

overall quality of the apps can be rated medium with a mean score of 3.38. Studies have been published for only 30% of the apps (n = 6). 13 studies were included in the assessment of methodological quality, but the app itself was the object of study in only 2 publications. In summary methodological weaknesses such as small group sizes, a short study duration and insufficient comparative therapy were frequent.

Conclusions: Our results demonstrate that the majority of apps is lacking reliable scientific evidence. To support pwd and caregivers as end users in their choice standardised HTA criteria has to be defined and applied for mHealth apps.

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EPP0133

COVID-19 and the emergence of inpatient tele-ward rounds.

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Introduction: Telemedicine has been at the heart of healthcare system's strategic response to the COVID-19 pandemic. Within psychiatry, there has been a surge of research and guidelines into the use of video-teleconferencing to replace face to face consultations across clinical settings. Clinical ward rounds are central to inpatient psychiatric care yet little guidance is available on how best to integrate telemedicine into the multidisciplinary work of inpatient psychiatry.

Objectives: We report on the introduction of video teleconferencing for psychiatric ward rounds on our acute inner-London psychiatric unit during the outbreak of COVID-19.

Methods: In undertaking the rapid transition to tele-ward rounds, we had to reconcile the multiple functions of psychiatric ward rounds with the technological resources available to us.

Results: Tele-ward rounds helped simplify care delivery, facilitate multidisciplinary collaboration and improve accessibility for patients and relatives in a time of crisis. The transition to tele-ward rounds also brought about technical, operational and communication issues that may impact on the patient experience and quality of care including governance challenges, contextual dissonance and technological limitations.

Conclusions: The routine use of newer technology in psychiatry ward rounds is unlikely to succeed on the basis of improvisation, particularly given the stream of technical innovations in telemedicine, and the multifarious quality of social interactions in our clinical setting. Staff training and the development of an adapted etiquette and code of communication are both essential. Patient participation in future developments will also help ensure tele-ward rounds continue to meet the standards of high quality inpatient psychiatric care beyond the COVID-19 pandemic.

Disclosure: No significant relationships.

Keywords: Multidisciplinary team work; Ward rounds; telepsychiatry; Inpatient psychiatry

EPP0134

Sociodemographic characteristics associated with an eHealth system designed to reduce depressive symptoms among patients with breast or prostate cancer: a prospective study

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Introduction: Electronic health (eHealth) interventions integrate different elements of care in treating and preventing mental ill-health in patients with somatic illnesses. Identifying different socio-demographic characteristics that might be associated with higher perceived usability can help in improving the usability of these e-health interventions.

Objectives: This study aimed to identify sociodemographic characteristics that might be associated with the perceived usability of the NEVERMIND e-health system, comprised of a mobile application and a sensorized shirt, developed to reduce co-morbid depressive symptoms in patients with breast or prostate cancer.

Methods: The study included 129 patients with a diagnosis of breast or prostate cancer who received the NEVERMIND system. Sociodemographic data were collected at baseline. Usability outcomes included the System Usability Scale (SUS), the Mobile Application Rating Scale: user version (uMARS), and a usage index.

Results: The analysis was based on 108 patients (68 breast cancer and 40 prostate cancer patients) who used the NEVERMIND system. The overall mean SUS score at 12-weeks was 73.4 with no statistical differences among different sociodemographic characteristics. The global uMARS score was 3.8, and females scored the app higher than males (β coefficient= 0.16; $p=.03$, 95% CI 0.02 - 0.3). Females had significant lower usage (β coefficient= -0.13; $p=.04$, 95% CI -0.25 to -0.01) after adjusting for other covariates.

Conclusions: There was a higher favourability of the mobile application among females compared to males. However, males had significantly higher usage of the NEVERMIND system. The NEVERMIND system does not suffer from 'digital divide' where certain sociodemographic characteristics are more associated with higher usability.

Disclosure: No significant relationships.

Keywords: eHealth; Usability; Depression; mental health