

Results: For L5, battery-derived and actigraphy-derived values had a bias of 0.46 [-0.10, 1.02], upper limit of agreement (LOA): 5.45 [4.49, 6.41], and lower LOA: -4.53 [-3.56, -5.49]. For M10, the bias was 0 [-0.92, 0.92], upper LOA: 8.19 [6.61, 9.76], and lower LOA: -8.19 [-6.61, -9.76]. Between diagnostic groups, there was no difference for battery-derived M10 ($p=0.652$), or L5 ($p=0.122$).

Conclusions: Our results suggest battery-derived and actigraphy-derived M10 and L5 show good overall equivalence. However, battery-derived methods exhibit large variability, which limits the clinical utility of smartphone battery data to infer sleep-wake metrics.

Disclosure: No significant relationships.

Keywords: digital phenotyping

EPP0516

Effect of medical education on European primary care physicians' knowledge in management of major depressive disorder and psychiatric emergencies

L. Thevathasan*, L. Fairley and C. Phillips

Medscape LLC, Clinical Strategy, London, United Kingdom

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.747

Introduction: The challenge for primary care physicians (PCPs) is keeping up to date in managing major depressive disorder (MDD) and psychiatric emergencies.

Objectives: We evaluated whether an online educational video lecture directed at PCPs, could improve knowledge and confidence regarding management of psychiatric emergencies associated with MDD.

Methods: Educational effect was assessed using a 3-question repeated pairs, pre/post assessment survey. A paired-samples t-test was conducted to assess overall number correct and confidence change. A McNemar's test was conducted to assess question-level significance. P values < 0.05 are statistically significant. Cohen's d test was used to estimate the magnitude of effect of education. The activity launched on 8 April 2021, and preliminary data analysed as of 24 June 2021.

Results: 511 PCPs participated in the programme, of which 86 PCPs completed the pre- and post-assessment test. An average overall correct response rate of 28% pre- increased to 64% post- (129% relative increase, $P<0.001$; Cohen's $d = 1.13$). Knowledge on the burden of suicide and MDD improved from 23% pre- to 87% post- (278% relative increase, $P<0.001$). Knowledge regarding clinical data for novel therapies for use in psychiatric emergencies improved from 29% pre- to 50% post- (72% relative increase, $P<0.01$). Knowledge regarding signs of suicidal intent in patients with MDD improved from 31% pre- to 53% (71% relative increase, $P<0.001$) following education.

Conclusions: This study demonstrates the positive effect of online medical education on PCPs' knowledge and confidence in contemporary management of psychiatric emergencies associated with MDD in Europe.

Disclosure: The results of this study were derived from an educational programme which was developed through independent educational funding from Janssen Neuroscience

Keywords: Suicide; major depressive disorder; MDD; Psychiatric emergencies

EPP0517

Coproducing multilingual conversational scripts for a mental wellbeing chatbot - where healthcare domain experts become chatbot designers

H. Nieminen^{1*}, L. Kuosmanen¹, R. Bond², A.-K. Vartiainen³, M. Mulvenna², C. Potts² and C. Kostenius⁴

¹University of Eastern Finland, Department Of Nursing Science, Kuopio, Finland; ²Ulster University, School Of Computing, Belfast, United Kingdom; ³University of Eastern Finland, Department Of Health And Social Management, Kuopio, Finland and ⁴Luleå University of Technology, Department Of Health, Education And Technology, Luleå, Sweden

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.748

Introduction: Digital mental health interventions, such as chatbots that promote mental health and wellbeing are a promising way to deliver low-threshold support 24/7 for those in need. According to current knowledge about the topic, health care professionals should participate in the design and development processes for digital interventions.

Objectives: The aim of this presentation is to describe the interdisciplinary content development process of the ChatPal chatbot.

Methods: The content development process started in co-operation with mental health professionals and potential users to identify requirements. Content was created, evaluated and tested in international, multi-disciplinary group workshops, and online tools were used to allow the collaboration. Initial conversational scripts were drafted in English, and translated into Finnish, Swedish and Scottish Gaelic.

Results: A multilingual chatbot was developed and the conversation scripts were structured and stored using a spreadsheet. The conversation scripts will be made freely available online in due course using this structured approach to formatting chatbot dialogue content. It will allow repurposing the content as well as facilitating studies that wish to assess the design of conversation scripts for mental health chatbots. Conversation design process also highlighted some challenges in turning empathetic and supportive conversations to short utterances suitable for a chatbot.

Conclusions: The ChatPal chatbot is now available in four languages. As literature about the topic is still scarce, it is important to describe and document the content development processes of mental health chatbots. Future work will develop a conversational UX toolkit that would allow health professionals to design chatbot scripts using design guidelines.

Disclosure: No significant relationships.

Keywords: development process; chatbots; mental wellbeing; digital interventions

EPP0519

A collaborative, computer-assisted, psychoeducational intervention for depressed patients with chronic disease at primary care: protocol for a cluster-randomized controlled trial.

G. Rojas^{1*}, P.A. Martinez Diaz^{2,3}, V. Guajardo¹, S. Campos⁴, P. Herrera⁵, P. Vöhringer¹, V. Gomez¹, W. Szabo¹ and R. Araya⁶

¹Hospital Clínico Universidad de Chile, Departamento De Psiquiatría Y Salud Mental, Santiago, Chile; ²Université de Sherbrooke, Faculté De Médecine Et Des Sciences De La Santé, Longueuil, Canada; ³Centre de

recherche Charles-Le Moyne sur les innovations en santé, -, Longueuil, Canada; ⁴Pontificia Universidad Católica de Chile, Nursing School, Santiago, Chile; ⁵Universidad de Chile, Facultad De Ciencias Sociales, Santiago, Chile and ⁶King's College London, Centre For Global Mental Health, London, United Kingdom

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.749

Introduction: Depression treatment recommendations seldom include chronic illness comorbidity.

Objectives: To describe the rationale and methods for a cluster-randomized trial (CRT) in primary care clinics (PCC) comparing a computer-assisted psychoeducational (CAPE) intervention to usual care (UC) for depressed patients with hypertension or diabetes.

Methods: Two-arm, single-blind CRT in Santiago, Chile. Eight PCC will be randomly assigned to the intervention or UC. A total of 360 depressed individuals aged 18 or older PHQ-9 scores ≥ 15 and hypertension or diabetes will be recruited. Patients with alcohol/substance abuse; current treatment for depression, bipolar disorder, or psychosis; illiteracy; severe impairment; and residents in long-term care facilities will be excluded. Patients in the intervention will receive eight CAPE sessions by trained therapists, structured telephone calls to track progress, and usual medical care for chronic diseases. Psychologists and psychiatrists will regularly supervise therapists. To ensure continuity of care, the PCC team will meet monthly with a research team member. Patients in UC will receive standard medical and depression treatment. Three, six, and twelve months after enrollment, outcomes will be assessed. The primary outcome will be a 50% reduction in baseline PHQ-9 scores at six months. Intention-to-treat analyses will be used.

Results: A previous, small-scale pilot study provided valuable insights for study design.

Conclusions: This study will provide first-hand evidence on the effectiveness of a CAPE for depressed patients with chronic diseases at PCC in a Latin American country.

Disclosure: No significant relationships.

Keywords: Chronic Diseases; e-mental health; Depression; Primary health care

EPP0521

Use of Lamotrigine in the pharmacological management of a lady with longstanding history of Trichotillomania

J.H. Tan* and P. Gangaram

Institute of Mental Health, West Region, Singapore, Singapore

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.750

Introduction: Trichotillomania is characterized by recurrent pulling of one's hair despite attempts of stopping, resulting in hair loss. Previously classified as impulse control disorder, it is now considered an obsessive-compulsive related disorder in DSM-5. First-line therapy is cognitive behavioural therapy (CBT), with strong support for habit reversal training. For pharmacological therapy, selective serotonin reuptake inhibitors (SSRIs) are commonly prescribed. Clomipramine has been used but is limited by its side effect

profile. Many patients continue to experience distressing symptoms despite current treatment methods.

Objectives: Lamotrigine, an anticonvulsant medication, is frequently utilized by psychiatrists to treat conditions like Bipolar Disorder. However, its utility in treating Trichotillomania has not been explored. We are interested to find out if it could benefit patients who have not responded adequately to current available treatment.

Methods: We report a case of a lady suffering from Trichotillomania for many years with limited improvement despite active treatment. We follow her progress after being started on Lamotrigine for six months.

Results: In our case, a lady with longstanding Trichotillomania has previously been treated with SSRIs and Clomipramine with limited response. An incidental trial of Lamotrigine after stopping her other medications has led to sustained improvement and stabilization of her condition. A possible hypothesis on how Lamotrigine's mode of action could have led to this improvement will be explored in this paper.

Conclusions: This case illustrates the potential of Lamotrigine to treat Trichotillomania in someone who has not responded adequately to usual treatment and could be an area worth looking into for future research.

Disclosure: No significant relationships.

Keywords: Trichotillomania; Lamotrigine

EPP0522

Prevalence of Body Dysmorphic Disorder Among Saudi Female Patients Seeking Cosmetic Procedures

N. Almuhanha

Imam Abdulrahman bin Faisal University, Psychiatry, Dammam, Saudi Arabia

doi: 10.1192/j.eurpsy.2022.751

Introduction: Body dysmorphic disorder (BDD) is a psychiatric illness in which the patients seeking cosmetic surgery are usually unsatisfied with the outcomes of the surgery. Therefore, it is essential to study this phenomenon and increase awareness among physicians to assess for the presence of BDD before any cosmetic treatment.

Objectives: To assess the presence of BDD among female patients undergoing cosmetic procedures and improve awareness among providers of cosmetic treatment.

Methods: This cross-sectional study uses the adult version of the BDD modification of the Y-BOCS (BDD-YBOCS) scale. It consists of 12 items related to preoccupied thoughts that participants have about their appearance and the effects that these thoughts have on their lives. Questionnaires were distributed on different online platforms among females living in the eastern province of Saudi Arabia.

Results: Out of the 220 women who participated, 45 had BDD (prevalence rate of 20.5%), a significant and worrying percentage. The result indicates more among participants in the age group of 20–35 years. Also, it revealed positive correlation exists between BDD and females seeking cosmetic procedures.

Conclusions: One-fifth of the participants were diagnosed to be suffering from BDD. Higher rates were observed among women