

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-

ical and cognitive measures: PANSS scale, short Akathisia Scale Simpson-Angus Scale, State-Trait Anxiety Inventory (STAI), face emotion recognition (FEIT) and global Functioning (GAF), speed processing - through the Trail Making Test, parte A, subtest of symbol coding of the Brief Assessment of Cognition in Schizophrenia (BACS) and Verbal fluency (animals)- and sustained attention (SA)-through the Continuous Performance Test (CPT).

Results Both groups showed similar age, gender, number of hospitalizations, score in STAI-Trait, STAI-State, ANGUS, GAF, TMT-A, verbal fluency and face emotion recognition. Patients in politherapy had more years of evolution ($P 0.047$), higher score in positive PANSS ($P 0.007$), negative PANSS ($P 0.008$), general PANSS ($P 0.001$); they showed more detection errors in the CPT ($P 0.008$), and a trend towards less processing speed through the symbol coding ($P 0.063$), compared to patients in monotherapy.

Conclusions Antipsychotic polipharmacy is associated with an impairment in sustained attention in patients with schizophrenia.

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EW624

DECIDE study: Effectiveness of shared decision making in treatment planning at discharge of inpatient with schizophrenia: Half sample interim analysis, preliminary conclusions

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DECIDE Study Effectiveness of shared decision making in treatment planning at discharge of inpatient with schizophrenia: interim analysis.

Introduction Shared decision-making denotes a structured process that encourages full participation by patient and provider in making complex medical decisions. Hamann et al. conducted a few years ago a randomized controlled trial with schizophrenic inpatients and found increased knowledge and perceived involvement in decisions about antipsychotic treatment at discharge by the experimental group, but not clear beneficial effects on long term outcomes. The present communication introduces the DECIDE study.

Aims and objectives Of the study: to demonstrate the effectiveness, measured as treatment adherence and readmissions at 3, 6 and 12 months, of shared decision making in the choice of antipsychotic treatment at discharge in a sample of schizophrenics hospitalized after an acute episode of their disorder. Of the oral presentation: to present preliminary conclusions with more of the half of the sample.

Methods Randomized controlled trial, prospective, two parallel groups, not masked, comparing two interventions (shared decision making and treatment as usual). Study population: inpatients diagnosed of schizophrenia and schizoaffective disorders (ICD-10/DSM-IV-R: F20 y F25) at Adult Acute Hospitalization Unit at Jerez General Hospital.

Results At discharge, increased scale score COMRADE, both subscales (Satisfacción in communication and trust in the decision) statistically significant. At 3 months follow-up, intensification of these differences in effect size and statistical significance and shows

trends in health outcomes. We will present results for 6 and 12 months.

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

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EW625

Four years follow-up in a naturalistic study of adults with ADHD treated with atomoxetine

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Introduction Attention-deficit/hyperactivity disorder (ADHD) is a psychiatric chronic disorder of childhood that persists into adolescence and adulthood in the most part of cases. There are various ways of treating ADHD.

Objectives Assess the effectiveness and tolerability of atomoxetine long-term and routine clinical practice in adult ADHD treatment. Study the clinical profile of the patients who take atomoxetine.

Aims The aim of this is to study the treatment of ADHD in adults with a non-stimulant drug atomoxetine.

Methods We obtain results from 126 patients recruited from July 2009 to May 2013 who have been prescribed Atomoxetine as a treatment for ADHD from the hospital pharmacy.

Results Comorbid disorders were presented in 57.1% of the patients included at the study (25.3% of which belong to the group of anxiety disorders). The use of other psychotropic drugs associated with atomoxetine was observed in 54.8% of patients. The 62.7% of the patients concerned continued treatment beyond 225 weeks (4 years 3 months) of observation. The Clinical Global Impression Improvement scale (CGI-I) and side effects determine monitoring treatment. A total of 61.9% of patients responded satisfactory to treatment with atomoxetine getting the CGI-I scale a score of 1-2. The duration of therapy and patient age are factors that influence the response. Furthermore, the clinical profile of patients treated with atomoxetine is characterized by different comorbidities, anxious symptomatology and personality disorders. Atomoxetine treatment with has also been shown its effectiveness and safe despite the presence of concomitant comorbidities and psychopharmacological treatment.

Conclusion Atomoxetine treatment with has been effective and has proven good tolerability profile during treatment.

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