

**Objectives:** To assess feasibility and effectiveness of Interpersonal Psychotherapy interventions for the treatment of depression in a consolidated Collaborative Stepped Care Model between primary care and mental health specialists.

**Methods:** 103 patients were referred by their PCPs to the Consultation-Liaison Service of Bologna and Modena. Of them, 78 were included in the study and administered self-report instruments and interview, including screening depression, anxiety and daily functioning. Patients were asked to choose one of the available treatment: 1) Interpersonal Counseling (IPC) 6-8 weekly meetings for 30 minutes; 2) IPC for Depression in Primary Care 3 sessions of 50 minutes; 3) a guided self-help intervention. Follow-up were planned at 1, 3 and 6 months. Both patients and PCPs provided a feedback about intervention's satisfactions.

**Results:** At the baseline, 39.4% of the patients presented a minor depression/major depression mild and the large majority (75.0%) of them chose IPC, while none of them chose the guided self-help intervention. At follow ups the mean PHQ-9 significantly decreased compared to the baseline ( $p < 0.001$ ); daily functioning increased (WSAS:  $p < 0.001$ ) and anxiety traits improved (STAI:  $p < 0.001$ ). Patient's general satisfaction with the service received was high (GSQ:  $85.9 \pm 15.0$ ) as well as PCPs, 62.7% of them expressed high satisfaction for the intervention.

**Conclusions:** The study emphasised that IPC is an effective and feasible treatment very well suited to the primary care setting for an optimal management of depression.

**Keywords:** Interpersonal Psychotherapy; Mental Health Services; collaborative stepped care model; primary care

## EPP1111

### Athens multifamily therapy project

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**Introduction:** The Athens multifamily therapy project (A- MFTP) provides systemic multifamily group therapy to youths who experienced a first psychotic episode (FEP) and their families.

**Objectives:** The participants were recruited from the ongoing longitudinal Early Psychosis Intervention Study –ELPIS, Athens FEP Project, which aims to investigate the involvement of genetic and environmental determinants on psychosis risk.

**Methods:** A group of five families with a child who had experience FEP, attended two multifamily group sessions per month, in the time period from September 2017 to Jun 2018. Parents and offspring participated to the sessions, which were conducted by two co-therapists. Assessment of patients' psychopathology was based on PANSS at baseline, end of therapy and 6-month follow-up. All participants fulfilled an instrument assessing family factors (SCORE-15) and the Reflective Functioning Questionnaire (RFQ) at the same three time points. Furthermore, participants were asked to give written opinions regarding the therapeutic process at the middle phase, the end of therapy and six months follow - up.

**Results:** A qualitative analysis identified the emerging themes and patterns, focusing on the language and the meaning constitutes. Communication techniques, emotional processing and problem solving were the main learnings for the members of the group. They highlighted the impact of the group processes on family

communication and individual understanding, while the development of a "new family" emerged from the group relationships.

**Conclusions:** A- MFTP seems to be a promising service aiming to improve mental health and wellbeing of participants, to contrast chronicity and to contribute to early intervention services for psychoses in Greece.

**Keywords:** FEP; multifamily; systemic; psychotherapy

## EPP1112

### Cognitive-behavioural therapy role in the prevention of psychosis

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**Introduction:** About 30% of individuals in ultra-high risk (UHR) of psychosis develop overt psychosis within 3 years, and about 40% of those who don't will keep experiencing ongoing attenuated psychotic symptoms and persistent functional disability. During this prodromal period, it's possible to prevent the transition to a first-episode psychosis.

**Objectives:** To conduct a short review of literature on the role of cognitive-behavioural therapy (CBT) in preventing psychosis in ultra-high risk patients.

**Methods:** We performed a literature search on PUBMED, using the query: "Cognitive Behavioral Therapy" [Mesh] AND "psychosis" AND "prevention". We focused on data from systematic reviews, clinical trials and meta-analysis published on last 5 years, either in English or Portuguese.

**Results:** Some authors claim cognitive-behavioural therapy (CBT) as first-choice treatment in clients with ultra-high risk (UHR) for psychosis. CBT aims to normalize extraordinary experiences with education and to prevent delusional explanations. On a Japanese study, the total score of Positive and Negative Syndrome Scale (PANSS) significantly improved on post-intervention and follow-up assessments, with large effect sizes observed. Teaching families to apply CBT with their offspring may bolster therapeutic gains made in time-limited treatment. CBT showed an 83% probability of being more effective and less costly than routine care.

**Conclusions:** Patients with UHR for psychosis can be treated successfully with CBT to postpone and prevent the transition to a first-episode psychosis. CBT for UHR has been included in the European guidelines and awaits dissemination and implementation in mental health services.

**Keywords:** cognitive-behavioural therapy; Ultra-High Risk; psychosis; prevention

## EPP1113

### Approaching psychotherapy for people from international buddhist organisations

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**Introduction:** Mindfulness techniques, which are currently widely used in psychosomatics and psychotherapy, pose challenges when treating people coming from Buddhist groups for several reasons.

**Objectives:** For their treatment, it is important to take into account decontextualized terms that underlie crucial group dynamics and the effects of damaging neologisms in international Buddhist organizations.

**Methods:** In the current research project, this topic is approached in combining quantitative with qualitative data. Whereas the data collection is still ongoing, the replies of twelve people are presented.

**Results:** As commitments to secrecy hinder people to ask for psychotherapy for long, they were asked on their thoughts about secrecy in Buddhist groups. Five of them agreed that acts against them were declared secret, which they then further specified. Six probands agreed having witnessed acts directed toward others being sworn to secrecy, four of which told this was about sexual abuse. Whereas nine agreed having experienced enemy images being built up, three agreed and specified how their own freedom was impaired and six witnessed and specified other group members' freedom having been constrained. While six persons agreed that it was assumed in their group one or more persons could 'purify' someone else in the sense of a 'karma purification' and specified their replies, two replied this concept was used to rationalize actions towards themselves and how it has affected.

**Conclusions:** As for psychotherapy, it is important to take into account rationalization of violence and abuse through neologisms, pseudotherapies and structural issues in context.

**Conflict of interest:** This research is funded by the German Federal Ministry of Education and Research (BMBF).

**Keywords:** Buddhism; crazy wisdom; karma purification; abuse

## EPP1114

### Role of multimodal approach to curing anxiety disorders

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**Introduction:** On the basis of complex clinical anamnestic, clinical psychopathological, pathopsychological research, data were obtained about reasons and conditions of formation, abnormal clinical psychopathological structure, syndrome peculiarities of emotional disfunctions for patients with episodic paroxysmal disorders, generalized anxiety disorders and mixed anxiously depressed disorders. To realize the aim and tasks of the research, 145 patients were examined with anxiety disorders, that passed the stationary course of treatment.

**Objectives:** The purpose of the research was to discover emotional disturbance peculiarities for anxiety disorder patients with different origins of pathological syndromes.

**Methods:** The basic method was a group psychotherapy with the elements of rational, positive, suggestive and family psychotherapy. In relation to disfunctions of emotional sphere, cognitive-behavioral therapy (CBT) was used for the phobic-depressive and anxious-depressed disorders.

**Results:** Decrease in general level of anxiety and internal anxiety was obtained for most patients. No spontaneous emergence of fear

was practically observed. While active interviewing, patients stated that their former worries and fears have lost actuality and apparent emotional colouring, somatic-vegetative correlates of anxious states disappeared. Up to the end of the therapy course, a sense of calmness was attained as a base-line for the background emotional state. Considerable reduction of symptomatic of the depressed circle also took place. Patients' mood increased, their interests broadened, patients started to feel joy and optimism.

**Conclusions:** To correct emotional disfunction of patients with episodic paroxysmal disorders, generalized anxiety disorders and mixed anxiously depressed disorders, psychotherapeutic correction system is optimal to use, which is built based on stepwise and multimodal principles.

**Keywords:** multimodal approach; episodic paroxysmal disorders; anxiety disorders

## Quality management

### EPP1115

#### 4Ds: Documenting delirium diagnosis in discharge summary

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**Introduction:** Hospital discharge is a significant transitional phase with varying levels of needs and risks to be managed as lapses in communication commonly happen between secondary/tertiary and primary care.

**Objectives:** Our aim was to look at inclusion of delirium diagnosis in discharge summaries based on standards set by: 1. Health Information and Quality Authority (HIQA) National Standard for Patient Discharge Summary Information 2. NICE Guidelines on Delirium: prevention, diagnosis and management (CG 103)

**Methods:** All inpatients referred to Liaison Psychiatry from 9<sup>th</sup> July 2019 till 5<sup>th</sup> January 2020 were included, n = 729. Compared discharge summaries diagnoses to the internal Liaison Psychiatry ICD 10 consensus diagnosis and also HIPE coded diagnosis specifically for delirium.

**Results:** Delirium diagnoses and inclusion of delirium-specific information on discharge summary

	n	Proportion (n=112*) (%)
Q1 Any F05 diagnosis coded by Liaison Psychiatry	117	100
Q2 F10.4 diagnosis coded by Liaison Psychiatry	0	0
Q3 F1x.4 diagnosis coded by Liaison Psychiatry	0	0
Q4 Any F05, F10.4 and F1x.4 diagnosis coded in discharge summary on patient centre	23	20.5
Q5 Was the word delirium or its synonym such as acute confusional state mentioned in the body of the discharge summary?	62	55.4
HIPE Code Diagnosis	66	58.9