Introduction  Psychotherapy can ease physical symptoms of patients with skin pathology.

Objectives To study features of social and psychological maladaptation and quality of life in patients with psoriasis.

Aim To study psychotherapy role in quality of life improvement and social rehabilitation of patients with psoriasis and their family members for the period 2000–2015 in the Belarusian population.

Methods One hundred and twenty four patients with cutaneous psoriasis, 12 patients with psoriatic arthritis and 42 healthy persons were studied. Quality of life, types of attitude towards the disease, level of social frustration, depression, level of social maladaptation, psychological defense mechanisms and patients attitudes towards psychotherapy were assessed.

Results There were detected among patients with psoriasis (especially with arthropathy form): social maladaptation, higher level of social frustration and depression ($P < 0.05$), decrease in quality of life ($P < 0.001$), the wider range of psychological defense mechanisms (negation, regression, substitution, reactive formation, $P < 0.05$). Maladaptive types of attitude towards the disease were presented in 24% patients with psoriasis and almost in 41% patients with arthropathy.

Conclusions Psychotherapy can have a high potential for social rehabilitation and quality of life improvement for patients with psoriasis. Obtained data in social maladaptation indicate family therapy as an important therapeutic part for patients with psoriasis. Moreover, knowledge about patients psychological defense mechanisms can help to choose a direction and methods of individual psychotherapy of social maladaptation. This research shows also that psychotherapeutic approach and family psychotherapy remains underestimated in Belarus.

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The evolution of cognitive behavioural therapy – The third generation and its effectiveness

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Introduction  First wave cognitive behavioural therapy (CBT) focuses essentially on classical conditioning and operant learning and second wave on information processing. They are based on the premise that certain cognitions, emotions and physiological states lead to dysfunctional behaviour and so, by eliminating the first ones, changes in behaviour will take place. Third wave CBT appeared in an attempt to increase the effectiveness of first and second wave by emphasizing contextual and experiential change strategies.

Objectives/Aims To make a review on the actual state of the art of third wave CBT, focusing on MBSR (Mindfulness-Based Stress Reduction), MCBT (Mindfulness-based Cognitive Behavioural Therapy), DBT (Dialectical Behaviour Therapy), ACT (Acceptance and Commitment Therapy) and CPT (Compassion Focused Therapy).

Methods  Research on PubMed using the terms “third wave cognitive behavioural therapy”.

Results Methods and targets differ between MBSR, MCBT, DBT, ACT and CPT. Depression, anxiety and borderline personality disorders are some of those targets. However, a transdiagnostic approach is the hallmark of all third wave therapies: mental processes or emotions transversal to many psychiatric disorders such as shame, self-criticism, experiential avoidance or cognitive fusion are the main focus, emphasizing the context and human experience over any categorical diagnosis.