coordinated specialty care (CSC). Using patients from a CSC intervention program for first episode psychosis, we investigated the association between subjective sleep quality with clinical response and clinical symptom correlates.
Methods: Participants were consecutive patients admitted between March 2015 to June 2017 who underwent coordinated specialty care at Penn PERC (Psychosis Evaluation and Recovery Center). Eligible participants were young persons ages 16–35 years who had experienced onset of psychosis within 3 years prior to intake and who underwent 2-years of CSC for early psychosis, including cognitive therapy for psychosis recovery (CT-R), medication management, family education and occupational support. Standardized self and observer based rating scales evaluating sleep quality (PSQI) and other clinical symptoms, e.g., anxiety (BAI), depression (BDI) and affective states (PANAS), and clinical improvement (CGI-I) were administered at intake, after 3 months, 6 months and subsequently every 6 months of CSC. Participants provided informed consent. 48 participants completed assessment at 2-time points between intake and 2–4 months later and 38 underwent assessment at 3 time points, including 6–7 months following intake. Correlational analyses were performed on PSQI change (slope) over 3 assessments and change in BAI, BDI, PANAS-negative, PANAS-positive. Analysis were further stratified by improvement – CGI-I <2 (much improvement) (n=17) and CGI >3 (little/no improvement) (n=21).
Results: Of 48 patients, average age at intake was 22 years (Male:Female=40:8; Caucasian:African-American/Other=28:20). Primary