

Results Statistically significant improvement in cognitive functioning, symptoms severity and functional capacity was found in the study group after the intervention. These changes were not observed in the control group.

Conclusion The results support the OC effectiveness for cognitive and functional capacity improvement and symptomology relief. The findings advance the body of evidence for functional interventions in hospital settings.

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

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EW0797

Compare “family atmosphere” in informal caregivers of patients with psychotic symptoms compared to their inclusion or not in self-help associations

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Introduction The participation of informal caregivers in the café of patients with psychotic symptoms in coordination with self-help groups have been found to reduce the expressed emotion in combination with psychoeducations interventions help create a supportive environment.

Objectives This study investigates the differences in the family atmosphere of informal caregivers of patients with psychotic symptoms.

Aims To compare whether or not the participation of informal caregivers of patients with psychotic symptoms in self-organized associations helps to foster a supportive family environment, hence reducing the risk of relapse.

Methods Snowballing sampling consisting of 510 informal caregivers of patients with psychotic symptoms was used in the current study. The Family Environment Scale of Moos and Moos and socio-demographic questions were implemented to collect the data. Control Cronbach's Alpha reliability of scale gave value $\alpha = 0.795$.

Results The comparison showed that informal caregivers of patients with psychotic symptoms irrespective of their participation or not in self-help associations do not show significant differences in Family Environment Scale. Significant statistical difference between the two groups ($P < 0.05$) only occurred in the subcategory “organization”, as the first group ($m = 4.68$, $df = \pm 2.233$) were found to have lower values compared to the other group ($m = 5.21$, $df = \pm 2.233$).

Discussions The study demonstrated that informal caregivers of patients with psychotic symptoms involved in self-help groups do not show to have a particular difference in the family atmosphere than families who do not participate in self-help associations.

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

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EW0798

A randomized controlled study: The effects of self-referral to inpatient treatment on patient activation

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Introduction Self-referral to inpatient treatment (SRIT) has recently been implemented in Norway in several community mental health centers (CMHC) in an effort to increase activation and to improve access to mental health services and timely treatment.

Objective To examine the effect of having a contract for self-referral to inpatient treatment (SRIT) in patients with severe mental disorders. This intervention was based on personalized care planning, legislation regarding patients' rights and is intended to enhance user participation.

Aims To assess the 12-month effect on patient activation measure-13 (PAM-13).

Methods A randomized controlled trial with 53 adult patients; 26 participants got a SRIT contract which they could use to refer themselves into a CMHC up to five days for each referral without contacting a doctor in advance. Preliminary results on the primary outcome after 12 months with the self-report questionnaires Patient Activation Measure (PAM-13), will be analyzed using linear mixed and regression models.

Results The preliminary results showed no significant effect on PAM-13 (estimated mean difference [emd] -0.41 , 95% CI [CI]: -7.49 to 6.67). A post hoc analysis found an effect of SRIT on PAM-13 in those with baseline PAM-13 scores below ≤ 47 .

Conclusion There were no group differences.

Trial design Clinicaltrials.gov NCT01133587.

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

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EW0799

Treatment profiles in a Danish psychiatric university hospital department

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Introduction Despite concerns about rising treatment of psychiatric patients with psychotropic medications and declining treatment with psychotherapy, actual treatment profiles of psychiatric patients is largely unknown.

Aims To describe patterns in the treatment of patients in a large psychiatric university hospital department.

Methods A descriptive mapping of treatment of in- and outpatients in a psychiatric department at Aarhus University Hospital Risskov, Denmark. Information was collected by health care staff using a 25-item survey form. The P -value was calculated with a χ^2 test and $P < 0.05$ was considered significant. The study was preceded by a pilot study on 41 patients.

Results Over a 1 month period we assessed a total of 343 consecutive patients and hereof included 200 in the age range 18–90 years (mean 53.76); 86 men and 114 women. One hundred and eighty-eight patients (94%) used psychotropic medication, 37 (19%) as monotherapy and 148 (74%) in combination with non-pharmacological therapy. Ninety-seven (49%) had psychotherapy and 104 (52%) social support. Among inpatients, 21 (64%) had physical therapy, and 10 (30%) electroconvulsive therapy. In total, 163 (82%) had non-pharmacological therapy. Fifty-two (26%) patients had monotherapy and 148 (74%) polytherapy. Mean number of

treatment modalities used per patient was 2.07 for all patients and 3.23 for inpatients.

Conclusions In our department, polytherapy including non-pharmacological modalities is applied widely across all settings and patient categories. However, psychotropic medication clearly dominates as the most frequently applied treatment.

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

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EW0800

H-index may influence more than methodological variables for publication in high impact psychiatry journals – A systematic review

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Objectives The scientific community assumes that rigorous methodology research is more likely to be published in high impact psychiatry journals (HIJ). We aimed to test which methodological variables could predict publication in HIJ.

Methods We conducted a systematic review of the MEDLINE and EMBASE databases from 2013, January 1st to 2015, June 15th. Inclusion criteria were studies that were RCTs whose at least one arm of the study should be fluoxetine regarding adult patients (>18 years old) with MDD. We performed logistic regression regarding the number of participants, intention-to-treat analysis, blinding, multicenter study, sample losses, positive result, sponsorship of pharmacy's industry, and h-index of the last author. A HIJ was considered if journal impact factor was above the median or 3rd quartile of our sample.

Results Forty-two studies were considered for the final analysis. The results of the univariate logistic regression found no differences between HIJ and low impact psychiatry journals for all methodological variables, except the h-index of the last author. By considering HIJ when impact factor was above the mean, h-index had an odds ratio = 1.09 (1.01–1.17), $P=0.02$; considering HIJ when impact factor was above the 3rd quartile, h-index had an odds ratio = 1.07 (1.01–1.14), $P=0.02$.

Discussion Our results indicate that the author productivity may be a relevant predictor for publication in a HIJ in the psychiatry/psychology field. Our study proposes that journals focus on identifying what are the relevant criteria for publication approval in the peer-review process.

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

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EW0801

Psychoeducational family intervention for people with eating disorders: Rationale and development

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Introduction Family members of patients with EDs report high levels of burden, psychological distress and the need to receive information on the disease of their ill relative. There is the need to provide family members and patients with psychoeducational family intervention in order to satisfy their care needs.

Objective To develop a new psychoeducational approach for patients with Eating Disorders (EDs) and their relatives according to the Falloon model.

Aims (1) To develop a family psychoeducational intervention for patients with EDs. (2) To implement the experimental intervention in the clinical routine care. (3) To evaluate efficacy of the approach in terms of reduction of family burden and improvement of relatives' coping strategies.

Results The Department of Psychiatry of the University of Naples SUN has developed a new psychoeducational family intervention for patients with EDs and their family members. The intervention consists of 6 sessions, scheduled weekly. The sessions deal with several topics such as information on EDs (e.g., causes, symptoms, clinical characteristics), communication skills (e.g., how to express an unpleasant feeling) and problem solving skills. The intervention is led by trained mental health professionals, such as psychiatrists, psychologists or rehabilitation technicians.

Discussion This is the first example of psychoeducational intervention for families of patients with EDs developing according to the Falloon approach.

Conclusions Family intervention represents an essential tool to provide to patients with EDs and their family members in order to promote a global recovery.

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

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EW0802

Impact of communication on family satisfaction and anxiety in critical care

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Objective The objectives of this study were to explore the impact of a communication course for doctors on family satisfaction and anxiety in an Australasian ICU and to elucidate the determinants of family satisfaction and anxiety.

Design Prospective observational study. Pre- and post-study design.

Participants One hundred and three consecutive family members of patients staying in the ICU for more than 48 hours were identified. Eighty-six subjects were evaluated and analysed.

Methods Ten-point Likert scale (FS-ICU Questionnaire) used to measure satisfaction. Hospital Anxiety and Depression Scale was used to measure anxiety. Study performed over a 12-week period (9 weeks pre- and 3 weeks post-course) in a 34-bed intensive care unit before and after a communication course for junior medical officers.

Results Fifty-six subjects were approached for the purpose of this study. Forty-three family members were included, 40 of patients who survived, and 3 whose relative died in ICU. Overall family satisfaction was high (mean scores 9.44 ± 0.91). Post-course, 47 subjects were approached for the purpose of this study and 43 family members consented to participate. Overall family satisfaction was high (mean scores 9.84 ± 0.97). There was a statistically significant difference in the frequency of doctors' communication before and after the course ($P < 0.01$) and anxiety levels ($P = 0.0001$)

Conclusion The majority of families are happy with their care in the ICU. A communication course aimed at junior medical officers was effective in improving satisfaction and reducing anxiety among family members.