

starting the intervention in people who have suffered a first psychotic episode in the five years prior to being included in the study.

Disclosure of Interest: None Declared

EPP0739

The cognitive behavioural approach to the treatment of hallucinations. Is every experience of hallucination a part of the symptoms associated to psychosis - or even schizophrenia ?

M. J. Goujon^{1*} and E. Gallois²

¹Cellular Neurobiology Laboratory, Salk Institute for Biological Studies / UCSD, La Jolla, CA 92037, United States and ²Unité d'Accueil Psychothérapeutique, Centre Hospitalier de l'Agglomération Montargoise, Montargis, France

*Corresponding author.

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Introduction: We report here our experience of treating hallucinations (auditory, visual, sensorial) using Cognitive Behavioural Therapy (CBT), along with medications. Our experience goes towards the conclusion that diagnosis is usually made prior to medical treatment of symptoms with high doses of neuroleptic drugs.

Objectives: Our aim was to make a clear difference between hallucinations which need high doses of neuroleptics for cure and hallucinations that could respond to lesser drug treatment associated with CBT.

Methods: Our method was based on individual sessions of CBT.

Results: Our behavioural-cognitive method yielded high success rates as evidenced by thorough investigation into patients' medical record including past medical history, prior drug use and life-threatening events.

This work is preliminary to a follow-up with the rigorous method for evaluation.

Conclusions: Further, we aim to promote out-patient follow-ups in our unit after a very short inpatient assessment and treatment.

Our therapeutic approach is now approved by our team and new patients are currently being included.

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EPP0740

Investigating the effectiveness of incorporating a stepped care approach into electronically delivered CBT for depression

N. Alavi¹, M. Omrani^{2*}, J. Jagayat³, A. Shirazi⁴, A. Kumar⁵, A. Pannu⁵ and Y. Shao⁵

¹Psychiatry, Queen's University, Kingston, Canada; ²Psychiatry, OPTT inc, New York, United States; ³neuroscience, Queen's university, Kingston; ⁴OPTT inc, Toronto and ⁵Queen's University, Kingston, Canada

*Corresponding author.

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Introduction: Depression is a leading cause of disability, annually affecting up to 300 million people worldwide, yet fewer than one third of patients receive care. Cognitive behavioural therapy (CBT) is an effective treatment for depression, but there are barriers to access therapy. Electronic CBT (e-CBT) can address these barriers, but the digital format may reduce personalization and patient compliance. A balanced, hybrid model (i.e., combination of e-CBT & supervised care) could make therapy scalable and effective through a stepped-care model: a care model that begins treatment with the least resource intensive, yet effective, method while slowly 'stepping up' to intensive care based on patients' needs.

Objectives: -To examine the efficacy of a stepped-care e-CBT model for depression through reduction in depressive symptoms. -To develop a decision-making process that can effectively allocate the appropriate level of care for each patient.

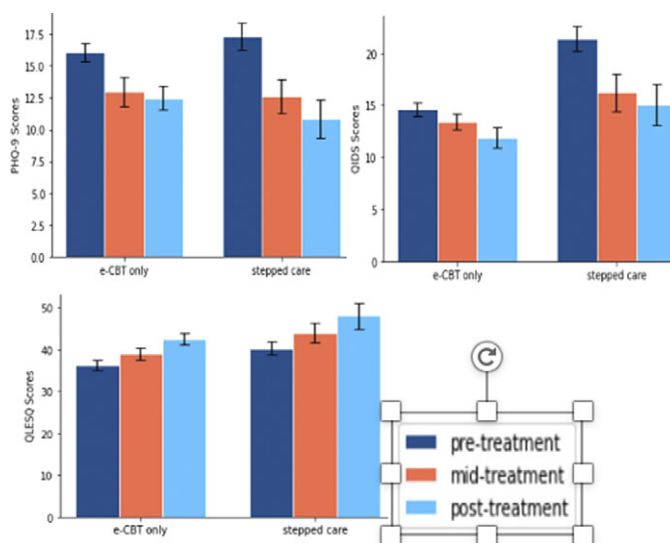
Methods: This is a single-blinded randomized controlled trial (RCT). Participants were randomized to either the e-CBT group (n = 53) or the e-CBT with stepped care group (n = 26). Both groups received a 12/13-weeks e-CBT program tailored to depression. The e-CBT program was provided through a secure online mental health clinic called the Online Psychotherapy Tool (OPTT). Participants read through the sessions and completed assignments related to each session. Each participant was designated a care provider who was a trained research assistant. Participants in the experimental group received extra interventions based on their standard questionnaire scores, and textual data.

Results: Figure 1: The average PHQ-9 (A), QLESQ (B), and QIDS (C) scores pre-, mid-, and post- treatment for the e-CBT only (n = 53) and stepped care groups (n = 26).

* Depressive symptoms: PHQ-9 (Patient Health Questionnaire-9) & QIDS (Quick Inventory of Depressive Symptomatology)

* Quality of Life Measure: QLESQ (Quality of Life Enjoyment and Satisfaction Questionnaire – Short Form)

Image:



Conclusions: Stepped care model can be reliable and effective method of delivering targeted care to future patients. Using this approach, the amount of care each patient receives is tailored to their needs, allowing for more efficient usage of scarce resources.

This would also lower the general cost of care for each patient. By understanding the therapeutic needs of each patient, we can use these results to develop objective interventions and efficient algorithms to triage individuals. This technique could scale up care capacity without sacrificing the quality of care for each patient.

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EPP0741

The Impact of Cognitive Behavioral Counseling in Promoting Self-Healing of Irritable Bowel Syndrome: Longitudinal Study

N. S. G. Abdelrasheed^{1*}, M. A. RearOmer², A. A. Almaashani³ and M. A. Khalaf^{4,5}

¹Department of Education - Psychological Counseling Specialization, Dhofar University; ²Ministry of Education, Ministry of Education; ³Chair of Dr. Ahmed Almaashani center for Psychological and family counseling, Dr. Ahmed Almaashani center for Psychological and family counseling, Salalah; ⁴Department of Psychology, Sultan Qaboos University, Muscat, Oman and ⁵Educational Psychology, Minia University, Minia, Egypt

*Corresponding author.

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Introduction: Psychophysical diseases can be cured without medical intervention, and this is the so-called self-healing. Self-healing is the process of recovery from emotional ill-health, but self-healing can also include accompanying physical health issues. Cognitive-behavioral therapy is one of the effective methods that help the individual to activate their role in self-healing and controlling thoughts and lifestyle. Being therapeutically effective in previous literature and less expensive than medication, CBT can be utilized by psychiatry practitioners.

Objectives: The current study aimed at investigating the effects of a cognitive behavioral therapy-based program to promote self-healing of patients with irritable bowel syndrome (IBS). Additionally, it explores the continuity of the proposed program effectiveness throughout six months.

Methods: The quasi-experimental method (one group design) was adopted. Participants were 4 patients (ages between 29-34 years) were purposively selected since they were suffering from irritable bowel syndrome (IBS) for (4-11) years based on the diagnosis conducted by Gastroenterology Clinic specialists at Sultan Qaboos Hospital in Salalah. The fifteen sessions of the therapeutic intervention lasted for five weeks. No medications were taken during the intervention and the follow-up period.

Results: Results indicated the effectiveness of the intervention in promoting self-healing of the irritable bowel syndrome (IBS) and a decrease in the symptoms of the irritable bowel in the medical examination after intervention as shown in the significant differences between time 1 and time 2 assessment while no significant difference was detected between time 2 and time 3 assessment (follow-up). A significant decrease in the medical symptoms of IBS (85% improvement rate).

Conclusions: Non-pharmacological psychotherapy is beneficial with patients with psychosomatic disorders as it can be used effectively to improve self-healing.

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EPP0742

Efficacious Web-Based Psychotherapy to Address Depression and Anxiety Among Patients Receiving Oncological and Palliative Care: an Open-Label Randomised Controlled Trial

N. Alavi^{1,1*}, M. Omrani², A. Shirazi³, G. Layzell¹, J. Eadie¹, J. Jagayat⁴, C. Stephenson¹, D. Kain⁵, C. Soares¹ and M. Yang¹

¹Psychiatry, Queen's University, Kingston, Canada; ²Psychiatry, OPTT inc, New York, United States; ³OPTT inc, Toronto; ⁴neuroscience and ⁵Queen's University, Kingston, Canada

*Corresponding author.

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Introduction: Oncological and palliative care patients face unique stressors which increase their risk of developing depression and anxiety. Cognitive behavioural therapy (CBT) and mindfulness has established success in improving this population's mental health. Traditional face-to-face psychotherapy is costly, has long wait lists, often lacks accessibility, and has strict scheduling, each of which can make attending psychotherapy physically, mentally, and financially out of reach for oncological and palliative patients. Web-based CBT (e-CBT) is a promising alternative that has shown efficacy in this and other patient populations.

Objectives: To quantify the efficacy of online CBT and mindfulness therapy in oncological and palliative patients experiencing depression and anxiety symptoms.

Methods: Participants with depression or anxiety related to their diagnosis were recruited from care settings in Kingston, Ontario, and randomly assigned to 8 weekly e-CBT/mindfulness modules (N= 25) or treatment as usual (TAU; N=24). Modules consisted of CBT concepts, problem-solving, mindfulness, homework, and personalised feedback from their therapist through a secure platform (Online Psychotherapy Tool- OPTT) Participants completed PHQ-9 and GAD-7 in weeks 1, 4, and 8. (NCT04664270; REB# 6031471).

Results: Significant decreases in PHQ-9 and GAD-7 scores within individuals support the hypothesis of efficacy. At this time, 10 e-CBT/mindfulness and 12 TAU have completed the study. Decreases in PHQ-9 and GAD-7 scores within e-CBT group support the hypothesis of efficacy. Specifically, PHQ-9 scores decreased over the 3 repeated measures (ANOVA, 2 groups, 3 repeated measures and the decrease in GAD-7 scores was similarly large)

Conclusions: As hypothesized, the results suggest that e-CBT/mindfulness therapy is an affordable, accessible, and efficacious mental health treatment for this population. The virtual, asynchronous delivery format is particularly appropriate given the unique barriers.

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