

functional recovery. It will then discuss when and how to assess cognition and present some new feasible screening tools for cognitive dysfunction. Finally, it will highlight some novel candidate cognition treatments.

Disclosure of interest I have acted as a consultant and received honoraria from Lundbeck and Allergan.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.100>

Symposium: Human based psychiatry: from theory to practice

S027

Evidence-based medicine - A critical review

W. Gaebe

Heinrich-Heine-Universität Düsseldorf, Germany

Evidence-based medicine is a method to establish best practice recommendations based on graded recommendations for diagnostic and therapeutic issues in health care. In mental healthcare, evidence-based medicine has shown that the therapeutic procedures are efficient and can help to not only ameliorate the symptoms of mental disorders, but also to improve the quality of life of those affected by mental disorders. Evidence-based medicine is not, however, cookbook medicine. While evidence is mostly generated in larger group trials and should be applicable to the majority of cases, aspects of the personal situation, social support systems and legal boundaries all affect mental healthcare and may modulate the interpretation of the findings of evidence-based medicine. A human-based psychiatry will therefore need to use the methods of evidence-based medicine as a basis for diagnostic and therapeutic recommendations, but will also need to extend into the acknowledgements of personal accounts, traditions and the cultural framework, in which mental healthcare is provided. This presentation will highlight some of the issues associated with the questions of the roles of evidence-based medicine in mental healthcare, and in a human-based approach towards mental healthcare.

Disclosure of interest Unterstützung bei Symposien/Symposia Support.

Janssen-Cilag GmbH, Neuss.

Aristo Pharma GmbH, Berlin.

Lilly Deutschland GmbH, Bad Homburg.

Servier Deutschland GmbH, München.

Fakultätsmitglied/Faculty Member.

Lundbeck International Neuroscience Foundation (LINF), Denmark.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.101>

S028

Theoretical background of human based psychiatry

M. Musalek

Anton Proksch Institute, Gräfin Zichy Straße 4–6, 1230 Vienna, Austria

Every medical intervention is embedded in the prevailing spirit of its particular time. The world of modern medicine that is still shaped by positivism is often revered as a world of rational calculation and reason, a world in which mathematical calculation and so-called objectivity are prized above all else. Indeed, today's modern medicine in general and its battlewagon evidence-based medicine is a world of sober number games, reduction and fragmentation, of demystification and de-subjectification. As important and indispensable the achievements of EbM are, it nevertheless

needs to be expanded by a medicine, which focuses not just on illness and its treatment but which places the concrete individual with all his or her sufferings and potentials. Such a human-based medicine (HbM) is no longer indebted to modern positivism, but seeks its foundations in the maxims of post-modernism. Moving away from classical "indication-based medicine" toward a medicine based on human sufferings and potentials necessarily requires a fundamental change in diagnostics and treatment.

Disclosure of interest The author has not supplied his declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.102>

S029

Human based psychiatry in clinical practice

L. Küey (Associate Professor of Psychiatry)

World Psychiatric Association

Human based medicine and human based psychiatry are contemporary approaches to the theory and practice of medicine and psychiatry. It is a post-modern way of re-thinking psychiatry enriched by humanities, especially philosophy. In questioning the current research and praxis of psychiatry, it shares the statement by Wittgenstein, "what a curious attitude scientists have": 'We still don't know that; but it is knowable and it is only a matter of time before we get to know it as if that went without saying. So, here, our problematic is not only 'what and how much we do' but also 'how and why we do'. The clinician's main challenge is harmonizing the current available 'scientific universal knowledge' and the 'uniqueness' of that specific person in need of help. In achieving this task, the importance of the synthesis of the clinician's perspective and patient's perspective will be elaborated using depression as a case example. It will be stated that an empathetic understanding of depression, through a subjective, experiential and narrative-centered approach must become a primary concern by building a joint, ongoing, re-construction process of clinical assessment, formulation and treatment. There is no meta-theory explaining "the clinical truth". From the perspective of a human based psychiatric practice, in fact, we do not need such a meta-theory, but instead, we need multi-level/multi-dimensional approaches, also taking the narrative into consideration. We suggest the clinicians to be modest, honest and respectful towards "the clinical truth".

Disclosure of interest The author has not supplied his declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.103>

S030

Current hot topics in working with service users and family carers towards a human based psychiatry

M. Amering

Department of Psychiatry and Psychothera, Waehringer Guertel 18-20, 1090 Vienna, Austria

Context The significant role of family as a resource for mental health, psychiatric care and recovery and rehabilitation is well documented. However, despite ongoing family advocacy the situation in most settings is still characterized by significant unmet needs and lack of resources and expertise in working with families.

Key messages This presentation will highlight pertinent issues and present data, concepts and experiences towards an improvement of partnership work with users of services and their families in a human based context.

Topics will include the needs of specific types of relatives, such as siblings, children, partners, grandparents, members of the peer group of friends as well as the need for support for families without patient consent. Recent developments with regard to individual