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Schizophrenia research: The necessary link between psychopathology and clinical neuroscience

W29

From Griesinger to DSM-V: Do we need the diagnosis of schizophrenia?

A. Erfurth[1,*], G. Sachs[2]
[1] *Otto-Wagner-Spital, 6th Psychiatric Department, Vienna, Austria*
[2] *Medical University of Vienna, Department of Psychiatry and Psychotherapy, Vienna, Austria*
[*] *Corresponding author.*

The dichotomy between "dementia praecox" and "manic-depressive insanity" by Emil Kraepelin is one of the milestones of nosology in psychiatry [1].
This dichotomy reflects the necessity – particularly in the absence of effective treatment in Kraepelin's time – to differentiate (and to predict) the functional outcome of individual patients. Since Kraepelin's original division particularly the influence of Kurt Schneider has led to a full acknowledgment of the dichotomy in both ICD and DSM.
While this division has proven to be clinically useful, alternatives have been proposed covering a large spectrum from the idea of unitary psychosis as in Wilhelm Griesinger and Klaus Conrad to further subdivisions as in Karl Leonhard. Recent research in neuroscience suggests the presence of an overlap between schizophrenia and other psychiatric disorders [2–4].
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W30

Role of psychopathology in elucidating the underlying neural mechanisms

F. Oyebode
Birmingham, United Kingdom

Introduction Psychopathology is the systematic study of abnormal subjective experience and behaviour and it aims to give precise description, categorisation and definition of abnormal subjective experiences.
Aim I aim to demonstrate that the most appropriate approach to elucidating the biological origins of psychiatric disorders is firstly to identify elementary abnormal phenomena and then to relate these to their underlying neural mechanisms. I will exemplify this by drawing attention to studies of Delusional Misidentification Syndromes (DSM).
Results I will show that there are impairments in face recognition memory in individuals with DSM without impairments in the recognition of emotion and that there are abnormalities of right hemisphere function and of the autonomic recognition pathways that determine sense of familiarity.
Conclusions Basic psychopathological phenomena are more likely to throw light on the basic neural mechanisms that are important in psychiatric disorders than studying disease level categories.
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W31

The role of cognition in the psychopathology of schizophrenia: Assessment and treatment options

G. Sachs[1,*], I. Lasser[1], B. Winklbaur[1], E. Maihofer[2], A. Erfurth[2]
[1] *Medical University of Vienna, Department of Psychiatry and Psychotherapy, Vienna, Austria*
[2] *Otto Wagner Spital, Vienna, Austria*
[*] *Corresponding author.*

Cognitive dysfunction is a characteristic feature of patients with schizophrenia. Traditionally, the main distinction between "dementia praecox" and "manic-depressive insanity" was in fact the cognitive outcome during the course of the disease [1].
For the assessment of cognitive dysfunction both large, detailed instruments [2] and brief screening scales for quick and multiple use [3,4] are available.
Recently, the role of social cognition has been thoroughly examined showing differential effects [5].
Treatment of cognitive dysfunction in schizophrenia comprises adherence to a therapy with atypical antipsychotics as well as specific treatment programs for cognitive [6] and social cognitive [7,8] dysfunction.
Disclosure of interest The authors have not supplied their declaration of competing interest.
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Shaping the future of healthcare through innovation and technology

W32

New research in outcome management using apps and DSM-5 measures. Preliminary results

V.J.A. Buwalda
Vrije Universiteit/Victas addiction Center, Psychiatry, Amsterdam, Netherlands

The presentation is about the use of outcome measurements in combination of a newly developed app that enables psychiatrists and patients track the progress of their treatment process and adjust it if needed in an shared decision fashion.
In 2013 the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders was introduced. Around the same time there was the start of a paradigm shift in healthcare which increased the focus on patient involvement in individual health care decision-making and on measuring and improving outcomes of care (Sederer

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et al., 1997; Sperry, 1997; Hermann, 2005). If outcome measures are psychometrically sound and able to measure clinical change, treatment progress can be made transparent for both patients and clinicians.

In this presentation the presenter will update the audience on a research project were the DSM-5 Field Trials, patient-reported dimensional measures and the World Health Organization Disability Assessment Schedule (WHODAS) (Clarke et al., 2013; Narrow et al., 2013; Mościcki et al., 2013) are secured and placed in a newly developed app.

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W33

Addiction component walk along working towards a new app

M. Krausz
Institute of Mental Health at UBC, UBC-Providence Leadership Chair for Addiction Research Professor of Psychiatry, West Vancouver, Canada

Only a very small percentage of adolescents and young adults with mental challenges is able to access specialized care. Access is limited due to a lack of capacity but also internal hurdles and stigma especially among young males. The web creates a new environment for them, which is defining a new culture of communication and interaction. The majority is using smart phones to access the internet and make that their main communication device. Walkalong is a web-based platform, which aims to provide a range of opportunities and tools for youth with especially mood challenges. These tools include screening and assessment, online resources and all kind of orientation and interaction for informed decision making. We are working on that to develop a framework for better online-based mental health care including useful tools beyond crisis based on the principles of empowerment and strength based approaches.

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W34

North Carolina Statewide Telepsychiatry Program (NC-STeP): Using telepsychiatry to improve access to evidence-based care

S. Saeed [1,2,3,4]
[1] *Department of Psychiatry and Behavioral Medicine, Brody School of Medicine at the East Carolina University, Greenville, NC, USA*
[2] *North Carolina Statewide Telepsychiatry Program (NC-STeP), Greenville, NC, USA*
[3] *ECU Center for Telepsychiatry and e-Behavioral Health, Greenville, NC, USA*
[4] *Vidant Medical Center, Greenville, North Carolina, NC, USA*

Mental disorders are common [1] and they are associated with high levels of distress, morbidity, disability, and mortality. We know today that psychiatric treatments work and there is extensive evidence and agreement on effective mental health practices for persons with these disorders. Unfortunately, at a time when treatment for psychiatric illness has never been more effective, many people with these disorders do not have access to psychiatric services due to the shortage, and maldistribution of providers, especially psychiatrists. This has resulted in patients going to hospital emergency departments to seek services resulting in long lengths of stay and boarding of psychiatric patients in hospital emergency departments. A growing body of literature now suggests that the use of telepsychiatry to provide mental health care has the potential to mitigate the workforce shortage that directly affects access to care, especially in remote and underserved areas [2,3].

The North Carolina Statewide Telepsychiatry Program (NC-STeP) was developed in response to NC Session Law 2013-360. The vision of NC-STeP is to assure that if an individual experiencing an acute behavioral health crisis enters an emergency department of a hospital anywhere in the state of North Carolina, s/he receives timely, evidence-based psychiatric treatment through this program. Aside from helping address the problems associated with access to mental health care, NC-STeP is helping North Carolina face a pressing and difficult challenge in the healthcare delivery system today: the integration of science-based treatment practices into routine clinical care. East Carolina University's Center for Telepsychiatry is the home for this statewide program, which is connecting 80-85 hospital emergency departments across the state of North Carolina. The plan for NC-STeP was developed in collaboration with a workgroup of key stakeholders including representatives from Universities in NC, hospitals/healthcare systems, NC Hospital Association, NC Psychiatric Association, LME-MCOs, NC-Department of HHS, and many others. The NC General Assembly has appropriated $4 million over two years to fund the program. The program is also partially funded by the Duke Endowment.

The program has already connected 56 of the projected 85 hospitals in the first 18 months since its inception and over 12,000 encounters have been successfully completed during this time. A web portal has been designed and implemented that combines scheduling, EMR, HIE functions, and data management systems. This presentation will provide current program data on the length of stay, dispositions, IVC status, and other parameters for all ED patients who received telepsychiatry services. NC-STeP is now positioned well to create collaborative linkages and develop innovative models for the mental health care delivery by connecting psychiatric providers with EDs and Hospitals, Community-based mental health providers, Primary Care Providers, FQHCs and Public Health Clinics, and others. NC-STeP is positioned well to build capacity by taking care of patients in community-based settings and by creating collaborative linkages across continuums of care. By doing so, the program implements evidence-based practice to make recovery possible for patients that it serves.

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W35

21st century house call home tele-behavioral medicine

H.A. Schwagar
Alaska Telemedicine Consultants, Inc., Willow, Alaska, USA

Objective This presentation will focus on and demonstrate the effective, secure, cost effective delivery of Tele-Behavioral Medicine services to patients in the privacy or their own home.

Method Today's use of internet technology brings with it "cost effectiveness" for Tele-behavioral medicine applications. Today, with a relatively current laptop computer, a web-cam or iPad, broadband connectivity (256 kB or faster), and a downloadable,