

Conclusion. Results suggest that VStore can discriminate between schizophrenia patients and healthy controls. In addition, VStore and MCCB seem to be strongly associated, suggesting that they tap into identical cognitive domains. VStore seems to be strongly correlated with FC, more so than the MCCB, and cause no measurable side effects. Taken together, this suggests that this novel VR task has the potential to reliably measure cognition and FC simultaneously.

The emerging role of acceptance and commitment therapy as a way to treat trauma and stressor related disorders

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Aims. The aim of this work is to gather and evaluate scientific evidence about the clinical effects of Acceptance and Commitment Therapy (ACT) in the treatment of patients with trauma-related Post-Traumatic Stress Disorder (PTSD).

Method. A literature search was conducted on PubMed platform, starting from the following MeSH terms: “Acceptance and Commitment Therapy”, “Trauma and Stressor Related Disorders”, “Psychological Trauma”. Studies obtained were analysed, corresponding to investigations based on an adult population with trauma and stressor related disorders.

Result. The search provided 13 results, of which 12 met the defined criteria. Different types of studies with variable samples were considered, including randomised clinical trials, longitudinal observational studies, narrative reviews and an analysis of case reports.

Globally, ACT has been showing a crescent role in the treatment of individuals with trauma histories by enhancing positive outcomes and by being associated with greater psychological flexibility. It is increasingly considered to be well-suited to the treatment of trauma by targeting avoidance, coping strategies with emotional disengagement and persistent dissociation, aspects associated with greater PTSD symptom severity and related psychopathology.

Furthermore, research suggests that acceptance-based treatments are helpful in promoting emotional, behavioural, and neural changes in psychological disorders characterised by disgust, shame and guilt that commonly co-occur with PTSD.

Among the various exposure factors, we found a growing production of recent literature in which ACT has been applied in the context of oncology life-threatening settings, demonstrating significant improvements in symptoms and quality of life, as well as reductions in emotional disturbances, physical pain and traumatic responses.

However, little is known about implementation and results of ACT in situations of trauma and psychiatric comorbidities. Data suggest that, when applied to individuals with psychosis and history of trauma, there is an improvement in overall severity and anxiety symptoms, emotion regulation strategies and a greater sense of engagement in care; nevertheless, reduction of specific trauma symptoms remains controversial. More mention is made about the growth of literature evaluating the application of ACT as a conjunctive therapeutic method for trauma and simultaneous addictive disorders.

Conclusion. Overall, despite limited published research currently available, some evidence starts to support ACT’s promising role as an effective psychotherapeutic approach to trauma and stressor related disorders. Its application in situations where organic diseases represent stress factors has been growing. Future research

should focus on clarifying the role of ACT in psychiatric comorbidity scenarios, allowing this psychotherapy to help individuals find a meaningful and valuable life beyond trauma.

Pharmacological interventions for improving cannabis use and psychosis in dual diagnosis: a systematic review

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Aims. Many patients with psychosis symptoms and schizophrenia use cannabis as a recreational drug. Patients who use cannabis respond differently to antipsychotic treatment compared to those who do not. Despite this, there is a lack of evidence, and therefore clinical guidance, pertaining to the best pharmacological treatment to improve psychosis or cannabis use in this population. This systematic review was carried out to assess the current evidence base regarding the most effective pharmacological treatment for patients with psychosis who also have a background of using cannabis. Our specific question was: ‘in patients with a dual diagnosis of psychosis and cannabis use, which pharmacological interventions have the most efficacy in improving psychosis or reducing cannabis use?’.

Method. A search of EMBASE, PsychINFO, and MEDLINE(R) databases was carried out on September 30, 2020. Bibliographies of other studies were also searched for relevant articles. After exclusion of any articles which did not meet inclusion criteria for this review, eleven full texts remained; a qualitative analysis was carried out on these, but there was no meta-analysis. Only randomised control trials (RCTs) whose interventions and controls were pharmacological therapies, and which included patients with a background of cannabis use and psychosis, and which measured clinical outcomes, were included.

Result. We found 11 articles which analysed 10 RCT studies (n = 363) investigating risperidone, olanzapine, clozapine, haloperidol, ziprasidone and imipramine. 6/11 were double blind. The studies were small in size, varied in their methodology, exact inclusion criteria, exact outcomes, and all had a high risk of bias. Few significant findings were found. There is limited evidence for clozapine having anti-craving effect however whether this is associated with reduction in use remains to be demonstrated. We found no studies of adjunctive anticonvulsant agents, which are often used in psychotic disorders.

Conclusion. This review underlines the paucity of studies on which to make evidence-based decisions. No new studies have been undertaken since the last systematic review in this area in the last 7 years. Due to the lack of high-quality evidence found by this review, there remains a considerable need for interventional, high-quality RCTs in this comorbid patient group.

Before the light fades, who blows the whistle? : a narrative review on sports dementia

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