

Mental Health And Sensory Organs, Sapienza University of Rome, Rome, Italy and ⁵Department Of Neuroscience, Rehabilitation, Ophthalmology, Genetics, Maternal And Child Health (dinogmi), Dipartimento di Neuroscienze, Università di Genova, Genoa, Italy

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.313

Introduction: Stressful life events (SLE) may influence the illness course and outcome.

Objectives: The present study aimed to characterize socio-demographic and clinical characteristics of euthymic major depressive disorder (MDD) outpatients with SLE relative to those without.

Methods: This sample included 628 (mean age=55.1 ± 16.1) currently euthymic MDD outpatients, among them 250 (39.8%) reported SLE and 378 (60.2%) did not.

Results: After univariate analyses, outpatients with SLE were most frequently widowed and lived predominantly with friends/others. Furthermore, compared to outpatients without SLE, those with SLE were more likely to have a family history of suicidal behavior, manifested melancholic characteristics and higher Coping Orientation to the Problems Experienced (COPE) positive reinterpretation/growth and less likely to manifest a comorbid panic disorder, residual interepisodic symptoms, have used psychiatric medications, and use current antidepressant medications. After regression analyses, having a family history of suicide (OR=9.697; $p \leq .05$), history of psychotropic medications use (OR=2.888; $p \leq .05$), and reduced use of antidepressants (OR=.321; $p=.001$) were significantly associated with SLE. Mediation analyses demonstrated that the association between current use of antidepressants and SLE was mediated by previous psychiatric medications.

Conclusions: Having a family history of suicide, history of psychotropic medications use, and reduced use of antidepressants may confer a specific "at risk" profile related to the enhanced vulnerability to experience SLE.

Disclosure: No significant relationships.

Keywords: Antidepressants; major depressive disorder; family history of suicide; negative distressing/stressful life events

E-mental health

O110

Screening for depression: The added value of actigraphy and smartphone-based intensive sampling of depressive affect and behaviors

O. Minaeva^{1*}, H. Riese¹, F. Lamers², N. Antypa³, M. Wichers¹ and S. Booi¹

¹Department Of Psychiatry, University of Groningen, University Medical Center Groningen, Groningen, Netherlands; ²Department Of Psychiatry, Vrije Universiteit, Amsterdam UMC, Amsterdam Public Health research institute, Amsterdam, Netherlands and ³Department Of Clinical Psychology, Leiden University, Institute of Psychology, Leiden, Netherlands

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.314

Introduction: In many countries, depressed individuals often first visit primary care settings for consultation, but a considerable number

of clinically depressed patients remains unidentified. Introducing additional screening tools may facilitate the diagnostic process.

Objectives: This study aims to examine whether Experience Sampling Method (ESM)-based measures of depressive affect and behaviors can discriminate depressed from non-depressed individuals. In addition, the added value of actigraphy-based measures was examined.

Methods: We used data from two samples to develop and validate prediction models. The development dataset included 14 days of ESM and continuous actigraphy of currently depressed (n=43) and non-depressed individuals (n=82). The validation dataset included 30 days of ESM and continuous actigraphy of currently depressed (n=27) and non-depressed individuals (n=27). Backward stepwise logistic regression analyses were applied to build the prediction models. The performance of the models was assessed with the goodness of fit indices, calibration curves, and discriminative ability (AUC, the area under the receiver operating characteristic curve).

Results: In the development dataset, the discriminative ability was good for the actigraphy model (AUC=0.790) and excellent for the ESM (AUC=0.991) and combined-domains model (AUC=0.993). In the validation dataset, the discriminative ability was reasonable for the actigraphy model (AUC=0.648) and excellent for the ESM (AUC=0.891) and combined-domains model (AUC=0.892).

Conclusions: ESM is a good diagnostic predictor and is easy to calculate, and, therefore, holds promise for implementation in clinical practice. Actigraphy shows no added value to ESM as a diagnostic predictor, but might still be useful when active monitoring with ESM is not feasible.

Disclosure: No significant relationships.

Keywords: Prediction model; Experience Sampling Method; Actigraphy; Depression

O111

Program esilence 1.0 - self-regulation program in food education via instagram-loricorps, study protocol

V. Lemieux^{1*}, J. Monthuy-Blanc² and N. Moreau³

¹Biomedical Sciences, Université du Québec à Trois-Rivières, Trois-Rivières, Canada; ²Education, Université du Québec à Trois-Rivières, Trois-Rivières, Canada and ³Service Social, Université d'Ottawa, Ottawa, Canada

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.315

Introduction: Social medias are seen as a risk factor for mental health because they increase body dissatisfaction and decrease self-esteem. This program is based on alimentation and physical well-being by relying on integrated intuitive eating and physical self-esteem. This program, implemented in a community setting use social media (i.e. Instagram-Loricorps), is composed of 12 monthly 180-second video capsule that address themes related to the promotion of body sensations and intuitive movement.

Objectives: The main objective of this study is to evaluate the effects of the program into the physical environment targeting the physical self-perceptions (PSP). Specifically, this study evaluates whether the eSILENCE 1.0 Program improves the level of PSP related to nutrition and explores the changes in the level and variability of the PSP.

Methods: This project is a mixed sequential explanatory study. 300 participants (Experimental Group [EG; N=200], Control

Group [CG; N=100]) are targeted. Online nomothetic questionnaires evaluate occupational changes and PSP in relation to alienation and are completed by the EG and the CG at pre-test, mid-test and post-test. Online idiographic questionnaires assess PSP and are completed by the EG before and after each video capsule and by the CG once a month without viewing the capsules. Following a preliminary analysis, a focus group will be formed to explain and deepen these results. Participants (N=5) will be recruited voluntarily into the EG.

Results: to come.

Conclusions: Analysis of quantitative data will be used to assess the effectiveness of the program and analysis of qualitative data will provide an in-depth understanding of the linkages between the variables.

Disclosure: No significant relationships.

Keywords: Physical self-perceptions; New technologies; ehealth; Dysfunctional eating attitudes and behaviours

O112

The benefits of involving general practitioners in the promotion of e-health tools for primary prevention of suicide in the general population: The stopblues case

A. Le Jeannic^{1,2*}, K. Turmaine³ and K. Chevreur²

¹Urc Eco, Assistance Publique - Hôpitaux de Paris, Paris, France;

²Eceve Umr1123, Inserm I Université Paris Diderot - Paris 7, Paris, France and ³Umr1123 -eceve, INSERM, Paris, France

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.316

Introduction: In France about 10,000 suicides/year are recorded. General practitioners (GPs) have an important role in prevention, with consultation rates between 20% and 76% the day preceding suicide. StopBlues is an application/website for primary prevention of suicide in the general population. Its promotion was supported by municipalities and involved GPs.

Objectives: To evaluate how the involvement of GPs in the promotion of StopBlues had an impact on its utilization.

Methods: StopBlues was promoted in 25 French municipalities randomly assigned to a 'basic' promotion group organized by municipalities only or an 'intensified' promotion group that also includes promotion in GPs' waiting rooms. StopBlues users were asked how they found out about StopBlues. After two years, an ad hoc questionnaire was sent to all GPs (N=2,111).

Results: StopBlues users from those municipalities (N=885) were 16% to learn about StopBlues from GPs, 93% of them living in municipalities with 'intensified' promotion. In the 'basic' group, where no GPs have heard about StopBlues, 15% would like to know more about it/will have a look at it and 8% will use it and recommend it to colleagues. Half of GPs from the 'intensified' group had heard about the program, with 24% who recommended StopBlues to some patients. 21% of GPs agreed that they will use it and recommend it to colleagues.

Conclusions: Involving GPs in the use of e-health tools is of major interest to improve their utilization. Our results show that GPs are in need of those in dealing with patients with psychological pain/distress.

Disclosure: No significant relationships.

Keywords: General Practitioners; Suicide; Primary prevention; e-health

O115

Vr exposure in cbt is effective and efficacious treatment for simple phobia (flight phobia)

A. D'Ambrosio*, C. Tonelli, V. Martini and C. Ambrosio

Vre-cbt Psychotherapy, CBT CLINIC CENTER srl, Napoli, Italy

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.317

Introduction: The virtual environment with realistically rendered fear-inducing stimuli is enough to conduct VR exposure therapy (VRE), although the total control over the virtual environment also enables presentation of stimuli, contexts, and tasks not possible in in vivo exposure therapy (i.e. flight etc.) 30 randomized controlled trials revealing high efficacy and effect sizes comparable of VRE-CBT to in vivo exposure therapy. Aerophobia is a very frequent limitation and affect 25% of the population and 30% of the subjects who fly make habitual use of anxiolytics.

Objectives: The aims of this study is to show that conducting VR exposure in CBT for simple phobia (flight phobia) is effective and is an efficacious treatment for fear and anxiety, Vs other treatments.

Methods: Participants (n = 39; age between 19 and 60 years) in the active arms received individual CBT VR exposure for six sessions and outcome was assessed with questionnaires: MSPS; Rathus Assertiveness Scale (RAS); HAM-A; QMAV; QSAV – (Flying fear); QoL INDEX and a behaviour avoidance test (really take the plane). Wilcoxon tests was using for the statistical analysis.

Results: 36 subjects managed to take the plane at the end of treatment and the results obtained showed a significant difference between "before treatment (T0) and after (T1)" with the exception of the Rathus test. All the SF-36 scales show a significant difference between "before-after". 3 subjects was dropped out

Conclusions: Using VR can be advantageous over standard CBT as a potential solution for treatment avoidance and as an efficient, cost-effective and practical medium of exposure.

Disclosure: No significant relationships.

Keywords: phobia; flight phobia; virtual reality; VRE-CBT

O116

Lessons learned from an e-mental health intervention: The promotion of stopblues in 41 french cities

K. Turmaine^{1*}, A. Le Jeannic^{1,2}, A. Dumas¹ and K. Chevreur^{1,2}

¹Eceve Umr1123, Inserm I Université Paris Diderot - Paris 7, Paris, France and ²Urc Eco, Assistance Publique - Hôpitaux de Paris, Paris, France

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.318

Introduction: For more than a decade, digital health has held promise for enabling a much broader population to have access to health information, education and services. However, the increasing number of studies on the subject show mixed results and currently, there is a certain disillusionment regarding its benefits. And yet, the Covid-19 crisis has revealed the importance of developing digital-based complementary support to existing resources.

Objectives: Factors associated with higher utilization rates among the target audience need to be investigated.