

chronic/treatment resistant phases of psychosis highlighting the need to investigating the effect in earlier phases of psychosis, that is, first-episode and potentially clinical high-risk states.

**Disclosure of Interest:** None Declared

## S0093

### Illicit drug use and co-morbidities: a gender perspective

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**Abstract:** At the global level, women are more likely than men to misuse pharmaceutical drugs, particularly pharmaceutical opioids and tranquilizers. By contrast women are three times less likely than men to use cannabis, cocaine or amphetamines and one in five people who inject drugs are women. This mainly reflects differences in opportunities to use drugs owing to the influence of social or cultural environments, rather than intrinsic gender vulnerability. The scientific literature shows that processes of drug use initiation, social factors and characteristics affecting people who use drugs, biological factors and progression to the development of drug use disorders vary considerably between men and women. In this presentation we will present the main characteristics at bio-psychosocial level, including mental (i.e. Depression, Post-Traumatic Stress disorder) and physical comorbidities (i.e. HIV, HCV) of women with illicit drug use disorders. Finally, there will be a reflection on the different difficulties that women who use drugs have in accessing treatment.

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## S0094

### Social inclusion: a fundamental PROM for evaluating recovery-oriented global mental health programmes

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**Abstract:** Social inclusion is a multidimensional concept, referring to ample participation in key social, cultural, economic and political activities. Since the turn of the century, social inclusion has become a guiding principle in policy recommendations of many international (United Nations, WHO, EU) and national bodies, aiming to improve the lives of people with mental ill-health. More recently, social inclusion has been increasingly used as an outcome measure, to test the effectiveness of complex interventions, especially in the field of global mental health.

This presentation will focus on: (1) current definitions and controversies in research on social inclusion for and with people with mental ill-health; (2) measuring social inclusion; and (3) the evidence-base of interventions to improve social inclusion. Special attention will be given to recovery-oriented interventions in global mental health such as peer support.

In summary, over the last years, impressive conceptual and methodological advances have been made to transform policy rhetoric into meaningful and effective interventions. However, challenges remain, including consensus on culturally appropriate measurement of social inclusion, and balancing the roles and responsibilities of all stakeholders (service users, mental health service providers, wider society) across the entire exclusion-inclusion continuum to promoting social inclusion and mental health.

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## S0095

### Clinical, physiological and cerebral effects of a remote adapted physical activity program in patients with schizophrenia

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**Abstract: Background:** Physical activity (PA) has emerged as an interesting adjuvant non-pharmacological intervention in patients with schizophrenia (SZPs). The vast majority of programs are face-to-face without considering the patients' physiological capacities and their difficulty to achieve the programs. The aim of this study was to demonstrate the efficacy of PA on clinical variables and brain plasticity. Its originality was to adapt PA on the cardiorespiratory and physical capacities (APA) and to deliver PA remotely by a videoconference coach (e-APA).

**Methods:** This longitudinal study included 35 SZPs (DSM-5) randomized either in an e-APA group or in a control group (health education training (e-HE)). Both programs were delivered in the same conditions, remotely via the web with a professional, for two 60-minute sessions per week during 16 weeks. Cardiorespiratory capacity measured by VO<sub>2</sub>max, clinical symptoms assessed with PANSS, BNSS and SNS, total hippocampus (HCP) volumes and their subfields, were evaluated in pre- (session 1) and post-interventions (session 2). High-resolution T<sub>1</sub>-weighted and two high-resolution T<sub>2</sub>w brain volumes were proceeded at session 1 and 2 (MRI 3-T, Philips). ANCOVAs were performed to determine intervention and/or diagnostic effects on relative variation (RV) of cardiorespiratory capacity, clinical symptoms and HCP volumes.

**Results:** The retention rate of SZPs in the study was 88.6%. SZPs of e-APA group presented a greater RV of VO<sub>2</sub>max (+7.3%) compared to SPZs-HE (-3.9%) (p = 0.024). No significant effect of the e-APA compared to the e-HE was demonstrated regarding the RV of the clinical symptoms. However, between 1 and 2 sessions, total PANSS scores, positive and general PANSS sub-scores significantly decreased in both groups while total SNS and BNSS scores only decreased in e-APA group. Finally, a positive and greater RV of the left subiculum volume was observed in e-APA (+3.4%) compared to e-HE (-2.5%) (p = 0.0005).

**Conclusion:** This study is the first one demonstrating the feasibility and acceptability of a remote APA program in SZPs with high participation rates. Our results show that e-APA induces brain plasticity reflected by an increase of HCP subfield volume and