suicidal thoughts were willing to use MEmind. Novel interventions for suicide prevention could be developed with the use of EMA web-based tools. Further studies are warranted.

Table 1

Demographic & Clinical Characteristics	All participants (N= 13883)	MEmind users vs. MEmind non-users		
		Participants using MEmind (N=2842)	Participants not using MEmind (N=11041)	P value
Age, years (mean ± SD)	47.2 ± 15.9	42.2 ± 13.5	48.5 ± 16.3	0.000
Sex (% males)	38% (5242)	35% (1003)	38.6% (4239)	0.001
Marital status (% married)*	49.1% (6339/12899)	53.7% (1437/2677)	48% (4902/10222)	0.000
Job status (% currently employed)*	47.6% (6076/12765)	54.6% (1440/2637)	45.8% (4636/10128)	0.000
CGI-Severity (% moderately ill and more)	45% (5410/12021)	43.4% (1080/2486)	45.4% (4330/9535)	0.036
ICD-10 Diagnosis (N=12820)				
(F00–F09)	2.8% (365)	1% (27)	3.3% (338)	0.000
(F10–F19)	7.7% (991)	4.8% (128)	8.5% (863)	0.000
(F20–F29)	11.9% (1531)	6.7% (180)	13.3% (1351)	0.000
(F30–F39)	23.4% (3004)	22.9% (614)	23.6% (2390)	0.260
(F40–F48)	49% (6284)	57.9% (1549)	46.7% (4735)	0.000
(F50–F59)	4.8% (614)	5.6% (150)	4.6% (464)	0.015
(F60–F69)	12.4% (1587)	13.4% (359)	12.1% (1228)	0.036
(F70–F79)	1.4% (183)	0.7% (19)	1.6% (164)	0.000
(F80–F89)	0.3% (38)	0.2% (6)	0.3% (35)	0.293
(F90–F99)	20.1% (2573)	19.7% (526)	20.2% (2047)	0.283

Table 2

Suicidal Thoughts&Behaviours	All participants (N= 13883)	MEmind users vs. MEmind non-users		
		Participants using MEmind (N=2842)	Participants not using MEmind (N=11041)	P value
Death Desire	17.8% (2472)	24% (682)	16.2% (1790)	0.000
Desire to Self-Harm	7.2% (1003)	8.4% (240)	6.9% (763)	0.003
Thoughts about Suicide	9.8% (1360)	12% (341)	9.2% (1019)	0.000
Suicide Plan	2.8% (395)	3.9% (110)	2.6% (285)	0.000
Suicide attempt	8.5% (1185)	8.5% (242)	8.5% (943)	0.498

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

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FC103

A randomized controlled trial of an internet-delivered treatment: Its potential as a low-intensity community intervention for adults with symptoms of depression

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Introduction Internet-delivered treatments for depression have proved successful, with supported programs offering the potential for improved adherence and outcomes. Internet interventions are particularly interesting in the context of increasing access to interventions, and delivering interventions population-wide.
Objective Investigate the potential feasibility and effectiveness of an online intervention for depression in the community.
Aims Establish the effectiveness of a supported online delivered cognitive behavioural intervention for symptoms of depression in adults in the community.
Methods The study was a randomized controlled trial of an 8-module internet-delivered cognitive behavioral therapy (iCBT) program for adults with depressive symptoms ($n = 96$) compared to a waiting-list control group ($n = 92$). Participants received weekly support from a trained supporter. The primary outcome was depressive symptoms as measured by the Beck Depression Inventory (BDI-II). The program was made available nationwide from an established and recognized charity for depression.
Results For the treatment group, post-treatment effect sizes reported were large for the primary outcome measure ($d = 0.91$). The between-group effects were moderate to large and statistically significant for the primary outcomes ($d = 0.50$) favoring the treatment group. Gains were maintained at 6-month follow-up.
Conclusion The study has demonstrated the efficacy of the online delivered space from depression treatment. Participants demonstrated reliable and statistically significant changes in symptoms from pre- to post-intervention. The study supports a model for delivering online depression interventions population-wide using trained supporters.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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Treatment practice

FC104

Preventing weight gain and increased waist circumference during the first two years after antipsychotic initiation in youth with first-episode psychosis

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Background We recently demonstrated that weight gain could be prevented in young people experiencing a first-episode of psychosis commencing treatment with antipsychotics. A 12-week, intensive lifestyle and life skills intervention – the Keeping the Body in Mind program, – was delivered by dedicated nursing, dietetic and exercise physiology clinicians, for new referrals with < one month of antipsychotic exposure. (Curtis et al., Early intervention in psychiatry, in press). At the conclusion of the intervention the 16 young people participating in the program experienced a mean weight gain of 1.8 kilograms, and a mean increase in waist circumference of 0.1 centimeters. The participants were followed up for two years after initial referral.

Methods During the two-year follow-up, participants had continuing access to an in house gym and weekly cooking groups, but without the same intensity of follow-up. Two year follow-up data were obtained from 11 participants form the original cohort.

Results Mean weight gain at two-year follow-up was 0.90 (SD 8.7) kilograms, and this difference was not statistically significant [t (10) = 0.3, NS]. Waist circumference decreased by 0.7 (SD 7.7) centimeters, which was not t statistically significant [t (10) = 0.3, NS]. Nine of the participants (82%) did not experience clinically significant weight gain two years after initiation of antipsychotic medication.

Conclusion This two-year follow-up data demonstrated that it is feasible to prevent weight gain in youth with first-episode psychosis over the first two years of treatment.

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

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Others

FC105

Differences between countries in adult acute psychiatric hospitalization: Clinical features and drug prescription in Spain and the United States of America

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Introduction Diverse prescription patterns and differences in length of psychiatry inpatient stay among European and American countries have been reported [1,2].

Objectives To describe and compare clinical features and drug prescriptions in two Acute Psychiatric Units from Spain and USA.

Methods Cross-sectional and comparative study. Sample: 73 inpatients from Reno (USA-Inpatients) and 65 from Oviedo (Spain-Inpatients) admitted to public Adult Acute Psychiatric Unit over a two-month period. Sociodemographic/clinical data and drug prescription were collected.

Results Sociodemographic/clinical comparison (Table 1) and drug prescription differences (Table 2) are shown.
No significant differences in antipsychotics' prescription except for the most frequently used [risperidone in Spain (36%)/ziprasidone in US (19.6%), Chi^2 = 39.7**].

Conclusions (A) Psychiatric inpatients in US are younger, have longer hospitalization, show more comorbid substance use disorder and differ from Spanish inpatients in frequency of diagnostic categories (schizophrenic disorders represent a larger proportion). (B) Inpatients in Spain usually receive polytherapy, and are more frequently treated with antidepressants and anxiolytics, especially benzodiazepines. In contrast, USA-Inpatients take lithium more often [1,2].

Table 1

	Spain-Inpatients (mean±SD;%)	USA-Inpatients (mean±SD;%)	Statistics
Gender(%male)	49.2%	52.1%	
Age(years)	49.02±15.79	42.27±12.24	t=-2.82**
Length(days)	13.32±9.2	18.38±14.59	t=2.46*
Cause(%) (Suicide Risk/Agitation-Psychosis/Others)	27.7/60/12.3%	43.8/46.6/9.6%	
Diagnosis(%)			X^2=14.37*
Schizophrenic Disorders	21.5%	48.6%	
Other Psychotic Disorders	23.1%	12.5%	
Bipolar Disorder	15.4%	9.7%	
Affective/Depression D.	20%	18.1%	
Personality Disorders	10.8%	9.7%	
Others	9.2%	1.4%	
Comorbid Substance Use D.	13.8%	45.8%	X^2=16.44**

*p<0.05,**p<0.01; Not significant(p≥0.05)=not represented.

Table 2

	Spain-Inpatients	USA-Inpatients	Statistics
Antipsychotic(≥2APSs)	78.5%(16.9%)	84.9%(13.7%)	
LAI(≥2LAI;Oral+LAI)	18.5%(1.5%;16.9%)	20.5%(1.4%;12.3%)	
1stg-APS/2ndg-APS	6/94%	10.7/89.3%	
Antidepressant(≥2ATDs)	49.2%(15.4%)	28.8%(2.7%)	X^2=6.09*(X^2=6.92**)
Mood stabilizers(≥2MS)	35.4%(3.1%)	39.7%(1.4%)	
Lithium/Valproate/others	8.7/78.3/13%	37.9/44.8/17.2%	X^2=11.16*
Anxiolytics(BZD type)	75.4%(67.7%)	43.8%(23.3%)	X^2=14.12**(X^2=19.65**)
Politherapy	98.5%	73.6%	X^2=16.92**

LAI=Long-acting injections; 1stg/2ndg=First/second generation

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

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