

treatment modalities used per patient was 2.07 for all patients and 3.23 for inpatients.

Conclusions In our department, polytherapy including non-pharmacological modalities is applied widely across all settings and patient categories. However, psychotropic medication clearly dominates as the most frequently applied treatment.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.413>

EW0800

H-index may influence more than methodological variables for publication in high impact psychiatry journals – A systematic review

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Objectives The scientific community assumes that rigorous methodology research is more likely to be published in high impact psychiatry journals (HIJ). We aimed to test which methodological variables could predict publication in HIJ.

Methods We conducted a systematic review of the MEDLINE and EMBASE databases from 2013, January 1st to 2015, June 15th. Inclusion criteria were studies that were RCTs whose at least one arm of the study should be fluoxetine regarding adult patients (>18 years old) with MDD. We performed logistic regression regarding the number of participants, intention-to-treat analysis, blinding, multicenter study, sample losses, positive result, sponsorship of pharmacy's industry, and h-index of the last author. A HIJ was considered if journal impact factor was above the median or 3rd quartile of our sample.

Results Forty-two studies were considered for the final analysis. The results of the univariate logistic regression found no differences between HIJ and low impact psychiatry journals for all methodological variables, except the h-index of the last author. By considering HIJ when impact factor was above the mean, h-index had an odds ratio = 1.09 (1.01–1.17), $P=0.02$; considering HIJ when impact factor was above the 3rd quartile, h-index had an odds ratio = 1.07 (1.01–1.14), $P=0.02$.

Discussion Our results indicate that the author productivity may be a relevant predictor for publication in a HIJ in the psychiatry/psychology field. Our study proposes that journals focus on identifying what are the relevant criteria for publication approval in the peer-review process.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.414>

EW0801

Psychoeducational family intervention for people with eating disorders: Rationale and development

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Introduction Family members of patients with EDs report high levels of burden, psychological distress and the need to receive information on the disease of their ill relative. There is the need to provide family members and patients with psychoeducational family intervention in order to satisfy their care needs.

Objective To develop a new psychoeducational approach for patients with Eating Disorders (EDs) and their relatives according to the Falloon model.

Aims (1) To develop a family psychoeducational intervention for patients with EDs. (2) To implement the experimental intervention in the clinical routine care. (3) To evaluate efficacy of the approach in terms of reduction of family burden and improvement of relatives' coping strategies.

Results The Department of Psychiatry of the University of Naples SUN has developed a new psychoeducational family intervention for patients with EDs and their family members. The intervention consists of 6 sessions, scheduled weekly. The sessions deal with several topics such as information on EDs (e.g., causes, symptoms, clinical characteristics), communication skills (e.g., how to express an unpleasant feeling) and problem solving skills. The intervention is led by trained mental health professionals, such as psychiatrists, psychologists or rehabilitation technicians.

Discussion This is the first example of psychoeducational intervention for families of patients with EDs developing according to the Falloon approach.

Conclusions Family intervention represents an essential tool to provide to patients with EDs and their family members in order to promote a global recovery.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.415>

EW0802

Impact of communication on family satisfaction and anxiety in critical care

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Objective The objectives of this study were to explore the impact of a communication course for doctors on family satisfaction and anxiety in an Australasian ICU and to elucidate the determinants of family satisfaction and anxiety.

Design Prospective observational study. Pre- and post-study design.

Participants One hundred and three consecutive family members of patients staying in the ICU for more than 48 hours were identified. Eighty-six subjects were evaluated and analysed.

Methods Ten-point Likert scale (FS-ICU Questionnaire) used to measure satisfaction. Hospital Anxiety and Depression Scale was used to measure anxiety. Study performed over a 12-week period (9 weeks pre- and 3 weeks post-course) in a 34-bed intensive care unit before and after a communication course for junior medical officers.

Results Fifty-six subjects were approached for the purpose of this study. Forty-three family members were included, 40 of patients who survived, and 3 whose relative died in ICU. Overall family satisfaction was high (mean scores 9.44 ± 0.91). Post-course, 47 subjects were approached for the purpose of this study and 43 family members consented to participate. Overall family satisfaction was high (mean scores 9.84 ± 0.97). There was a statistically significant difference in the frequency of doctors' communication before and after the course ($P < 0.01$) and anxiety levels ($P = 0.0001$)

Conclusion The majority of families are happy with their care in the ICU. A communication course aimed at junior medical officers was effective in improving satisfaction and reducing anxiety among family members.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.416>

EW0803

Using junior doctors to improve patient care: Creating a clinic to monitor the physical health of patients prescribed clozapine

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Introduction In the United Kingdom, compliance with guidelines on physical health monitoring of patients prescribed clozapine is poor. Our community team established a 'clozapine clinic', led by junior doctors, to monitor the physical health of this population.

Aims The aims of this audit were:

- to ascertain levels of compliance with guidelines on the physical health monitoring of patients taking clozapine;
- to compare the current level of compliance with that prior to the establishment of the clinic.

Methods Eleven standards were drawn from National Institute for Health and Care Excellence guidelines and the Maudsley Prescribing Guidelines in Psychiatry.

Three audit cycles were conducted: two prior to the establishment of the clinic and one after. In each cycle, searches of patient records were conducted and blood results were reviewed. This was supplemented by telephone calls to general practitioners to ensure a complete data set.

Analysis was conducted in Microsoft Excel™ and changes between the cycles were analysed using a two-tailed Z-score.

Results Each audit cycle included 28–30 patients. In the current cycle compliance levels varied between 66% (annual ECG recording) and 100% (monthly full blood count). The average compliance level was 73% across all standards. This represents an overall improvement on previous audit cycles. Since the clinic was established there has been a statistically significant improvement in compliance with annual monitoring of weight ($P=0.147$), body mass index ($P=0.0178$), and ECG monitoring ($P=0.0244$).

Conclusions Improvements in the care of a vulnerable population may be achieved through setting clear standards, regular audit, and harnessing the leadership and enthusiasm of junior doctors.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.417>

EW0804

Enhancement of flexible cognition in autism

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Autism is defined by qualitative deficits in communication, social interaction and restricted patterns of interests and behavior. There are also reported difficulties in the dynamic activation and modification of cognitive processes in response to changes in tasks demands. It is assumed that poor flexible cognition is related to those difficulties. This research aimed to assess and intervene in cognitive flexibility in subjects with autism.

Ten subjects diagnosed with autism by psychiatrists, aged 5y to 13y5m, were assessed in cognitive flexibility through WCST in pretest and in patterns of social interactions, behaviors and com-

munication through ADI-R. An intervention program with 14 to 21 sessions designed to enhance cognitive flexibility through activities of local coherence inference, constructive praxis, attentional shifting, inhibitory control, besides drama games after reading stories. In posttest, they were assessed in WCST and ADI-R. Raw scores of categories completed and perseverative errors and responses were used.

Regarding flexible cognition, perseverative errors and responses were lower in posttest ($P=0.028$). Categories completed were improved in posttest ($P=0.049$). Total scores on ADI-R were lower in posttest ($P=0.051$) and as well as scores on communication abilities ($P=0.033$).

The qualitative improvement showed by the individuals of this research concerning flexible cognition and also patterns of restricted behavior, social interaction and communication abilities suggests that individuals with autism can benefit from the development of strategies for the rehabilitation of flexible cognition and more research is suggested with a larger sample among subjects on the autism spectrum.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.418>

e-Poster Walk: Schizophrenia and other psychotic disorders – Part 5

EW0805

Awareness of and satisfaction with available treatment options in schizophrenia: Results from a survey of patients and caregivers in Europe

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Introduction Understanding beliefs and concerns of patients with schizophrenia and their caregivers, regarding treatment options, is key to improving their care. Perceived fears can impact adherence to therapy and represent a barrier to prescribers when discussing treatment decisions.

Objectives Explore patient and caregiver awareness of and satisfaction with available treatment options.

Methods Independent market research agency commissioned by Janssen, performed an online European survey in 2016 to capture demographics, awareness of available therapies, current treatment satisfaction and adherence from patients with schizophrenia and caregivers.

Results Results from 166 patients with schizophrenia and 468 caregivers from 12 European countries (France, Germany, UK, Italy, Spain, Denmark, Russia, Sweden, Austria, Belgium, Switzerland, and the Netherlands). One-fifth of patients reported they have not discussed alternative treatment options with their healthcare professional (HCP) despite 37% of patients being dissatisfied or very dissatisfied with their current therapy. HCPs were considered as the primary information source for the majority of patients (73%), although 27% of patients and 25% of caregivers believed that HCPs were not fully aware of all available treatment options. Moreover, 68% of patients treated with oral antipsychotics confirmed they would consider switching to a long-acting antipsychotic treatment, though 32% reported they have not been made aware of it as an