

Introduction Infertility is not only a medical condition and its impact in mental health is well established. Although most couples facing fertility problems and the demands of medical treatment are able to adjust, some of them may show psychological difficulties with clinical relevance, such as depression and anxiety. The Mindfulness Based Program for Infertility (MBPI) is a group intervention designed for infertile women and data from its efficacy study revealed impact in depressive symptoms reduction as well as in internal and external shame, entrapment and defeat. Based on the MBPI, a mindfulness app targeting infertile patients was developed – the MindfulSpot.

Aims This study addresses the MindfulSpot development.

Methods The MindfulSpot is a prototype mobile app, which seeks to offer the chance of practicing mindfulness in a comfortable and accessible way. This app covers informative audio and written texts. The audio contents correspond to mindfulness formal practices and suggestions for informal practice, making possible its use throughout different moments of the day. Beyond the practices mentioned above, users are invited to explore the informative menu, including information on the impact that infertility may have in several aspects of the patients' lives.

Results The efficacy of the MindfulSpot is still under analysis and results are expected to be available soon.

Conclusions The MindfulSpot was designed as a medium for training mindfulness skills and it includes useful information regarding specific aspects of the emotional impact of infertility. Additionally to its independent use, it may also be used as a support tool of the MBPI.

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EV1295

Towards a gold standard for internet-delivered programs in behavioral and mental health

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Introduction Technological innovation has been pervasive and has touched almost every aspect of modern life, including the delivery of behavioural and mental health care. As telehealth expands, internet interventions are particularly interesting as a medium of delivering effective care. However, standards are required to help inform healthcare policy makers, providers, clinicians and patients.

Objective Move towards outlining a gold standard for internet-delivered behavioural and mental health interventions.

Aims Contribute and build upon existing standards and guidelines for the practice of telehealth, but to now extend these to include internet-delivered interventions.

Methods Drawing from research, experience and practice, the authors propose a matrix for the evaluation of what might be considered a gold standard for internet-delivered behavioural and mental health interventions.

Results Seven elements are proposed and considered aspects of what would constitute a gold standard and they include, the use of evidence-based and empirically supported content, robust, engaging, secure and responsive technologies, shaped by behavioural health subject matter experts, employ user-centred design and development principles, have a focus on accountable care-achieving clinical outcomes, have research and evaluation that supports its effectiveness, and a well developed implementation science and support.

Conclusion The paper proposes some characteristics that could compose a gold standard for internet-delivered interventions for behavioural and mental health care. The contribution is neither exhaustive nor conclusive, but offers an invitation to the discussion.

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mHealth in mental health: What do the users think about it?

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There is currently a major trend for e-health and the first mental health applications for smartphones are now released. Patients and health care professionals are still struggling to position themselves in relation to these new approaches. So, we wanted to know more about the involvement of mental health users and their care providers in mobile health (mHealth) technologies. We needed to understand their expectations and their reluctances. For achieving this purpose, we carried out an online survey for mental health users ($n = 108$). It turns out that people who responded to this survey are well equipped with smartphones and are experienced in using mobile apps. They expect from professionals an advisory role in relation to e-health. The major interest lies in practical, concrete applications and the main reluctance is about management, transit and storage of data. It is necessary to involve mental health users and health care professionals together in order to develop these new tools. To achieve this, health care professionals must continue to invest themselves in the use and understanding of m-Health tools.

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Treatment practice

EV1297

Drug-induced tardive dyskinesia: A case report

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Introduction Tardive dyskinesia (TD) is a serious medical condition that affects a significant proportion of patients treated with antipsychotic agents.

Objective To report a patient who developed tardive dyskinesia after initiation of antipsychotic and antidepressant treatment.

Case report Miss H. is 24-year-old Tunisian woman who had been diagnosed with bipolar disorder 6 years ago. She received various drugs: olanzapine, haloperidol, amisulpride, sertraline, paroxetine, etc. On November 2013, she first complained of hand tremor and then developed severe dystonia of the trunk and chorea. A series of laboratory tests was performed after the onset of these involuntary movements. It included complete blood count, liver, renal, and thyroid function tests, blood prolactin level, blood glucose level, blood copper level and ceruloplasmin level. A brain MRI was also performed. These examinations showed no specific findings. The diagnosis of TD was presumed. The patient was first treated with amisulpride, lorazepam, avlocardyl and piracetam until May 2014. Then, amisulpride was substituted by olanzapine

until August 2015. The lack of improvement led to her admission. We stopped antipsychotic treatments and prescribed her vitamin E (900 mg/day), clonazepam (6 mg/day) and vitamin B6. The follow-up led to the decline of the Abnormal Involuntary Movement Scale (AIMS) score of 7 points over 6 weeks.

Conclusion TD remains a serious side effect that worsens the prognosis and affects the quality of life of patients. Cluster randomised trial should be done in order to develop practice recommendations for prevention and management of TD.

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A psychiatrist's poll on their methods to treat schizoaffective disorder

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Introduction Schizoaffective disorder (SAD) is the second most frequent psychotic disorder after schizophrenia. There is a relative scarcity of specific studies looking into SAD treatment and evidence on drug treatment of SAD is patchy. We aimed to study naturalistically, interviewing psychiatrists systematically, what do they think is most useful in SAD treatment.

Objectives/aims To know the actual management of SAD in real clinical practice and provided data for effective clinical studies.

Methods We administered an online poll to 65 psychiatrists (52% male, 48% female), 75% of which described themselves as having a holistic background. The poll was completed using a Google doc's questionnaire. The three main questions made were:

- what is your first treatment choice for SAD;
- do you tend to use mono- vs. poly-therapy;
- provide a level of utility for each drug between 1 (little use) to 4 (maximum use).

Results Atypical antipsychotics were considered the most common first choice in the treatment of SAD according to 66.2% of psychiatrists. The second most selected first choice answer was combining drugs and psychotherapy, which was answered by 20% of the sample. Monotherapy was preferred (60%) to polytherapy (40%). Finally, the most useful drug for SAD according to the sample was aripiprazole followed by mood stabilizers, olanzapine and paliperidone.

Conclusions Real practice in SAD treatment may differ grossly to what is advocated for in clinical guidelines and seem to also deviate from officially approved indications of some drugs.

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Erotomania: A case and review

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Introduction Erotomania (“Clérambault’s syndrome”) is a rare syndrome characterized by a delusional belief of being loved by another person, usually of higher social status.

Objective This case report aims to describe and discuss a case of erotomania, providing an updated review on this disorder.

Methods Regular clinical interviews were performed during admission period to collect information about the clinical case and to promote an intervention approach to the patient. A literature

review in Science Direct database, with the keyword “erotomania”, was also conducted.

Results A 51-year-old woman was admitted in Beatriz Ângelo Hospital psychiatric ward with delusional beliefs of being loved by the ex-boss. Positive misperceptions and persecutory delusions regarding her husband as the obstacle for the love were manifested. The lack of insight for the situation and the necessity of treatment created some difficulties. A clinical report and a bibliographic review were made to allow a better understanding about the case and to orient the case evidence based.

Conclusions Despite the evidence about the good response of atypical antipsychotics (e.g. risperidone) in erotomania, in our case study, the partial remission was only achieved with high dose of the old typical antipsychotic, pimozide.

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EV1301

Pregabalin augmentation in the treatment of borderline personality disorder with partial therapeutic response – case report

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Introduction Emotional dysregulation is one of the core problems of borderline personality disorder (BPD). Forty-one year-old married female diagnosed with BPD at the age of 21, was admitted to the partial hospitalization unit due to a depressive symptoms and emotional dysregulation and poor overall functioning.

Objective Patient was previously treated with numerous psychotropic agents: antipsychotics (AP) – fluphenazine, levomepromazine, risperidone, clozapine; antidepressants (AD) sertraline, mirtazapine, maprotiline, amitriptyline; psychostabilizers – carbamazepine/valproate) without achieving the full therapeutic response. After switching to combination of clomipramine and aripiprazole, we have reached partial clinical response.

Aim The aim of this treatment was to improve clinical response and achieve emotional stability by augmentation with neuromodulator pregabalin.

Method Augmentation strategy was realized by gradual titration and tapering of pregabalin (300 mg/d) over a two-week period. We started with pregabalin dose of 75 mg/d, followed by gradual increase to the dose of 300 mg/d. The Beck Depression Scale (BDS) and the Emotional Dysregulation Scale-short form (EDS) have been used for efficacy monitoring.

Results Mental state before augmentation therapy: the BDS (score 30-moderate depression) and the EDS-short form (score 127). Parameter status after augmentation with pregabalin: BDS score 16-mild mood disturbance, EDS score 87.

Conclusions Augmentation strategy with pregabalin have improved emotional control, maintained affective and behavioral stability, with significant reduction of feelings of emptiness, as well as the achievement and maintaining of emotional attachment.

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