

varying emotional valence. The engagement with the environment and general activity are continuously recorded and can be retrieved for analyses after participants exit the environment.

Conclusions: If the controlled VR environment will be proven effective for the assessment of depressive symptoms in future studies, the EXPERIENCE system could incorporate direct and objective behavioral measures into the assessment depressive symptoms. Consequently, the system has the potential to support the clinical diagnosis of affective disorders.

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EPP0692

iSupport for Dementia: an analysis of clinical trial records

S. C. I. Pavarini^{1*}, A. C. Ottaviani¹, D. Monteiro¹, C. Campos², L. Corrêa³, L. Alves³, L. Rocha³, G. Barbosa³, A. Cardoso³, L. Maciel¹, E. Barham⁴, D. Oliveira⁵, K. Cruz⁶, F. Orlandi¹ and A. G. Gratão¹

¹Department of Gerontology; ²Postgraduate Programme in Psychology; ³Postgraduate Programme in Nursing; ⁴Department of Psychology, Universidade Federal de São Carlos, São Carlos; ⁵Department of Psychiatry, Universidade Federal de São Paulo, São Paulo and ⁶Department of Nursing, Universidade de Brasília, Brasília, Brazil

*Corresponding author.

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Introduction: Dementia has a significant psychological and emotional impact on families, especially for caregivers of people living with dementia. In this perspective, the World Health Organization has developed iSupport for Dementia, an online training and skills program to prevent and/or reduce mental health problems associated with the provision of care and improve the quality of life of caregivers. It is being translated and adapted in different countries and as of August 2022, 31 adaptations using 27 different languages were in progress. However, the availability of the program should only be carried out after evaluating its effects on caregivers' mental health outcomes (such as burden, depressive and anxious symptoms, quality of life, among others).

Objectives: To analyze randomized clinical trial protocols to assess the effects of the iSupport program in different countries.

Methods: This is a data survey carried out in October 2022 on clinical trial registry platforms Clinical Trials, The Brazilian Registry of Clinical Trials, Cochrane Central Register of Controlled Trials, Netherlands Trial Register and Australian New Zealand Clinical Trials Registry by two independent researchers. Descriptive analysis were performed for sample size, primary outcomes, secondary outcomes and intervention design.

Results: Seven clinical trial registries were identified, conducted in Australia/China, Brazil, Great Britain, the Netherlands, India, Japan and Portugal, published in English, from 2018 to 2022. The sample size ranged from 184 to 390 participants. Regarding the primary outcomes linked to the effect of using iSupport, five countries will analyze burden, anxiety and depression. Only in Australia/China and the Netherlands, the primary outcome will

be quality of life and stress, respectively. Secondary outcomes vary between studies, with measures of quality of life (n=6), self-efficacy (n=4), program usability (n=4), cognition and problematic behaviors (n=3), attitudes (n=3), quality of support (n=3), positive aspects of care (n=2), knowledge, competence, resilience and informal costs of care (n=1). Most studies will carry out assessments at baseline, 3 and 6 months after the intervention, with the exception of Japan that will perform at baseline and at 1 and 3 months after the intervention and 6 months.

Conclusions: Analysis of the effectiveness of iSupport is one of the World Health Organization guidelines for countries that are culturally adapting this program. Brazil is the only country in Latin America with a clinical trial registration so far. Burden, anxiety and depression are outcomes considered by most countries. The results could provide evidence to strengthen and expand the possibilities for collaboration between researchers, as internet-based interventions have shown promising results on the mental health and well-being.

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EPP0693

Effectiveness of an e-health system on depression among patients with somatic disorders

T. Vitcheva*, G. Hadlaczký, N. G. Petros and V. Carli

National Centre for Suicide Research and Prevention of Mental Ill-Health, Karolinska Institutet, Stockholm, Sweden

*Corresponding author.

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Introduction: Patients with severe somatic conditions frequently develop depressive symptoms, with a reduction in quality of life, sleep disturbances and suicide as some of the most serious consequences. However, there is a lack of evidence-based interventions to reduce this comorbidity. The NEVERMIND system aims to address this issue by collecting biomedical and psychometric data through a smart shirt and questionnaires, which are used to predict patients' depressive symptoms. Based on the predictions, patients are offered personalised feedback to self-manage their mental health symptoms in the form of lifestyle behavioural advice, mindfulness-based therapy, and cognitive behavioural therapy.

Objectives: The primary objective was to assess the effectiveness of the NEVERMIND system in reducing depressive symptoms in patients with somatic conditions in comparison to treatment as usual. Some of the secondary objectives were to examine the NEVERMIND system's effectiveness in preventing new depressive symptoms, sustaining the effects of the intervention at 24 weeks post-baseline, and reducing suicide ideation.

Methods: For this pragmatic randomised controlled trial, 425 patients diagnosed with myocardial infarction, breast or prostate cancer, kidney failure, or lower limb amputation were recruited from hospitals in Turin, Pisa and Lisbon. Data from clinical interviews and structured questionnaires was collected at baseline, 12 weeks, and 24 weeks. The primary outcome was depressive symptoms at week 12 as measured by the Beck Depression Inventory II (BDI-II), while secondary outcomes included prevention of depressive symptoms, suicide ideation, self-reported general interest, satisfaction with daily life, illness perception, self-compassion, and the sustainability of the system's effect at 24 weeks post-baseline. The intention-to-treat analyses included all patients, while the per-protocol analyses included 333 patients.

Results: The intervention group included 213 and the control group 212 patients, with the sample's mean age being 59.41 (SD=10.70). Those who used the system had statistically significant lower depressive symptoms at 12 weeks (mean difference=-3.05, $p=0.004$; 95%CI -5.12 to -0.99) compared to controls, with a clinically relevant effect size (Cohen's $d=0.41$). Notable significant reductions included suicide ideation (mean difference =-0.61, $p=0.020$; 95%CI -1.13 to -0.10) and incidence of depressive symptoms at week 12 (OR=0.43, $p=0.019$; 95%CI 0.22 to 0.87). The improvements in depressive symptoms were sustained at week 24 (mean difference =-1.34, $p=0.015$; 95%CI -2.41 to -0.26). No significant differences were observed for other secondary outcomes.

Conclusions: The NEVERMIND system was shown to be superior to standard care in reducing and preventing depressive symptoms among the studied sample.

Disclosure of Interest: None Declared

EPP0694

A mixed-methods investigation into impact of motivation type on adherence and effect in iCBT for binge eating disorder

T. T. Holmberg^{1*}, M. Sainte-Marie², E. K. Jensen¹, E. Runge¹, J. Linnet³, M. B. Lichtenstein⁴ and K. Tarp¹

¹Center for Digital Psychiatry, Region of Southern Denmark; ²Research and Innovation Organisation, University of Southern Denmark; ³Department of Occupational and Environmental Medicine, Odense University Hospital and ⁴Department of Clinical Research, Faculty of Health Sciences, University of Southern Denmark, Odense C, Denmark
*Corresponding author.

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Introduction: Motivation is an important factor in therapy and potentially even more so in an online setting. Earlier research shows that more autonomously motivated patients have better outcomes and completion rates than more controlled motivated patients'. However, little is known about how motivation type influences treatment effect in an online setting and in patients with binge eating disorder specifically.

Objectives: This study set out to investigate how motivation type as per the Self-Determination Theory would affect treatment adherence and effect in a sample of 148 patients, undergoing an Internet-based Cognitive Behavioral Therapy (iCBT) for BED.

Methods: The study was mixed-methods. A sample of 148 patients gave two written qualitative statements regarding their motivation for seeking treatment and reasons for choosing online therapy. The statements were transformed into quantitative units via the condensation method. The themes were categorized according to the model by Ryan and Deci based on level of autonomy and perceived locus of causality.

This was compared with completion rate and outcomes on eating disorder symptomatology. Completion was designated into three groups. Low adherers - less than six sessions ($n=54$), high adherers - between 7 and 10 sessions ($n=56$) and full adherers - 10 session plus follow up ($n=37$).

The effect of the treatment was measured via the Eating Disorder Examination Questionnaire (EDEQ) and Binge Eating Disorder Questionnaire (BEDQ).

Results:

Table 1 shows the distribution of patients' motivational types regarding therapy aims

Controlled	→		Autonomous		
Motivational type:	Introjection	Introjection	Identification	Integration	
Patient motivation:	Shame	Weight loss	Psychological stress	Insight	In all
In all	25	25	50	48	148

Table 2 shows the distribution of patients' motivational types regarding online treatment

Controlled	→		Autonomous		
Motivational type:	Introjection	Introjection	Identification	Integration	
Patient motivation:	External	Avoidance	Convenience	Reflection	In All
In all	31	21	81	15	148

Table 3 shows the results from motivational types in each setting on BEDQ and EDEQ scores. No significant correlation was found.

Therapy Aims	BEDQ	0.92
	EDEQ	0.51
Why Online Therapy	BEDQ	0.99
	EDEQ	0.23

Conclusions: Perceived locus of causality and level of autonomy, did not affect level of adherence or outcome of treatment in either setting. This unexpected result may suggest that internet-based therapy is less dependent on motivation types, when comparing with face-to-face treatment.

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EPP0695

Young Vs Adults: Adaptability to ICTs, resilience, anxiety and depression in university students and professors

U. Rodriguez-De Avila* and Z. Paba-Argote

Cognition and Education Research Group, Universidad del Magdalena, Santa Marta, Colombia

*Corresponding author.

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Introduction: Personal access to digital technologies proved to be an important measure to curb the desertion of students at a public university in the Colombian Caribbean during the COVID-19 pandemic; however, there are no studies that explore the relationship between the use of new information and communication technologies, resilience, anxiety and depression during physical