

reliability and excellent test-retest reliability. Receiver operating characteristic analysis revealed that the area under the curve was 0.83, indicating excellent ability to detect triggers of suicidal ideation. With a cutoff point of 2, the sensitivity and specificity were 0.86 and 0.67, respectively.

Conclusions The TSII can be completed in 5 minutes and is perceived as easy to complete. Moreover, the inventory yielded highly acceptable parameters of validity and reliability.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW617

Suicidal ideation among former prisoners of war's wives – a longitudinal dyadic study

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Introduction The long-term associations between posttraumatic stress disorder (PTSD) and suicidal ideation (SI) among ex-prisoners of war (ex-POWs) has recently been exemplified. Several studies have revealed the toll of war captivity on secondary traumatization' (ST) of ex-POWs' wives. However, a question remains regarding the possible SI among ex-POWs' wives.

Objectives Understanding of SI phenomena among wives of severely traumatized ex-POWs in a longitudinal dyadic designed study.

Aims Assessment of SI among ex-POWs' wives and the longitudinal associations with their husbands' PTSD. We also aim to assess the moderating role of the couple's dyadic adjustment in these associations.

Method A sample of 233 Israeli couples (142 ex-POWs couples and a comparison group of 91 veteran couples) completed self-report measures at two time points: T1 30 (2003–4) and T2 37 (2010) years after the 'Yom Kipur' 1973 war.

Results Surprisingly, no significant differences were found between ex-POWs wives and veterans' wives, with and without husbands' PTSD, in SI at T1 and T2. Only among ex-POW couples, an increase in the husband's level of PTSD and SI was related to a more moderate increase in their wives' SI between T1 and T2. Interestingly, the more a wife reported positive dyadic adjustment, the more moderate the increase in her SI between T1 to T2, regardless of the study group.

Conclusions Suicidal ideation among ex-POWs' wives is closely related to their husbands' PTSD and is moderated by their perception of marital adjustment.

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TeleMental Health

EW618

Online destigmatization of schizophrenia: A Romanian experience

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Introduction Mental illness stigma existed long before psychiatry, although sometimes the institution of psychiatry has not helped enough in reducing either stereotyping or discriminatory practices. Stigma of mental illness involves problems with knowledge, attitudes, and behavior and has important negative consequences for patients and their families. As new technologies become more reliable and accessible, mental health specialists are developing new and innovative methods through which they may provide services. Internet has an important role in the delivery of information because of its ability to reach a large number of people in a cost-effective manner.

Objectives In order to reduce stigma an online platform with relevant information about schizophrenia was developed. Simultaneously a social media campaign to increase awareness was launched.

Methods A multidisciplinary team of psychiatrists, web-developers, IT specialists and designers developed the platform www.schizophrenia.ro. The platform is intended to be simple and with a great visual impact and it gathers general information about schizophrenia. The social media campaign used emotional messages like "Diagnosis is not the end of the road" or "I'm a person not a diagnosis" combined with high impact images.

Results From 1st January to end of September 2015 the platform had about 22,500 users and about 70,500 page views. The social media campaign had a reach of approximately 9700 people in just 2 months.

Conclusions The World Wide Web is increasingly recognized as a powerful tool for prevention and intervention programs and could also play an important role in destigmatization campaigns.

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EW619

Therapist-guided internet-based cognitive-behavioural therapy for adult obsessive-compulsive disorder: A meta-analysis

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Introduction Cognitive-behavioural therapy (CBT) is the first-line psychological treatment for obsessive-compulsive disorder (OCD). However, most individuals suffering from OCD do not receive CBT. An innovative approach to improve access to evidence-based care is the use of the Internet to deliver effective treatments. Therapist-guided Internet-based cognitive-behavioural therapy (iCBT) involves the administration of structured online lessons that provide the same information and skills typically taught in clinician-administered CBT, often with email support from a therapist. Accumulating evidence on iCBT for OCD has been produced, but a meta-analysis has not been conducted.

Objectives Through meta-analytic methods, the present study summarized evidence on iCBT for OCD.

Aims Efficacy on OCD symptoms and comorbid depression versus control conditions at post-treatment and follow-up was evaluated.

Methods A PRISMA meta-analysis was performed on randomized controlled trials. Treatments were classified as iCBT if they included CBT components for OCD (eg, exposure and response prevention) delivered through the Internet with or without email/phone support from a therapist.

Results Four trials were included ($n = 238$), which were classified at low bias risk. At post-treatment iCBT outperformed control conditions with a high effect size on OCD symptoms ($d = 0.85$, $P < .05$) and a medium on comorbid depression ($d = 0.52$, $P < .05$). Treatment effects were stable at 4-month follow-up with a high effect size on OCD ($d = 1.45$, $P < .05$), but not on comorbid depression ($d = 0.33$, $P < .05$).

Conclusions iCBT seems a promising treatment modality for OCD. Further trials should assess long-term outcomes and effects on quality of life.

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Treatment Practice

EW621

Working alliance and its relationship with treatment outcome

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Introduction The therapeutic alliance might be the most important part of beginning clinical relationship and may have an important impact in treatment adherence. In fact, many studies indicate that the therapeutic alliance is the best predictor of treatment outcome.

Objectives To assess clinical skills and attitudes in mental health professionals (MHP).

Aims This study explore the impact of clinical skills and socio-demographic factors related MHP may have on treatment adherence of patients with mental health disorders (MHD).

Methods In this cross sectional study, we use a convenience sample of MHP working in the mental health departments of three general hospitals in Lisbon great area. Data is being collected through individual interviews. We used a optimism scale (ETOS), Medication Alliance Beliefs Questionnaire (MABQ), and socio-demographic and clinical questionnaire.

Results A convenience sample composed of sixty-five mental health clinician working in a variety of settings is being collected. We don't found statistically significant differences between the therapeutic optimism and the socio-demographic and clinical characteristics of MHP. The average values of optimism found in MHP with additional training in skills training it was higher (t test = 1,64). The results demonstrate that the most of clinicians ($n = 42$; agree 64,6%; strongly agree, $n = 19$; 29,2%) believe that have the capacity to positively influence outcomes for people with mental disorders.

Conclusion This topic, along with a detailed examination of the relationship between therapeutic alliance and treatment adherence, will be the subject of future research projects.

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EW622

Antipsychotic prescribing patterns in outpatients with severe mental illness

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Introduction Prescribing more than one antipsychotic at the same time is becoming common in the treatment of patients with severe mental illness (SMI), although most guidelines recommend monotherapy.

Objectives The aim of this study was to examine the prevalence of antipsychotic polypharmacy and to compare the practices of polypharmacy and monotherapy in terms of the rationale and compatibility of the treatment.

Methods This study included 235 patients with SMI between 18 and 65 years of age who were followed at KTU Psychiatry Department Schizophrenia-Bipolar Disorder outpatient clinic between January 2007 and December 2014. The sociodemographic and clinical data were evaluated by a chart review form which was prepared by the researcher and designed according to American Psychiatric Association treatment algorithm and National Associated Mental Health Program Directors polypharmacy classification.

Results 138 patients (58.7%) were diagnosed with schizophrenia, 75 patients (31.9%) were diagnosed with bipolar disorder and 22 patients (9.4%) were diagnosed with schizoaffective disorder. 62 patients (26.4%) were receiving antipsychotic polypharmacy. Combinations of two second-generation antipsychotics were most common. Anticholinergic drug use was significantly more common in patients on antipsychotic polypharmacy. Reported adverse events were more common in patients on polypharmacy but did not reach the level of statistical significance. Patients on antipsychotic polypharmacy were more likely to be diagnosed with schizophrenia. Polypharmacy patients were also more likely to receive clozapine and amisulpride whereas monotherapy patients were more likely to receive olanzapine.

Conclusion Our results confirm previous reports that indicate patients with SMI are most likely to receive antipsychotic polypharmacy.

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EW623

Antipsychotic monotherapy versus combination in schizophrenia: Are there differences in cognition?

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Introduction Influential protocols in the treatment of schizophrenia recommend the use of antipsychotics in monotherapy, although combination is common in clinical practice.

Objectives/aims To compare cognitive performance of patients with schizophrenia treated by antipsychotic monotherapy or polytherapy; secondly, to analyze clinical and sociodemographic differences.

Methods Ninety-eight outpatients between 18 and 65 years, diagnosed with schizophrenia, based on the DSM-V were recruited. Seventy were in monotherapy and 28 in antipsychotic combination. Patients with comorbidity, moderate to severe motor impregnation, abuse-substance dependence or serious somatic illness were excluded. Both groups were compared in sociodemographic, clin-