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S050

### The NYMPHA-MD project: Next generation mobile platforms for health, in mental disorders

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Bipolar Disorder is a common and complex mental disorder with a prevalence of 1-2% and accounts as one of the most important causes of disability at age 15-44 years worldwide.

Electronic versions of self-monitoring tools and symptom registration using computers, personal digital assistants (PDAs), text messages, and web interfaces have been described in the literature and a large number of commercial Smartphone applications for patients with bipolar disorder are available.

The Next Generation Mobile Platforms for Health, in Mental Disorders project (the NYMPHA-MD project), funded by the European Union's Seventh Framework program for research, technological development and demonstration, focuses on the implementation of a Pre-Commercial Procurement of mobile e-health service for supporting physicians and patients in the treatment of bipolar disorder through continuous patients monitoring in order to dynamically support illness management and potentially identify early warning signs.

The NYMPHA-MD project will define the framework of a Pre-Commercial Procurement for the provisioning of next generation services advocated for mental health treatment with a special focus on bipolar disorder based on the use of new technologies, open standards and open platforms.

The NYMPHA-MD project will focus on identifying requirements involved in the structuring of mental health services with a focus on bipolar disorder treatment including medical, technological, patients, legal, ethical, policy, risk management and business-orientation needs in order to construct a reference model of service provisioning useful in different European contexts.

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S051

### Neuropersonaltrainer-mh: A new computerized platform for the cognitive remediation in schizophrenia and bipolar disorders

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Schizophrenia and mood disorders -including unipolar depression and bipolar disorder-, are severe mental diseases with a highly heterogeneous symptomatology, among which cognitive dysfunction has progressively emerged as a key cornerstone. Patients suffering from these illnesses show significant deficits in different neurocognitive and social cognition domains. These deficits are evident during acute episodes, and in a high percentage of patients persist in periods of recovery, playing a decisive role on functional and clinical outcome. Nowadays, different pharmacological therapies have been tested, obtaining non-conclusive results. In this context, non-pharmacological strategies, such as neurocognitive remediation, have emerged as promising therapeutic intervention. Neurocognitive remediation comprises a program to rehabilitate cognitively impaired subjects, aiming either to restore their

cognitive functioning or to compensate them in specific cognitive domains. One evolving approach, beginning to receive attention for its initial promising results, is computerized cognitive training. This technique employs tasks or games that exercise a particular brain function which target specific neural networks in order to improve cognitive functioning through neuroplasticity in a given neural circuit. In this scenario, we report our recent results with neuropersonaltrainer<sup>®</sup>-MH; a module for neurocognitive remediation consisting in a computerized telerehabilitation platform that enables cognitive remediation programs to be carried out in an intensive and personalized manner. Our group has applied NPTMH<sup>®</sup> in a pilot study treating patients with early onset psychotic disorder with positive and promising results, involving an improvement in functionality, neurocognition, and social cognition performance. Furthermore, new trials in bipolar disorder and major depressive disorder have been recently started.

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## Symposium: shame and guilt in clinical practice

S052

### Shame & guilt: Definitions, antecedents and structure of experience

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*Aims* In this lecture I will define and distinguish between shame and guilt. I will then discuss the potential causes of shame and guilt and how these emotions manifest in behavioral and phenomenal terms. I will conclude by introducing a classification that deals with the varieties and nature of the pathologies of shame and guilt that are evident in clinical practice. I will rely on concepts developed by Karl Jaspers, Hans Jonas and Bernhard Schlink. In doing this I will be exploring the role of moral and juridical principles upon the experience of shame and guilt including the place of the imperatives of responsibility upon the experience of shame and guilt. I will argue further that shame and guilt are as important as other secondary emotions such as envy and jealousy but are not as examined and studied in clinical practice. I will make a case for the centrality of these emotions to an understanding of and response to particular clinical conditions in daily practice.

*Methods* N/A.

*Results* N/A.

*Conclusions* Shame and Guilt are both important emotions that are central to our understanding of and response to particular conditions in daily practice. Their antecedents and structure provide a basis for distinguishing between them.

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S053

### Shame and guilt in mental disorders - diagnostics and treatment

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Guilt and shame are important human emotions, which have been studied by several different disciplines. Seminal and recent inputs in Psychology (particularly Psychoanalysis) and Psychiatry are