

disorder, Otto Kernberg took its basic techniques but used them adjusted for borderline personality disorder, developing so called transfer focused psychotherapy. This paper will present the main principles of this modification, applied in practice.

**Keywords** Borderline personality disorder; Transfer focused psychotherapy; Therapy principles.

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#### EV1165

### Psychosomatic inpatient treatment achieves in the medium term sustainable clinical improvement as well as a reduction in utilization of medical services-results of a one-year follow-up

J. Valdes-Stauber<sup>1,\*</sup>, S. Merath<sup>1</sup>, S. Krämer<sup>2</sup>

<sup>1</sup> Zentrum für Psychiatrie Südwürttemberg, Department for Psychiatry and Psychotherapy I- University Ulm, Ravensburg, Germany

<sup>2</sup> General Practitioner, Private practice, Waldburg, Germany

\* Corresponding author.

**Background** The research on sustainability of effectiveness of inpatient psychosomatic treatment is necessary for epidemiological and economic reasons as well as towards their legitimacy.

**Objectives and aims** To investigate whether the achieved clinical improvement by the inpatient treatment continues one year after discharge and whether the utilization of medical services display a significant reduction post-discharge compared to the year before admission.

**Methods** Naturalistic 1 year follow-up study of a cohort ( $n = 122$ ). Three measuring time points: T1 (discharge), T2 (6 months after discharge; drop-out rate about 33%), T3 (12 months after discharge; drop-out rate about 49%). Assessment by means of standardized tests of changes in clinical variables, self-efficacy, quality of life, and personality between discharge and one year after discharge. Utilization variables (hospital days, days of incapacity, medication and doctor visits) were compared with ranges in the year before admission.

**Results** Improvements at discharge in general functionality, psychological and somatic stress, depressiveness, bitterness level, quality of life and self-efficacy remain one year after discharge sustainably. Furthermore, hospital days, days of incapacity, number of doctor visits and of prescribed drugs decreased significantly in comparison with the year prior to admission.

**Conclusions** Inpatient psychotherapy is effective not only in short-term but also in medium-term. One year after discharge clinically improvement at discharge time-point remains stable and the utilization of medical services decreased significantly. Longer periods of observation, identification of risk groups and of resilient prognostic factors, as well as ensuring post-discharge care are necessary in order to prevent relapses and to made early interventions.

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#### EV1166

### Cognitive behavioral therapy in Internet addiction – A case series

D. Vasile<sup>1,\*</sup>, O. Vasiliu<sup>1</sup>, D.G. Vasiliu<sup>2</sup>, F. Vasile<sup>3</sup>

<sup>1</sup> Central University and Emergency Military Hospital “Dr. Carol Davila”, Psychiatry, Bucharest, Romania

<sup>2</sup> Coltea Clinical Hospital, Internal Medicine, Bucharest, Romania

<sup>3</sup> University of Medicine and Pharmacy Titu Maiorescu, General Medicine, Bucharest, Romania

\* Corresponding author.

Internet use increased significantly in the last decade through the development of portable technologies, like laptops, smart-phones, tablets etc. Time spent on Internet could become a problem for many users, some of them reporting a sense of control loss, as they begin to stay more on-line than they initially wanted. Gaming, shopping, gambling, social networking, visiting pornographic sites, e-mailing, all these activities could transform an apparently inoffensive mean of communication into the trigger of a behavioral addiction. We applied individual cognitive-behavioral therapy (CBT) in three cases of Internet addiction, with cognitive re-structuring based on a diary of dysfunctional thoughts, relaxation techniques, and coping skills training, with good results. CBT was structured in bi-weekly sessions, of 30 minutes duration, for 6 weeks. Time spent on-line and daily functioning were the main variables monitored. A very important issue is to address all potential factors that could maintain the disorder, like social skills deficits, personality disorders, other co-morbid addictions, anxiety or depressive symptoms etc. Elements of motivational interview could be helpful especially at first visit, but also during therapy, when danger of relapse surfaces. Cue exposure with prevention of response is another technique that had proven itself useful in several sessions, when automatic thoughts challenge appeared to have reached a dead point. An informant like a close relative of the patient should be involved in the therapy whenever possible, due to the fact that Internet addiction therapy, like any other addiction therapy, need a third party to offer feed-back regarding patient's changes under treatment.

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## e-Poster viewing: Quality management

#### EV1167

### The quality of life at disabled child's parents

F. Cavo\*, A. Kurti

Orthodoxis, Autism Rajonal Center, Tirana, Albania

\* Corresponding author.

This study is focused on presenting the quality level of the life of parents with disabled children and the determination if there are any differences between parents that are in a treatment process and those that have just started this treatment for their children. Another aspect where this study is focused, are the indicators of life quality. A sample made by disabled children parents ( $n = 100$ ), who are in “QKZHMT” center in Kombinat and PLM in Vlora, underwent the measuring instrument with a total of 40 self reporting allegations as well as, they became part of the focus groups how they present differences in applied conditions of the compound factors of life quality. In this study the research question was: “are there differences in the reported levels of parents with disabled children life quality who have just started the children treatment program with those who have started it six month ago?” Part of the quality focus was: “the differences and similarities exploration of the parenting experience of the parents with disabled children”. These conclusions were reached, affected by the comparative statistical analysis conducted in this study, that there are no

statistical differences reported as well as in the overall life quality level as in its compound factors for both groups. The same result applies for the gender differences.

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#### EV1168

### Quality of life at work and motivation for research activities for residents of general practice in two different surgical departments in Greece

I. Christodoulou<sup>1,\*</sup>, K. Apostolou<sup>1</sup>, G. Kazantzi<sup>1</sup>, E. Xenodoxidou<sup>2</sup>, C. Pogonidis<sup>2</sup>, D. Babalis<sup>3</sup>

<sup>1</sup> G. Papanikolaou General Hospital- Thessaloniki-greece, B'surgical Department, Thessaloniki, Greece

<sup>2</sup> Democritus University Of Thrace- Greece, Master Program In The Health And Safety In The Workplace, Alexandroupolis, Greece

<sup>3</sup> Sismanoglion Hospital, Surgical Department, Komotini, Thrace, Greece

\* Corresponding author.

**Introduction** Quality of life at work has very much to do with educational efforts during medical residence years. Constant changes of work environment for general practice residents, is a strong reason for high levels of stress at work.

**Objectives** Our study is to present the general rules of work for general practice residents in surgical departments in Greece and the quality of their lives and career motivation.

**Methods** We use information coming from two hospitals, a large city hospital which covers a population of 780.000 of citizens during all-night duties, and a provincial hospital, which covers a population of 50.000 citizens.

**Results** In both workplaces, general practice residents spend much of their education time in the emergencies department or the outpatient clinics of surgery. Stress is more intense in the large hospital, based on the number of patients examined per day and the frustration they receive at work. However, the heavy duty to accompany a patient for a transfer to other hospital is much more often in province, and then the stress is much more intense and lasting. Frustration is also often in the urban hospital where the residents of various specialties are more experienced and have more confidence due to their departments expertise. Satisfaction at work varies according to the personality of every doctor.

**Conclusions** Opportunities for scientific development through participation in scientific meetings was stronger in the provincial Hospital due to a good team of strongly motivated researchers that happened to be there and better work environment.

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#### EV1169

### First episode psychosis service (EPS): Evaluation of implementation in a rural Australian setting

D. Roy

The Prince Charles Hospital Metro North Health Services, Acute Care Team, Department of Psychiatry, Chermside, Australia

**Introduction** Recent decades, has seen an increasing focus on developing specific early or first episode psychosis services, in various parts of the world. There has been a growing awareness of the emotional impact of psychosis like trauma at onset, suicide and loss of social network. There is also a co relational link between the duration of untreated psychosis (DUP) and outcomes. The first

2–3 years following first episode onset have been argued to be a critical period for treatment.

**Method** Our study was an evaluation of an early psychosis service (EPS) in a rural Australian MHS 'experiencing' or 'at risk' of experiencing first episode psychosis. The guidelines were based on the Australian clinical guidelines for early psychosis (1998). The audit tool used was a checklist based on 10 treatment guidelines developed by the EPS special interest group evaluation sub-committee.

**Results** The overall results show that 7 out of the 10 treatment guidelines were well adhered throughout the implementation process. Guidelines strongly adhered to were numbers 2, 3, 5, 6, 7, 8, and 10, whereas guidelines 1, 4, and 9 were poorly adhered to.

**Discussion** The implementation process was found to be generally effective. The factors that influenced the effectiveness will be discussed in the poster.

**Conclusion** There were a number of trends when we looked at the overall results which included aspects of the guidelines that were done well and aspects that needed improvement which will be further discussed in the poster.

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## e-Poster viewing: Rehabilitation and psycho-education

#### EV1170

### Development of an interview schedule for assessing factors influencing educational outcome in students with schizophrenia

A. Chattopadhyay<sup>1,\*</sup>, C.N. Kumar<sup>2</sup>, J. Thirthalli<sup>2</sup>, U. Mehta<sup>2</sup>, S. Thanapal<sup>2</sup>

<sup>1</sup> KB Bhabha Hospital, Psychiatry, Mumbai, India

<sup>2</sup> Nimhans, Psychiatry, Bengaluru, India

\* Corresponding author.

**Introduction** Schizophrenia is a severe mental disorder with a relatively high toll on the quality of life of the patient and caregiver. It has a high financial, emotional and psychosocial burden. Surprisingly, optimum academic and educational outcomes in individuals with schizophrenia have been a neglected area of research and service provision.

**Objectives** Development of an interview schedule assessing the helpful and hindering factors affecting the educational attainment in persons with schizophrenia.

**Methods** Twenty-one participant were recruited (11 patients and 10 caregivers) from August 2014 to 2015 using purposive sampling and interviewed in a semi-structured qualitative fashion. Patients were between 16–25 years of age. Data collection and interpretation continued iteratively till saturation of factors was achieved. The list of factors (hindering/helping) was compiled and sent to a panel of 14 experts. They rated the schedule and the individual factors on a Likert scale. Reliability and validity parameters were tested and the final schedule was formulated.

**Results** The final schedule contained 17 hindering and 18 helping factors. Detailed instructions to the interviewer for administration of the schedule are included. The factors have been further subdivided into illness related and illness unrelated. Some of the major hindering factors were symptoms of illness, medication side effects, delay in treatment initiation, perceived conflict in parents, lack of motivation. The major helpful factors were adequate symptom control, withholding inpatient care, spirituality, and peer group acceptance.