varying emotional valence. The engagement with the environment and general activity are continuously recorded and can be retrieved for analyses after participants exit the environment.
Conclusions: If the controlled VR environment will be proven effective for the assessment of depressive symptoms in future studies, the EXPERIENCE system could incorporate direct and objective behavioral measures into the assessment depressive symptoms. Consequently, the system has the potential to support the clinical diagnosis of affective disorders.
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EPP0692

iSupport for Dementia: an analysis of clinical trial records

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Introduction: Dementia has a significant psychological and emotional impact on families, especially for caregivers of people living with dementia. In this perspective, the World Health Organization has developed iSupport for Dementia, an online training and skills program to prevent and/or reduce mental health problems associated with the provision of care and improve the quality of life of caregivers. It is being translated and adapted in different countries and as of August 2022, 31 adaptations using 27 different languages were in progress. However, the availability of the program should only be carried out after evaluating its effects on caregivers' mental health outcomes (such as burden, depressive and anxious symptoms, quality of life, among others).
Objectives: To analyze randomized clinical trial protocols to assess the effects of the iSupport program in different countries.
Methods: This is a data survey carried out in October 2022 on clinical trial registry platforms Clinical Trials, The Brazilian Registry of Clinical Trials, Cochrane Central Register of Controlled Trials, Netherlands Trial Register and Australian New Zealand Clinical Trials Registry by two independent researchers. Descriptive analyzis were performed for sample size, primary outcomes, secondary outcomes and intervention design.
Results: Seven clinical trial registries were identified, conducted in Australia/China, Brazil, Great Britain, the Netherlands, India, Japan and Portugal, published in English, from 2018 to 2022. The sample size ranged from 184 to 390 participants. Regarding the primary outcomes linked to the effect of using iSupport, five countries will analyze burden, anxiety and depression. Only in Australia/China and the Netherlands, the primary outcome will be quality of life and stress, respectively. Secondary outcomes vary between studies, with measures of quality of life (n=6), self-efficacy (n=4), program usability (n=4), cognition and problematic behaviors (n=3), attitudes (n=3), quality of support (n=3), positive aspects of care (n=2), knowledge, competence, resilience and informal costs of care (n=1). Most studies will carry out assessments at baseline, 3 and 6 months after the intervention, with the exception of Japan that will perform at baseline and at 1 and 3 months after the intervention and 6 months.
Conclusions: Analysis of the effectiveness of iSupport is one of the World Health Organization guidelines for countries that are culturally adapting this program. Brazil is the only country in Latin America with a clinical trial registration so far. Burden, anxiety and depression are outcomes considered by most countries. The results could provide evidence to strengthen and expand the possibilities for collaboration between researchers, as internet-based interventions have shown promising results on the mental health and well-being.

Disclosure of Interest: None Declared

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Effectiveness of an e-health system on depression among patients with somatic disorders

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Introduction: Patients with severe somatic conditions frequently develop depressive symptoms, with a reduction in quality of life, sleep disturbances and suicide as some of the most serious consequences. However, there is a lack of evidence-based interventions to reduce this comorbidity. The NEVERMIND system aims to address this issue by collecting biomedical and psychometric data through a smart shirt and questionnaires, which are used to predict patients' depressive symptoms. Based on the predictions, patients are offered personalised feedback to self-manage their mental health symptoms in the form of lifestyle behavioural advice, mindfulness-based therapy, and cognitive behavioural therapy.
Objectives: The primary objective was to assess the effectiveness of the NEVERMIND system in reducing depressive symptoms in patients with somatic conditions in comparison to treatment as usual. Some of the secondary objectives were to examine the NEVERMIND system's effectiveness in preventing new depressive symptoms, sustaining the effects of the intervention at 24 weeks post-baseline, and reducing suicide ideation.
Methods: For this pragmatic randomised controlled trial, 425 patients diagnosed with myocardial infarction, breast or prostate cancer, kidney failure, or lower limb amputation were recruited from hospitals in Turin, Pisa and Lisbon. Data from clinical interviews and structured questionnaires was collected at baseline, 12 weeks, and 24 weeks. The primary outcome was depressive symptoms at week 12 as measured by the Beck Depression Inventory II (BDI-II), while secondary outcomes included prevention of depressive symptoms, suicide ideation, self-reported general interest, satisfaction with daily life, illness perception, self-compassion, and the sustainability of the system's effect at 24 weeks post-baseline. The intention-to-treat analyses included all patients, while the per-protocol analyses included 333 patients.

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