

the therapists (psychiatrist, social worker). The frequency of the model is from once weekly to twice monthly. Each session consists of the 10 minutes pre-session, the 40 minutes therapeutic session, the 10 minutes post-session. All patients have never been relapsed over the past 18 months after receiving our family therapy under medications.

Finally, with the aid of the family therapy, they have been almost free from affective symptoms and the ambivalence, guilty feeling toward family, frustrations have been steadily gradually improved. To prevent the recurrent major depression with alcohol dependence patient against recurrent episode has been achieved in family therapy presented here.

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EV1084

Influence of art therapy in complex treatment on the quality of remission in patients with recurrent depressive disorder

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Introduction According to studies done in recent years regarding the treatment of patients with recurrent depressive disorder, a shift of interest from studies evaluating the effectiveness of therapy to the study of remission is seen. According to the literature, complete remission occurs in only 40–50% of patients, in other cases there is residual symptoms.

Aims Evaluating the effectiveness of art therapy in treatment in patients with recurrent depressive disorder on the quality of remission.

Methods The study involved 135 patients: 60 male and 75 female patients aged from 18 to 30 years old. The main group of patients apart the combined treatment also participated in group art therapy with the use of drawing techniques, while the control group – statutory standard therapy. We used clinical, psychopathological, psychodiagnostic and statistical methods.

Results The results of the effectiveness of art therapy in complex treatment in patients with recurrent depressive disorder is detected primarily in reducing of the level of anxiety at the early stages of treatment, as well as in reducing of the severity of anhedonia and improving the quality of life in remission period.

Conclusion These results support the use of art therapy in treatment in patients with recurrent depressive disorder during period of active treatment, and after achieving clinical remission contributes to achieving and maintaining high-quality and stable remission with full restoration of quality of life and social functioning.

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EV1087

Psychotherapy of somatoform disorders

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In Ukraine there is tendency to increased diseaseness and prevalence's of somatoform disorders.

The most significant role belongs to the patient's self-evaluation of the influence of the disease on their social status that is an essential

past of the self-picture of the disease and the important point of therapeutic rehabilitation intervention.

On the basis of the examined 300 patients on somatoform disorders and 200 patients on psychosomatic diseases, we have elaborated a formal test that allows evaluating quantitatively the influents of the disease on various spheres of patients' social status.

It was absolutely unexpected the common for psychosomatic and somatoform disorders patients rise of significance of personal individual, every day life factors in cases of aggravation of the main disease course. We created the cognitive-behavioral psychotherapy system with suggestive and autosuggestive implementations.

Elucidation of peculiarity of personal perception of the disease served as basis of elaboration of purposeful system of psychotherapy, consulting, psychological support for patients with high-effectiveness 1.5–3 years catamnesis in 85% patients.

Our experience showed the necessity of the use the target-oriented integrative models of psychotherapy, parted on stages. On the first stage-sedative-adapting the receptions of cognitive and suggestive psychotherapy are used. There is group therapy on second stage. On the third stage elements of the autogenic training mastered.

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Trichotillomania – A case report on online treatment

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Introduction ICD-10 classifies trichotillomania (TTM) as one of the habit and impulse disorders. It is characterized by noticeable hair-loss due to a recurrent failure to resist impulses to pull out hairs. The hair pulling is usually preceded by mounting tension and is followed by a sense of relief or gratification. Persons suffering from TTM often hide it. TTM is often unrecognized by doctors, treated by dermatologists or untreated, causing a lot of suffering.

Objective To present treatment of trichotillomania.

Aim To present one case report of trichotillomania treated online.

Methods This is case report of female patient with TTM untreated 13 years. She had earlier been treated for depression and had multiple traumatic experiences. Patient both self-diagnosed TTM and asked for treatment online. During two months, there were 7 sessions and 2 follow-ups. Sessions were online and based on Habit Reversal Training (HRT) and Rational Emotional Behavioural Therapy (REBT). The following issues were addressed: hair pulling, shame, guilt, low self-confidence, assertiveness, low frustration tolerance, panic attacks, sadness. No medications were used.

Results Hair pulling has almost completely stopped. Social functioning and self-acceptance were improved. Guilt and shame have reduced, self-confidence and frustration tolerance have increased.

Conclusion HRT and REBT online treatments have reduced hair pulling and the associated emotional problems.

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Introduction to systemic family therapy

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