

obsessive (OCD), by assessing three core dimensions of addiction in patients with OCD and healthy participants. Similar to the common findings in addiction, OCD patients demonstrated increased impulsivity, risky decision-making, and biased probabilistic reasoning compared to healthy controls. During the presentation we will discuss the behavioral addiction model of OCD by focusing on common neuropsychological and neurobiological circuitries.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.120>

S047

Pharmacological management of impulsivity and compulsivity

G. Dom

Antwerp university ua and hospital uza, collaborative psychiatric research institute, Boechout, Belgium

Increasingly patients present themselves to psychiatrists and other care providers with a specific request for treatment of one or more behavioral addictions. From a pathogenic point of view impulsivity and compulsivity are important drivers of these behavioral disorders, and as such may represent a target of pharmacological and broader neurobiological, e.g. Neuro-stimulation, treatment. Although currently treatment as usual has a focus on psychosocial and cognitive behavioral interventions, interest is growing toward the pharmacological interventions. In the presentation a state of the art will be presented regarding the pharmacological treatment of behavioral addictions, with a focus on Gambling Disorder and Gaming Disorder.

Disclosure of interest Member Advisory Board Lundbeck - Belgium.

Received funding from Belgian LOTTO for research into Cognitive Behavioral Therapy for Gambling Disorder.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.121>

Symposium: New IT (information technology) applications in mental health: how we can improve outcomes?

S048

Results of the implementation of a Spanish computerized guideline for depression in primary care

D. Palao Vidal^{1,*}, M. Cavero², J.A. Monreal³, J.M. Bonet⁴, M.D. Moreno⁵, V. Pérez -Solà⁶

¹ *Parc Tauli Sabadell hospital universitari, mental health, Sabadell, Spain*

² *Institute of neurociencies. hospital clinic., community mental health center, Barcelona, Spain*

³ *Parc Tauli- university hospital, mental health, Sabadell, Spain*

⁴ *Institut Català de la Salut, SAP, Barcelona, Spain*

⁵ *Institut Català de la Salut, SAP Cerdanyola i Sabadell, Sabadell, Spain*

⁶ *Institut of neuropsychiatry and addictions- Parc de Salut Mar, mental health, Barcelona, Spain*

* *Corresponding author.*

A new computerized CPG for Major Depression (e-CPG-MD) was integrated in electronic medical records of primary care in a 7 million population in Catalonia (Spain). An integrated design allows precise access in each patient visit, improving diagnosis, treatment and follow-up. It facilitates an evaluation of suicide risk in depressed patients.

Objective To evaluate the effects of a multifactor process of implementation of the e-CPG MD, analyzing its use and the key clinical outcomes.

Methods A cluster randomized clinical trial was performed in 10 primary care centers (PCC) in Barcelona. In five of ten centers a multifaceted implementation process of the e-CPG-MD was developed during 6 month. The others five PCCs received only an usual diffusion. The multifaceted process includes an establishment of local implementation teams, an interactive training program, regular feedback audits, educational outreach visits and periodic reminders.

Results At six month, a greater proportion of new MD patients from active PCCs were included in the e- CPG-DEP (4.1%+ 3.1% vs. 52.7%+ 7.3%, $p < 0.001$); the incidence of MD diagnostics of Major Depression increased significantly (rate quotient= 1.56, $p < 0.001$) and the proportion of cases with moderate and severe MD too (13.6% vs 41.1%, $p = 0.002$).

Conclusions A multifaceted implementation method of an e-CPG-MD increased significantly its uses, the registered incidence of MD and improved the capacity of recognizing severity. Further analysis is necessary in order to determine the impact on clinical outcomes.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.122>

S049

Internet based interventions and patient generated bio- and self-monitoring data: How to use them for self-management in affective disorders

U. Hegerl^{1,*}, C. Sander², N. Koburger²

¹ *Universitätsklinikum Leipzig, department of psychiatry and psychotherapy, Leipzig, Germany*

² *German depression foundation, german depression foundation, Leipzig, Germany*

* *Corresponding author.*

Even in developed countries only a small minority of patients with depression and bipolar disorders receives treatment according to guidelines and the treatment gaps are especially pronounced concerning psychotherapy.

A variety of digital and internet based interventions have been developed mainly building on the principles of Cognitive Behavioral Therapy (CBT). A quite consistent finding is superiority compared to control groups with largest effect sizes when compared to waiting list controls, however the evidence provided by such studies is questionable. More support for efficacy is provided by studies showing a comparable efficacy compared to face-to-face CBT, however sufficiently powered non-inferiority studies compared to antidepressants or face-to-face therapy are needed. Such studies are necessary for deciding whether digital intervention should be integrated in the health care system mainly as a self-management tool or as an alternative to regular treatment with psychotherapy or pharmacotherapy.

A dynamic new area of research explores the value for self-management and treatment decision of longitudinal data generated by the patient via self-ratings, wearables and other biosensors as well as the pattern of smartphone use. Within the BMBF-funded study STEADY a platform will be developed which allows the individual patient to securely store and integrate these data and to analyze them using analytic tools involving time series analyses. An overview will be given of similar approaches started in the last years within mental health.

Disclosure of interest Within the last three years, Prof. Hegerl was an advisory board member for Lundbeck, Takeda Pharmaceuticals, Servier and Otsuka Pharma a consultant for Bayer Pharma and a speaker for Medice Arzneimittel, Novartis and Roche Pharma.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.123>

S050

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

M. Faurholt-Jepsen

*Rigshospitalet - Copenhagen university hospital, psychiatric center
Copenhagen, Copenhagen, Denmark*

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.

Disclosure of interest The author has not supplied his declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.124>

S051

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

N. Cardoner^{1,*}, A. Cebria², C. Lopez-Sola², M. Serra-Blasco¹, C. Massons², V. Muriel¹, G. Navarra¹, E. Via¹, J. Cobo², X. Golberg¹

¹ *Institut de Recerca Parc Taulí- I3PT, mental health, Sabadell, Spain*

² *Sorcosi Hospitalari Parc Taulí-I3PT, mental health, Sabadell, Spain*

* *Corresponding author.*

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[®]-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[®] 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.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.125>

Symposium: shame and guilt in clinical practice

S052

Shame & guilt: Definitions, antecedents and structure of experience

F. Oyebo

University of Birmingham, Birmingham, United Kingdom

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.

Disclosure of interest The author has not supplied his declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.126>

S053

Shame and guilt in mental disorders - diagnostics and treatment

L. Madeira

Faculdade de medicina - universidade de lisboa, psychiatry, Lisbon, Portugal

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