guaranteed to all people included in the Convention. However, even in signatory states, violations often occur behind "closed or open doors" and go unreported and consequently unprevented. The growing number of people with mental health conditions in the world has further contributed to a level of attention paid to quality and human rights conditions in both outpatient and inpatient facilities, which has never been greater. Persons with mental health conditions need both de jure human rights protection and de facto human rights practices.

Seven years after the CRPD came into force the care available in many mental health facilities around Europe is still not only of poor quality but in many instances hinders recovery. The level of knowledge and understanding by staff of the rights of people with mental disabilities is very poor. It is still common for people to be locked away or to be chained to their beds, unable to move. Inhuman and degrading treatment is common, and people in facilities are often stripped of their dignity and treated with contempt. Violations are not restricted to inpatient and residential facilities; many people seeking care from outpatient and community care services are disempowered and also experience extensive restrictions to their basic human rights.

In the wider community, many people with mental disabilities are still denied many basic rights that most people take for granted. For example, they are denied opportunities to live where they choose, marry, have families, attend school and seek employment. There is a commonly held, yet false, assumption that people with mental health conditions lack the capacity to assume responsibility, manage their affairs and make decisions about their lives. These misconceptions contribute to the ongoing marginalization, disenfranchisement and invisibility of this group of people in their communities.

One of the underlying reasons it is difficult to move through the obstacles to fully embrace the CRPD, is that discrimination continues to affect people with mental health conditions on many levels. Changing laws is only a partial solution. We have to change the ways that we relate to each other at every level, and to offer people information and tools to make the transition to a more equitable social reality.

Disclosure of interest The author has not supplied his declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.884

S69

Promoting stigma coping and empowerment: Results from the multi-center clinical trial STEM

W. Gaebel
Department of Psychiatry and Psychotherapy, Medical Faculty, Heinrich-Heine-University, Düsseldorf, Germany

Introduction The stigma of mental illness is still a major challenge for psychiatry. For patients, stigma experiences and self-stigma are associated with reduced quality of life and increased vulnerability to a more chronicle illness course. Nevertheless, there is a scarcity of validated therapeutic approaches addressing strategies for coping with stigma.

Objectives and aims A manualized psycho-educational group therapy for stigma coping and empowerment (STEM) should be tested for efficacy in patients with depression and schizophrenia. The study was funded by a research grant of the Federal Ministry of Education and Research.

Methods A cluster-randomized RCT with two arms including 30 mental health care services (psychiatric inpatient services, day-units, and outpatient services, as well as inpatient psychiatric rehabilitation services) was conducted. The intervention consisted of 8 sessions regular psycho-education group therapy and 3 sessions addressing stigma coping and empowerment. Controls received 11 sessions regular psycho-education. Primary outcome variable was quality of life (WHO-QOL). Assessments were conducted directly before and after the intervention, and at 3, 6 and 12 months follow-ups.

Results A total of 469 patients participated and more than 300 participants (approx. 65%) completed the 12-month follow-up. First results of the analysis will be presented at the conference.

Conclusions Since the statistical analysis is currently in progress, no conclusions concerning the efficacy of the tested therapeutic approach can be done by now. Nevertheless there is a strong need for supporting patients in developing positive stigma coping strategies. STEM is the first therapeutic approach to our knowledge tested for efficacy in a RCT.

Disclosure of interest The author has not supplied his declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.885

Phenomenology of anxiety

S70

Temporality and spatiality of anxious experience

O. Doerr-Zegers
Center for Studies on Phenomenology and Psychiatry, Diego Portales University, Santiago, Chile

Since the first descriptions of anxiety, it has been related with temporality and in particular with the dimension of future. Thus, we already find anxiety defined as a general feeling of threatening (from the future) in the German mystic Jakob Boehme (1575–1634). He also used the image of "the wheel of anxiety", with which he refers to its probable origin in a conflict between two forces which tend to separate themselves and are not able to do it, as a result from this centrifugal rotation movement of a wheel. This image also has a temporal character. In Kierkegaard, we read that "anxiety is always related with the future. . . and when we are disturbed by the past we are basically projecting toward the future. . ." In Heidegger's masterpiece, "Being and Time", there is a chapter dedicated to the temporality of Befindlichkeit, and in particular to anxiety. Fear and anxiety have their roots, according to Heidegger, in the past, but their relation with the future makes them different: anxiety arises from the future as possibility, while fear arises from the lost present. In this paper, we try to make a contribution to the phenomenology of temporality (and of spatiality) of anxiety in relation with the analysis of a concrete anxiety experience: flight phobia. The analysis allows us to show both the desolation and narrowing of anxiety space, and with respect to temporality, the disappearance of every plan (the future), of every history (the past), and the reduction of the present to a succession of mere punctualities, behind which there arises, threatening, the nothingness itself.

Disclosure of interest The author has not supplied his declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.886

S71

Being on the edge: The psychopathology of the accelerated, agitated and anxious subject

L. Madeira [1,*], M.L. Figueira [2]
[1] *Faculdade de Medicina, Universidade de Lisboa, Psychiatry, Lisbon, Portugal*
[2] *Universidade de Lisboa, Faculdade de Medicina, Lisboa, Portugal*
* *Corresponding author.*

https://doi.org/10.1016/j.eurpsy.2016.01.887 Published online by Cambridge University Press

The accurate identification of accelerated, agitated and anxious states is of paramount relevance for the correct diagnosis and the selection of a suitable psychopharmacological treatment. Choosing antidepressants, antipsychotics and/or mood stabilizers is presently contingent to the identification of specific phenotypic profiles in anxiety disorders, mixed and manic episodes and/or delirium states. Today, the anamnesis and psychopathological examination are hindered by the vagueness of the conceptualization of these experiences in diagnostic textbooks. We propose a selective review of literature of how these have been conceptualised aiming at increasing the segregation of specific phenomenological profiles across these phenomena.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.887

S72

Phenomenology of emotions

G. Stanghellini[1,*], M. Aragona[2], O. Doerr-Zegers[3], M. Musalek[4], L. Madeira[5]
[1] *"G. d'Annunzio" University, Department of Psychological, Humanistic and Territorial Sciences, Chieti, Italy*
[2] *Sapienza University, Philosophy, Rome, Italy*
[3] *Portales University, Psychiatry, Santiago del Chile, Chile*
[4] *Anton Proksch Institute, Psychiatry, Vienna, Austria*
[5] *University of Lisbon, Psychiatry, Lisbon, Portugal*
[*] *Corresponding author.*

This symposium analyses the psychopathological phenomenon "anxiety", a classical concept, which has returned to be central in the recent psychiatric debate. Some of the most important international phenomenologists will discuss anxiety in the context of major psychopathological areas. Clinical and research insight will be presented in the context of a philosophically deep understanding of the fundamental qualitative features of the psychopathology of anxiety.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.888

Physical activity for people with psychotic disorders: Realities and prospects

S73

Studies on PA in schizophrenia: What did we learn? What is effective?

G. de Girolamo[*], V. Bulgari
Saint John of God Clinical Research Center, Psychiatric Epidemiology and Evaluation Unit, Brescia, Italy
[*] *Corresponding author.*

Schizophrenia is frequently associated with abnormal physical activity (PA) per se (e.g., hypokinesia, motor retardation, etc.) or related to antipsychotic medications (e.g., extrapyramidal symptoms including bradykinesia, tremor, etc.). Daily amounts of PA for subjects diagnosed with schizophrenia tend to decrease over the illness course and contribute to metabolic and cognitive disturbances. PA intervention for schizophrenia patients may result in increased well-being, improved cognitive functioning, fewer negative symptoms and increased self-efficacy, leading to improved management of psychosocial life domains. However, PA trials conducted among people suffering from schizophrenia show several methodological limits: small sample sizes, lack of randomized patients' allocation, heterogeneity of interventions and inappropriate outcome measures.

Firth et al. (2015) have recently conducted a systematic review and meta-analysis of 11 trials on structured PA in schizophrenia ($n = 659$, median age of 33 years). The conclusions of this recent review are the following:

– aerobic exercise (for instance exercise bike) of moderate-to-vigorous intensity done at least 90 minutes per week is effective in improving cardiovascular fitness; studies ($n = 7$) using VO_{2max} as an assessment of fitness have reported clinically significant increases in VO_{2max}, "defined as sufficient to reduce cardiovascular disease risk by 15% and mortality by 20%";
– several low-dose aerobic interventions did not shown any effect;
– there was a "strong effect of exercise on total psychiatric symptoms" (both positive and negative symptoms were reduced);
– total attrition rate was 32%. Group exercise showed a much lower attrition rate than solitary exercise;
– caregivers' supervision increased compliance as compared to unsupervised intervention;
– in the only study that compared per-protocol and intention-to-treat analysis, a significant improvement in fitness, psychiatric symptoms and overall functioning only occurred in participants who attended > 50% of exercise sessions.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.889

S74

Clinical and neurobiological effects of aerobic endurance training in multi-episode schizophrenia patients

P. Falkai
Department of Psychiatry, Ludwig-Maximilians-University, Munich, Germany

Schizophrenia is a severe brain disorder characterised by positive, negative, affective and cognitive symptoms and can be viewed as a disorder of impaired neural plasticity. Aerobic exercise has a profound impact on the plasticity of the brain of both rodents and humans such as inducing the proliferation and differentiation of neural progenitor cells of the hippocampus in mice and rats. Aerobic exercise enhances LTP and leads to a better performance in hippocampus related memory tasks, eventually by increasing metabolic and synaptic plasticity related proteins in the hippocampus. In healthy humans, regular aerobic exercise increases hippocampal volume and seems to diminish processes of ageing like brain atrophy and cognitive decline.

Disclosure of interest The author has not supplied his declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.890

S75

Feasibility and effectiveness of aerobic exercise training interventions in schizophrenia

K. Keller-Varady[1,*], A. Hasan[1], T. Schneider-Axmann[1], U. Hillmer-Vogel[2], B. Adomßent[2], T. Wobrock[3], A. Schmitt[1], A. Niklas[2], P. Falkai[1], B. Malchow[1]
[1] *Ludwig-Maximilians-University, Department of Psychiatry and Psychotherapy, Munich, Germany*
[2] *University Medical Center Göttingen, Department of Sports Medicine, Göttingen, Germany*
[3] *University Medical Center Göttingen, Department of Psychiatry and Psychotherapy, Göttingen, Germany*
[*] *Corresponding author.*

Patients with schizophrenia might benefit from exercise via multiple ways. It can be assumed that positive effects observed in healthy people counteract different pathological dimensions of