

The aim of the study is to evaluate ADBCT's impact on the number and duration of hospitalization as well as commitment and seclusion procedures.

Methods: Charts of all patients who have written their ADs following an ADBCT intervention since at least 24 months were included in the study. Number and duration of psychiatric hospitalization for a mood or a psychotic episode as well as commitment and seclusion procedures were recorded for each patient two years before ADBCT and during a follow up of at least 24 months.

Results: Number of hospitalizations, number of commitment procedures and number of days spent in psychiatric hospital reduced significantly after ADCBT in comparison of the two years who preceded the intervention.

Conclusions: ADBCT seems to be effective in patients with compliance and coercion problems in this retrospective study. Its effect remains however to be confirmed in large prospective studies.

P0370

Should there be greater access to psychological therapies in acute psychiatric care

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Acute psychiatric care has historically had limited involvement from psychological practitioners and there is limited published assessment of the efficacy of psychological treatments in this context. Recently a number of authors have argued strongly that Cognitive Behaviour Therapy (CBT) should be more available to psychiatric inpatients. However, the evidence for the efficacy of psychological therapies in this setting is extremely limited. Furthermore the acute environment provides a number of challenges in gathering evidence for psychological approaches. In particular, the complexity of this setting often does not lend itself to single model approaches and many psychological interventions may be preparatory. It may often be difficult to define good outcomes and psychological interventions frequently occur in conjunction with other treatments.

Several attempts to measure outcomes and studies based on user experiences are reviewed. It is argued that these actually provide very little in the way of evidence for psychological therapies. Particular attention is paid to difficulties in translating existing research into an acute psychiatric setting and measuring outcomes. A number of suggestions are made for developing research in this area including consideration of a range of outcome indices and the ways in which psychological ideas may be employed in care planning.

P0371

Effective online depression treatment with deprexis: Results from a first randomised trial

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Background and Aims: The online treatment program Deprexis simulates evidence-based psychotherapy and can be used by psychiatrists for patients on waiting lists, as an adjunct to traditional treatment, or as a stand-alone intervention. The program includes modules such as behavioural activation, cognitive restructuring, mindfulness/

acceptance exercises, social skills training, and positive psychology interventions.

Methods: In this randomised trial, 60 adults with mild to moderate depression were assigned to 9 weeks of either online-treatment (N = 34) or treatment-as-usual (N = 26).

Results: Taking the program was associated with significant reductions in depression severity and improvements in social functioning, which were maintained over nine weeks of follow-up. In the treatment group, 41% experienced clinically significant improvement, whereas this was true in only 3.8% of the control participants. This corresponds to an odds-ratio of 17.50, indicating that participants in the treatment group were more than 17 times as likely to experience clinically significant improvement, compared to those in the control group. The effect size achieved by Deprexis resembles those achieved in routine community treatments, including medication or psychotherapy (Grawe, 2006; Westbrook & Kirk, 2005). The Deprexis program was also well received by the users: 88% felt that the program had helped them and 97% would recommend it to others suffering from mild depression.

Conclusions: These encouraging preliminary data suggests that Deprexis is an effective, online, self-help intervention for adults suffering from mild to moderate depression.

P0372

Significance of individual and group cognitive behavioural psychotherapys in functioning of depressive patients

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In our prospective study we analyzed 30 of patientS with MAJOR DEPRESSIVE DISORDER, treated with cognitive -behavioural therapy: with group therapy only (group I), individual therapy only (group II), or combined individual and group psychotherapy (group III). For 18 months there have been used Beck Depression Inventory (BDI), and Global Assessment of Functioning (GAF) at the beginning, at the end of treatment (after 12 months), and 6 months after treatment. At the beginning of treatment next mean values of whole group were observed: BDI 41,7 ± 8,5, and GAF 49,7 ± 8.7. GAF shoved negative correlation with BDI (-0,62) . After one year of psychotherapy mean value of improvements were: for BDI 37,4 ± 7,5, and for GAF 23,9. GAF still highly correlated with BDI (-62). Six months after last individual and group meeting all parameters were significantly worsen, after 12 months next improvements were observed: group I BDI 44,8 ± 9,3 GAF 20,6 ± 8,0; group II BDI 36,0 ± 14,0 GAF 22,8 ± 11,2 (significantly lower than in group I); group III BDI 33,0 ± 10,8, GAF 28,4 ± 8,3. After 6 months without therapy next worseness were observed: group I: BDI 5,8 ± 3,5, GAF -4,7 ± 2,5; group II: BDI 3,9 ± 1,6, GAF -7,9 ± 7,2; group III: BDI 5,0 ± 2,3, GAF -7,9 ± 5,5.

Conclusion: Combination of individual and group psychotherapy increases global functions rate regardless of significantly lesser improvement of depressiveness in comparison with isolated group psychotherapy.

P0373

Depression and functioning in patients treated with cognitive-behavioural psychotherapies and drugs

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