

Introduction Between 25–50% of psychiatric patients are non-compliant with their pharmacological treatment. When differences between compliant and non-compliant patients were analyzed, differences were found in relation to their beliefs and feelings about medication. The Drug Attitude Inventory (DAI) was created to measure attitudes towards medication in adults. It predicted adherence in schizophrenia and depression studies.

Objective Determine if psychotherapeutic and psychoeducational activities – during a partial hospitalization at the Psychiatric Day Hospital – can improve aspects related to feelings and thoughts about medication.

Method We gathered retrospectively a sample of 151 patients hospitalized at the Psychiatric Day Hospital, from September 2013 to June 2015. Their thoughts and feelings about medication were measured with the DAI before and after the hospitalization. From the sample of 151 patients, 94 completed both tests, excluding who did not have the final DAI score. Differences between initial and final scores were statistically analyzed with the Wilcoxon test for paired samples.

Results Of the 94 patients who completed the study, 52 showed an improvement in their DAI score, whereas the remaining 27 showed an equal or decreased final DAI compared to initial evaluation. The difference was statistically significant ($P \leq 0.05$).

Conclusion It seems that psychoeducational activities related to medication are important in order to reconsider or modify feelings and thoughts about treatment. Information on medication provided to psychiatric patients (to those who need psychopharmacological treatment), carried out in a group context, which facilitates an open and sincere communication, can be a useful strategy to improve compliance with treatment.

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Mutual aid program among adults with mental health illness as part of the treatment in a day hospital

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Introduction/objectives To supervise agents in a mutual aid experience in Motril Mental Health Day Hospital. To perform a supporting role among the agents involved in a mutual aid program to consolidate its operations autonomously.

Methods A multidisciplinary working group, which met every two weeks for 4 months was set. Group sessions were planned. We selected mutual aid pairs individually and addressed the difficulties in the process. The experiment was performed with 4 agents setting a maximum of 5 interviews. A success criterion of 80% of the meetings planned was established. In between mutual aid group, success criterion was to maintain a 3-month experience held by 5 members. A qualitative analysis of most important issues amongst coordination meetings were also held.

Results Three out of 4 pairs reached 80% of the interviews successfully. The support group was developed weekly during 3 months with an average of 8 participants. The trending topics during coordination meetings were toxic consumption, acute crisis, drug intake and issues to be addressed with the psychiatrist.

Conclusions Mutual aid among users is a way of intervention that needs to be further consolidated. The establishment is still unpretentious and has low weight amongst coordination objectives. The results addressed in number of sessions and satisfaction are favor-

able, but it is necessary to assess the experience widely and to begin developing specific objectives [1,2].

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Psycho-educational program “+ family” – Pilot program

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The CLDS + Paredes de Coura integrated in its action plan the implementation of a program for the development of strategies at the level of qualification of the families as it corresponded to one of the needs highlighted by the Social Municipality Action under the Social Diagnosis.

With a Psychologist/Family Therapist and a Conflict Mediator, have formed groups with parents and children separately.

Questionnaires were applied at the beginning and end of the program for evaluation of impact. The results showed that the personal development of children and adults was promoted, were broadcast techniques that facilitate the daily emotional management and improved is communication skills. This program will now be applied to other groups.

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Psychosocial therapy in schizophrenia

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Introduction Psychosocial interventions are an essential part of the treatment of schizophrenia and are aimed at promoting the social, family and occupational functioning of the patient and relapse prevention. They are considered proven clinical measures whenever necessary, however they tend to be underused.

Objective Answer the question on psychosocial therapies available today for schizophrenia.

Methods Review through PubMed by entering the following keywords: psychosocial therapy; schizophrenia; cognitive behavioral therapy, and clinical practice guidelines.

Discussion There are several psychosocial therapies used in clinical practice. The main points of approach focus on self-management of the disease, everyday problems, education, crisis intervention, and acquiring insight. The cognitive impairment is an important aspect of schizophrenia to consider. It seems that cognitive remediation therapy has been associated with both neurobiological and cognitive improvement.

Conclusions The combination of different therapies along with psychopharmacological treatment appears to provide better results in the reduction of negative symptoms, positive symptoms and reduced hospital stay.

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