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 log-term outcomes and effects on quality of life.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.737

Treatment Practice

EW621

Working alliance and its relationship with treatment outcome

A. Cardoso [1,*], P. Aguiar [2], M. Byrne [3], M. Xavier [1]
[1] *Nova Medical School, Mental Health, Lisbon, Portugal*
[2] *Escola Nacional de Saúde Pública, Public Health, Lisbon, Portugal*
[3] *University of Wollongong, Clinical Psychology, Wollongong, Australia*
* *Corresponding author.*

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.739

EW622

Antipsychotic prescribing patterns in outpatients with severe mental illness

P. Kizilay Cankaya [1,*], A. Tiryaki [2]
[1] *Fatih State Hospital, Psychiatry, Trabzon, Turkey*
[2] *Karadeniz Technical University, Psychiatry, Trabzon, Turkey*
* *Corresponding author.*

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.740

EW623

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

A. Ruiz [1], A. Brañas [1], M. Vicens [1], A. Orozco [1], G. Lahera [2,*]
[1] *Príncipe de Asturias University Hospital, Psychiatry, Alcalá- Madrid, Spain*
[2] *University of Alcalá- IRyCIS- CIBERSAM, Medicine and Medical Specialties, Madrid, Spain*
* *Corresponding author.*

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-

https://doi.org/10.1016/j.eurpsy.2016.01.740 Published online by Cambridge University Press