

Introduction The use of patient-reported outcome measures in psychiatric practices in the United States is still in its beginning phases. More research is needed to determine the usefulness of such measures and the optimal methods to present them to patients and practitioners in routine care settings.

Objectives This presentation will describe the research plan for testing a group of patient-reported outcome measures using digital applications. Potential opportunities for use in underserved refugee populations will be presented.

Methods The outcome measures were selected from those recommended in DSM-5 Section III, including cross-cutting symptom and disability measures. A user-friendly digital application was developed for data collection, synthesis, and presentation. The research plan has three phases: focus groups with patients and clinicians, piloting of methods, and the main study, a pragmatic trial comparing treatment outcomes using outcome measurement versus usual care.

Results Results of the focus group sessions will be presented, along with changes made to the measures and the digital application in response to these results. Current status of the research project will be discussed.

Conclusions The results of this research project will bring greater clarity to questions on the role of outcome measurements in improving quality of care and patient outcomes. With ever greater use of smart phones, tablets, and personal computers, digital technology has the potential to facilitate psychiatric assessment and treatment for underserved, difficult-to-reach populations such as refugees.

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

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Symposium: psychiatric care in Europe for people with intellectual disabilities: how to prevent abusive practices

S044

Mental health and social care regulation in Ireland: New ethical perspectives

P. Dodd

St. Michael's House/university college Dublin, psychiatry, Dublin, Ireland

This talk will outline the regulatory framework (both mental health and social care) currently in place in Ireland for people with intellectual disability (I.D.) and mental health problems, in the context of the varied nature of available mental health services. As not all aspects of service are currently under the regulatory system, potential ethical issues arise, and will be discussed.

In addition new legislation regarding the support of people with vulnerable decision making capacity will be outlined (Assisted Decision Making (Capacity) Act, 2015); potential ethical issues that are currently arising from this legislation will be explored and discussed.

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S045

Can positive community practice models help prevent abuse?

I. Hall^{1,*}, N. O'Kane²

¹ East London NHS foundation trust, community learning disability service, London, United Kingdom

² Camden and Islington NHS foundation trust, camden learning disability service, London, United Kingdom

* Corresponding author.

All different types of abuse can happen to people with intellectual disabilities living in community setting. This can include physical abuse, including the use of restrictive practices, financial abuse by strangers but also by family and carers. They can also be victim to sexual abuse. Neglect is a relatively common concern, which is perhaps more likely in the community compared to institutional settings.

In this presentation we will discuss the fundamental balancing act between paternalism and autonomy that is so often an issue when supporting people with intellectual disabilities in the community, and how to decide where to draw the line in individual cases. We will consider a range of examples to illustrate this, including unlawful deprivation of liberty, people choosing life partners that others regard as unsuitable, why families might restrict access to services, and whether giving people more control over their care through direct payments and individual budgets can lead to financial exploitation.

Finally we will discuss potential solutions to preventing abuse including robust Safeguarding procedures, integrated working between health and social services, a program of Positive Behavioral Support, maximizing communication, promoting access to health and the recognition of mental health problems, how to disseminate training, and the importance of advocacy and regular review.

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Symposium: impulsivity, compulsivity, and behavioural addictions

S046

Common neural networks between ocd and behavioural addictions: Is ocd a behavioral addiction?

G. Grassi^{1,*}, S. Pallanti²

¹ University of Florence, Neurofarba, Florence, Italy

² University of Florence, Neurofarba, Florence, Italy

* Corresponding author.

The stereotypical portrait of an obsessive-compulsive patient is an excessively self-controlled, risk averse individual that acts in order to avoid potential loss or punishments. Although this portrait fits well with several clinical studies showing increased harm-avoidance in obsessive-compulsive disorder (OCD), more recent clinical, neuropsychological and neuroimaging studies challenged this idea and described a different portrait of OCD, showing several commonalities between OCD and addictions such as impulsivity, reward dysfunction and impaired decision-making. The results of these studies conflict with the stereotypical OCD portrait of doubtfulness and risk-aversiveness. In fact, these findings are prototypical for addiction and have led some authors in the last years to view OCD as a behavioral addiction. In our recently published article, we investigated the behavioral addiction model of

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.

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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.

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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.

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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.