

gate depression-induced metabolic alterations. Such investigations might provide alternative insights into the nonmonoaminergic pathophysiology and treatment of depression.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.762>

e-Poster Viewing: E-mental Health

EV0433

Efficacy of an active implementation process of a computerized CPG of major depression disorder in primary care

M. Cavero^{1,*}, J.A. Monreal², N. Cardoner², M.D. Moreno³, V. Pérez-Solá⁴, D. Palao²

¹ Hospital Clinic, Psychiatry and clinical psychology, Barcelona, Spain

² Parc Taulí-University Hospital, Autonomous University of Barcelona, Centre de Salut Mental Parc Taulí, Sabadell Barcelona, Spain

³ Institut Català de la Salut, Direcció del SAP Vallès Occidental, Barcelona, Sabadell Barcelona, Spain

⁴ Hospital del Mar, Institut de Neuropsiquiatria i Addiccions, Barcelona, Spain

* Corresponding author.

Introduction The application of scientific evidence in clinical practice management of Major Depressive Disorder (MDD) is complex. Generally, the usual dissemination process and implementation of Clinical Practice Guidelines (CPG) induce modest changes. A computerized version of a Clinical Practice Guideline for Major Depression (e-CPG-MD) has been integrated in Electronic Clinical Records of Primary Care in Catalonia (Spain). It offers an opportunity to improve clinical results. The design allows access to precise help in the visit itself, improving diagnosis, treatment and follow-up.

Objectives To evaluate the effects of a multifaceted implementation process of e-CPG-MD, analysing their use and changes in MDD diagnosis.

Methods A cluster randomized clinical trial was performed in 10 primary care centers (PCC) in Barcelona. In five of ten centers, a multifaceted implementation process of the e-CPG-MD was developed during 6 month. The active process includes: interactive training program, regular feedback audit, educational outreach visits and periodic reminders.

Results The multifaceted implementation of e-CPG-MD was associated with a significant increase in use during the first 6 months (4.1%+3.1% vs. 52.7%+7.3%, $P<0.001$). In the active centers, the MD diagnosis increased significantly (rate quotient = 1.56, $P<0.001$) and the proportion of moderate and severe MD increased (13.6% vs 41.1%, $P=0.002$).

Conclusions A multifaceted implementation method of e-CPG-MD increased significantly its use in active centers at 6 months. Diagnosis of MDD and the proportion of moderate and severe cases also increased significantly.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.763>

EV0434

Using digital mood monitoring technology to support the assessment, engagement and empowerment of young people presenting to mental health services with mood instability

M. Dubad*, S. Marwaha, C. Winsper

University of Warwick, Warwick Medical School, Coventry, United Kingdom

* Corresponding author.

Background Digital mood-monitoring technology, such as mood-monitoring applications, is increasingly advocated within clinical research and is a potentially effective method to engage and empower youth. However, limited evidence is available on this type of technology.

Objectives (1) To assess the evidence for the use of mobile mood-monitoring applications in youth; (2) to explore what available smartphone application would be most suitable to monitor mood from the perspective of young people; (3) to examine whether mood-monitoring applications are useful for investigating mood instability in youth; (4) to explore the utility and acceptability of using the mood-monitoring application from young people's and clinicians' perspectives.

Aim To investigate how mood-monitoring applications can be used to support the assessment, engagement and empowerment of young people presenting to mental health services with a range of diagnoses in which mood instability forms a key component.

Methods A systematic review using a Cochrane methodology was conducted. After obtaining ethical approval, this study will also employ a mixed methods approach, through which quantitative findings (e.g., digital mood-monitoring data) will be furnished with an in-depth understanding of young people's views on digital mood-monitoring technology.

Results Findings from a systematic review focusing on the evidence for the psychometric properties, usability and clinical impacts of applications in youth will be presented. Preliminary results from consultations groups and plans for future research will also be discussed.

Conclusions Evidence acquired through this research can potentially influence mental health policies and result in more innovative (adjunct) interventions and improved outcomes for young people with mood instability.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.764>

EV0435

The ICT4LIFE Project—Design and development of a new information technology platform for patients with Alzheimer's disease

P. Osvath^{1,*}, V. Voros¹, A. Kovacs¹, I. Greges¹, S. Fekete¹, T. Tenyi¹, S. Fekete¹, C. ICT4Life²

¹ University of Pecs, Department of Psychiatry, Pecs, Hungary

² ICT4Life, Consortium, Madrid, Spain

* Corresponding author.

Aim With an increasingly growing population in Europe, cognitive impairment is a major social and health issue. According to the World Alzheimer Report (WHO, 2014), dementia, including Alzheimer's disease is one of the biggest global public health challenges our generation is facing. There are many efforts at European level to promote active and healthy ageing. This three-year project has the ambition to provide new services for integrated care with breakthrough research and radical innovation by employing user-friendly Information and Communication Technology (ICT)

tools, ultimately increasing patients' quality-of-life and autonomy at home.

Methods ICT4Life proposes an innovative platform for integrated care by the use of sensor-based analytics for human behaviour. Novel ICT services are used to determine the relation between cognitive decline, related psychopathological symptoms and the quality-of-life of the patients, and to assess how these affect patients' and caregivers' daily living. ICT4Life platform uses advanced sensor-based analytics; to maximize elderly empowerment and self-care abilities thanks to a properly designed and reconfigurable recommendation system that will be able to exploit user-generated data; and to improve decision-making processes in care professionals' daily activities. All solutions are developed following a user-centred methodology and tested in real-life scenarios.

Results The study design and the preliminary results of the ICT4Life project are presented on the poster.

Conclusion ICT4Life programme develops a solution for individuals with early stage cognitive impairment that will permit doctors and caregivers to extract useful information about patients, while contributing in a user-friendly way to extending their independence.

Disclosure of interest COI: This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement N° 690090. Tamas Tenyi and Sandor Fekete are supported by the National Brain Research Program Grant N° NAP KTIA NAP-A-II/12.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.765>

e-Poster Viewing: Eating Disorders

EV0436

Previous and posterior psychopharmacological treatment in bariatric surgery patients

M. Angelats^{1,*}, P. Laia¹, R. Elena¹, M. Laura¹, E. Iciar¹,

B. Adinson², P. Lucía³, B. Elena³, P. Víctor¹, S. Purificación¹

¹ Instituto de Neuropsiquiatría y Adicciones INAD, Parc de Salut Mar, Psiquiatria, Barcelona, Spain

² Fellow of the Royal College of Physicians of Canada, Psychiatry, Quebec, Canada

³ Instituto de Neuropsiquiatría y Adicciones INAD, Parc de Salut Mar, Psicología, Barcelona, Spain

* Corresponding author.

Introduction Bariatric surgery is an effective treatment for obesity. It has been demonstrated that it improves the prognosis of vascular risk factors. However, the long term effect of surgery on psychiatric pathology, as depression, and the treatment adjustment needed is not clear.

Aim To describe the previous and posterior psychopharmacological treatment of patients operated of bariatric surgery in Hospital del Mar.

Material and methods We used a database of 292 bariatric surgery patients who have been operated in Hospital del Mar from January 2010 to November 2015. In this database, sociodemographic information, psychiatric antecedents, and anterior and posterior treatments among other data are included. We have made a descriptive analysis about more used treatments and their evolution.

Results In the sample, 27.1% of patients started with some psychiatric treatment the months before the bariatric surgery (16.4% had already a previous treatment prescribed). The medications the most frequently started before the surgery were selective sero-

tonin reuptake inhibitors (SSRI, 11%), second were benzodiazepines and third a combination of the two previous treatments. Among antidepressants, Fluoxetine was the most prescribed (45.5%). Six months after surgery, 72.9% of patients were not taking any treatment.

Conclusion The large variety of psychiatric drugs used in our sample indicates that clearer guidelines are needed about the most appropriated treatments for those patients. Further studies on the impact of this surgery on pathologies and their psychopharmacological treatments are needed.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.766>

EV0437

A French psychoeducational audio-visual tool for adult patients with eating disorders

L. Avenet^{1,2,3}, D. Ringuenet^{4,5,6}, C. Vindreau^{7,8}, J. Mallet^{1,2,3,9,*}, P.L. Avenet^{10,11}, P. Gorwood^{8,9,12}, C. Dubertret^{1,2,3,9}

¹ AP-HP, Department of Psychiatry, Louis-Mourier Hospital, Colombes, France

² University Paris 7 Denis Diderot, Faculty of Medicine, Paris, France

³ Department of Psychiatry, Colombes, France

⁴ Department of Psychiatry and Addictology, Eating disorders unit, AP-HP, hôpital Paul-Brousse, Paris, France

⁵ Paris Sud University, Villejuif, France

⁶ Department of Psychiatry and Addictology, Villejuif, France

⁷ CMME, Sainte-Anne Hospital, Paris Descartes University, Paris, France

⁸ Department of Psychiatry, Paris, France

⁹ Inserm U894, Center for Psychiatry and Neurosciences, 2 ter, rue d'Alésia, 75014 Paris, France

¹⁰ Médecine d'urgence, CHI Poissy-Saint-Germain, Poissy, France

¹¹ Department of Emergency, Poissy, France

¹² CMME, Sainte-Anne Hospital, Paris, France

* Corresponding author.

Introduction Eating disorders are pathologies with potentially serious psychic and somatic consequences, and high mortality. Lifetime prevalence in adults is about 0.6% for anorexia nervosa, 1% for bulimia, and 3% for binge eating disorder. However, the prognosis is improved if a suitable care is quickly established. Caregivers are often highly involved and helpless in facing such diseases. They often express a significant psychological distress. We must contribute to provide them answers, to strengthen their key role as a resource and support for the patient. It is found that carers themselves are poorly trained in screening, diagnosing and supporting eating disorders. There are effective therapeutic approaches, such as psychoeducation, to improve therapeutic alliance.

Objectives/aims This work aims to realize a French psychoeducational audio-visual tool for patients with eating disorders, their caregivers, and professional carers.

Methods We made an extensive review of literature (focus on the international practice guidelines, existing psychoeducational tools), and several consensus meetings. We decided of original directions to drive the psychoeducational approach of the movies, taking into account previous findings.

Results This tool includes three movies approaching the symptoms and the choice of treatment setting, based on the disease course and the care's goals. They may be broadcasted on a national level through professional networks and associations involved in the treatment of eating disorders.

Conclusion This work improves the knowledge of eating disorders in carers, patients and their families. The relevance and effectiveness of this tool on the course of the disease has to be further evaluated.