

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

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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

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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

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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.