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THERAPEUTIC RIDING AND EARLY SCHIZOPHRENIA: THE ITALIAN EQUESTRIAN FEDERATION PINDAR PROJECT

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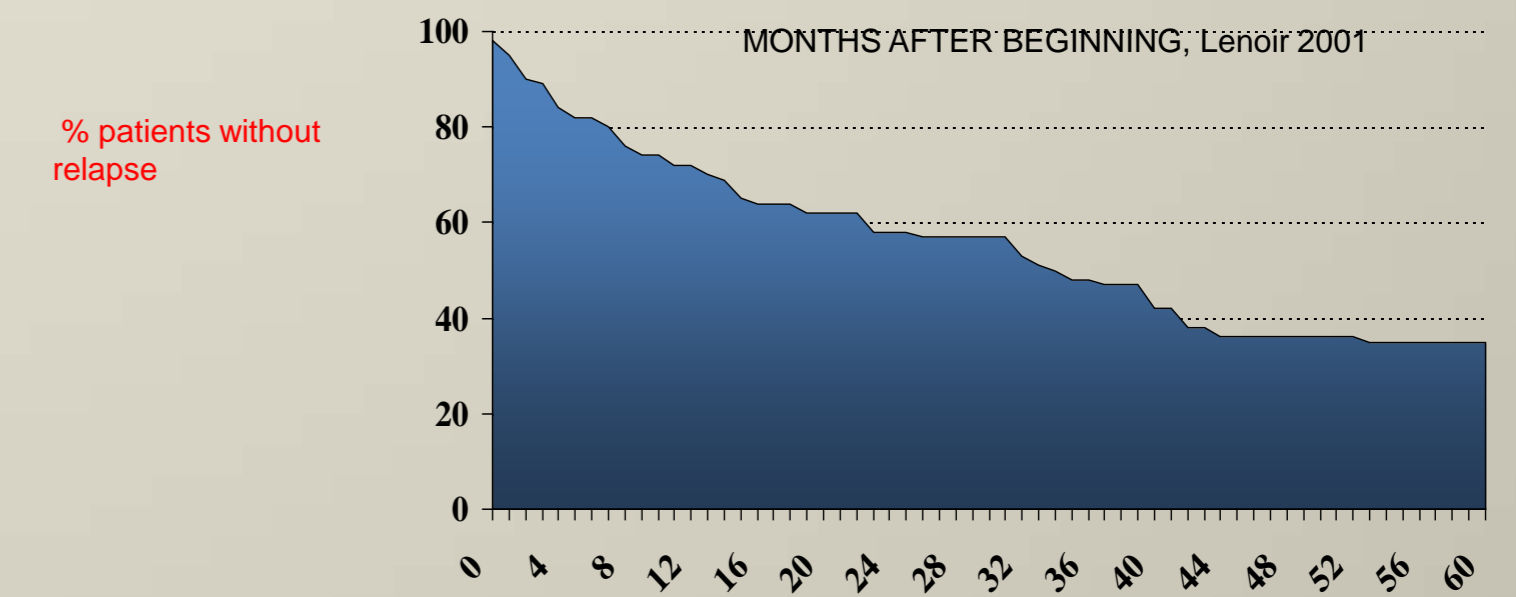
INTRODUCTION

Precocity of performance in early schizophrenia, no separation between therapy and rehabilitation, scientific interventions in not medical contexts, keeping the necessity to establish personalized courses yet at an early stage of the disease, are the central pillars of Therapeutic Riding.

COGNITIVE DEFICITS IN EARLY SCHIZOPHRENIA

- Attention and Memory
- Social Awareness
- Mentalization. Abstraction.
- Metacognition

THESE SYMPTOMS ARE STRICTLY RELATED WITH SOCIAL DISABILITY, THEY ARE THE MOST DIFFICULT TO BE CHECKED. IT IS VERY IMPORTANT TO TREAT THEM WITHIN THE FIRST 5 YEARS OF DISEASE.



THERAPEUTIC RIDING IN PSYCHIATRY

It looks like a particularly interesting area in early rehabilitation treatment of young psychotic patients, at beginning or prodromal stage. It allows to attend relational, emotional, symbolical and communication areas, either in work group or in courses oriented to achieve self-sufficiency in job.

THE FISE PINDAR PROJECT



IT IS A MULTICENTRIC RESEARCH ABOUT PSYCHIATRIC REHABILITATION AND THERAPEUTIC RIDING IN EARLY SCHIZOPHRENIA.

OVER 1 YEAR A GROUP OF 31 PATIENTS HAVE BEEN SUBMITTED ONCE A WEEK TO TR SESSIONS. THE PATIENTS WERE: AGED 18-40, BOTH SEX; TAKEN ON BY MENTAL HEALTH DEPT, NOT COMMITTED IN OTHER REHABILITATIVE INTERVENTION BECAUSE OF REFUSAL, INADEQUACY OF DAILY CENTER AGREEMENT PROTOCOLS OR PREVIOUS FAILURES.

ALL OF THEM HAVE BEEN DIAGNOSED IN THE SCHIZOPHRENIC SPECTRUM WITH A RELATIVELY SHORT DISEASE HISTORY. LACK OF ATTENDANT DIAGNOSIS OF SUBSTANCE ABUSE, MENTAL RETARD, EPILEPSY, SPECIFIC PHOBIAS ABOUT ANIMALS, HEIGHT, WITHOUT ANY IMPORTANT NEUROLOGICAL AND ORTHOPEDIC PATHOLOGY.

NOT IN ACUTE CLINICAL STATE.

FOUNDAMENTAL ELEMENT OF THE TR WORK (PARTLY WITH THE HORSE ON GROUND, PARTLY RIDING) HAS BEEN THE HUMAN-HORSE RELATIONSHIP, FROM AN ETHOLOGICAL POINT OF VIEW. SUCH A RELATIONSHIP DRIVES TO A COGNITIVE COMPREHENSION EFFORT OF THE "OTHER FROM SELF", WHO IS NOT SIMPLY AN ANIMAL, BUT A PREY WHILE MEN ARE PREDATORS. THE HORSE BEHAVIOURAL CODES ARE THEREFORE COMPLETELY DIFFERENT FROM HUMAN ONES, AND THE EFFORT "TO THINK HOW THE OTHER IS THINKING" IS THE STARTING POINT OF METACOGNITIVE WORK IN SCHIZOPHRENIC PATIENTS REHABILITATION .

PRELIMINARY RESULTS ABOUT THE FIRST 11 PATIENTS
DURING THE STUDY WE HAD NO ACUTE STATE, NO HOSPITALIZATION DAY, 1 DROP OUT

TEST BATTERY
BPRS; PANSS WITH 8 ITEMS, VGF, SF 36, TAS, TCQ

SOME PRELIMINARY RESULT

BPRS in baseline and T ½ (n=16)

A = 50	→	41	(- 13%)
B = 35	→	27	(- 17%)
Tot = 85	→	68	(- 15%)

BPRS between baseline and T ½ and disease years (n=16)

Low than 5 years of disease	more than 6 years of disease
Delta% A = - 18%	Delta% A = - 9%
Delta% B = - 16%	Delta% A = - 17%
Delta% Tot = - 17%	Delta% A = - 12%

PANSS IN BASELINE (n=24)
No patient in remission
N. Item score < o = 3 equal to 31%

PANSS ONT/1/2 (n=16)
3 pts in remission and 2 other at just 1 point from remission
N. Item score < o = 3 equal to 53%

CONCLUSIONS

THESE PRELIMINARY RESULTS LET US THINK THAT TR COULD ACT AS AN IDEAL FRAME FOR THE REHABILITATIVE COURSES IN EARLY SCHIZOPHRENIA.

PARTICULARLY AT THE END OF THE PROJECT WE HAVE HAD:

NO HOSPITALIZATION DAYS; WELLNESS IMPROVEMENT, METACOGNITION IMPROVEMENT; QUALITY OF LIFE IMPROVEMENT ,CARE GIVER QUALITY OF LIFE IMPROVEMENT; JOB SETTING