

their diagnosis (I — F20.x, II — F21.x, III— F2x+HIV); BPRS (Overall & Gorham, 1962) – to assess psychiatric status, RSAS (Eckblad et al., 1982) – to assess anhedonia. Dispersion analysis (Kruskal and Mann–Whitney tests), Spearman and Pearson correlation were used.

Results: Patients with comorbid HIV-infection showed increased level of perceived stigma, although they resisted the stigma internalization better than others did (Table 1).

Table1. Differences in stigma structure (M±S.D.)	F21.x(I)	F20.x(II)	F2x+HIV(III)
PDD	2.05±0.43	2.07±0.45	2.42±0.48*
Alienation	2.60±0.49*	2.47±0.57	2.02±0.82
Stigma resistance	2.61±0.34**	2.41±0.47	2.18±0.63
*p<0.05 **p(I–III)<0.05			

Patients with schizotypal disorders and patients at early stages of HIV infection experienced the most alienation and frailty to internalization of stigma (Tables 1, 2).

Table2. Correlations of ISMI, RSAS, and PDD, BPRS indexes, HIV stages (p<0.05)	HIV stage*	PDD	BPRS total score
Social anhedonia		0.5	0.4
Alienation	–0.4		0.6
Stigma resistance	–0.5	0.4	
*Patients being in 2-4 clinical stages of HIV-infection were included in the study			

Correlation relationship between social anhedonia and perceived stigma ($r=0.5$, $p<0.05$) observed in patients with HIV infection.

Conclusions: Comorbid HIV infection in psychiatric patients contributes to the psychiatric stigma structure. Differentiated approaches in rehabilitation of HIV-positive mental patients should be used.

Keywords: stigma of mental illness; Internalized stigma; HIV infection; Schizophrenia spectrum disorders

EPP1140

Psychoeducational groups for relatives of patients with cognitive impairment: Effect on the psychological state of caregivers

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doi: 10.1192/j.eurpsy.2021.1357

Introduction: The Cognitive Disorders Unit carries out sessions of Psychoeducational Groups (PG) for caregivers of patients diagnosed with cognitive impairment (CI). The aim is to educate about the disease, improve the caregiver's self-care and learn how to take better care of the sick.

Objectives: Analyze the profile of the caregivers that participate in PG and assess changes in their psychological state.

Methods: Subjects: 110 caregivers of patients diagnosed with mild-moderate CI who have participated in PG. Methodology: socio-demographic data of the caregiver and patient are collected. The following scales are passed: General-Health-Questionnaire (GHQ-12), Global-Deterioration-Scale, Barthel-Index. 5 sessions of 90 minutes are carried out every fortnight. An opinion questionnaire and the GHQ-12 are administered at the end of the sessions.

Results: 86% of caregivers are women: 37% spouses and 55% daughters; mean age 57; 92% of patients live with the caregiver. 62% of caregivers present some kind of psychological disorder that is significantly reduced ($p=0,0003$) after some sessions. After PG: 65% of caregivers are able to further enjoy their daily activities 46% improve concentration capacity 42% improve sleeping and mood. Opinion Questionnaire Results: 98% of caregivers are satisfied with the activities, the topics addressed and their applicability.

Conclusions: The participants in PG were mostly daughters of patients, with average age 57, and living in the same household. Participation in PG improves the information and skills of caregivers, and reduces psychological disorders by improving their mood, their ability to concentrate, their quality of sleep and enjoyment of daily activities.

Keywords: psychoeducational; group; relatives; cognitive impairment

EPP1141

Horticultural rehabilitation programme: Effects on schizophrenia

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doi: 10.1192/j.eurpsy.2021.1358

Introduction: Horticultural therapy is a professional practice that is increasingly used in a lot of mental health rehabilitation programs. This therapy was introduced in the Comunitary Rehabilitation Service of INAD, considering its beneficial results in patients with severe mental disorder in combination with the usual rehabilitation program.

Objectives: We would like to study the benefits of this therapy compared to the usual in our patients.

Methods: This is an explanatory study for the purpose of establishing the association between the application of a Therapeutic Horticulture Program and the Clinical Symptomatology of Schizophrenia. A