

pharmacists, journalists) (level 3), and support for self-help of patients with depression and for their relatives (level 4). In order to deepen the understanding of factors influencing the effectiveness of the intervention, a systematic implementation research and process analysis was performed within the EU-funded study “Optimizing Suicide Prevention Programs and Their Implementation in Europe” (<http://www.ospi-europe.com/>; 7th Framework Programme) [5]. These analyses were based on data from four intervention and four control regions from four European countries. In addition to intervention effects on suicidal behaviour, a variety of intermediate outcomes (e.g. changes in attitude or knowledge in different populations) were considered. Strong synergistic as well as catalytic effects were identified as a result of being active simultaneously at four different levels. Predictable and unpredictable obstacles to a successful implementation of such community-based programs will be discussed. Via the EAAD, the intervention concept and materials (available in eight different languages) are offered to interested region in and outside of Europe.

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

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## Hallucinations and delusions in schizophrenia: From phenomenology to neurobiology

S43

### Hallucinations without delusions in patients with first-episode psychosis: Clinical correlates and implications for pathophysiological models

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*Introduction* The symptomatic distribution in schizophrenia spectrum disorder is heterogeneous. Patients may experience hallucinations, delusions and combinations thereof, in addition to disorganized and negative symptoms. We have previously found that patients with monosymptomatic hallucinations exhibited a different clinical profile than patients with monosymptomatic delusions or combinations of the two; with an earlier age at onset and more suicidal symptoms.

*Aims* To replicate findings in a new group of patients with schizophrenia spectrum disorders.

*Methods* A total of 421 consecutive patients with schizophrenia spectrum disorders were included into the study. They were comprehensively assessed by specifically trained psychiatrists or clinical psychologists; using the SCID for DSM-IV for diagnostic purposes, the PANSS to assess current clinical symptoms and CDSS to assess current depression. Lifetime presence of different symptom types was ascertained during the diagnostic interview.

*Results* A total of 346 (82%) had experienced both hallucinations and delusion, 63 (15%) had experienced delusions without hallucinations, 10 (2.5%) had experienced hallucinations without delusions and 2 patients (0.5%) had neither but experienced negative and severely disorganized symptoms. Contrary to hypothesis,

we did not find any statistically significant differences in age at onset and in clinical symptoms (including suicidality) between these groups. We also did not find any differences in the type of hallucinatory experiences between hallucinating groups.

*Conclusions* In a new sample of patients, we did not replicate previous findings of a different clinical profile in patients with monosymptomatic hallucinations. This type of psychotic disorder is relatively rare, which might pose a problem concerning statistical strength.

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S44

### Abnormal time experience, bizarre delusions and verbal-acoustic hallucinations in schizophrenia

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The integrity of time consciousness is the condition of possibility of the identity through time of an object of perception as well as of the person who perceives it. I will present our findings about abnormal time experience (ATE) in people with schizophrenia. These data may support the following hypothesis: if the continuity of temporal experience disintegrates (of which ATE are experiential manifestations), overarching meaningful units are no longer available, thereby creating temporal gaps, e.g., in one’s stream of consciousness. In some cases, thoughts that are no longer experienced as embedded in one’s stream of thoughts are experienced as, e.g., thought interferences, blockages, insertion or withdrawal. These symptoms cannot be explained as a mere disturbance of attention or comprehension at the level of semantic combinations. Rather, the disturbance could be searched for at a more basic level where the temporal coherence of conscious awareness is constituted. A failure of the constitutive temporal synthesis may create micro-gaps of conscious experience. In the most severe cases, thoughts or other mental phenomena that are no longer embedded in the continuity of basic self-experience may appear in consciousness as “erratic blocks” and experienced as being inserted, or, if further externalized, as auditory hallucinations (“voices”). This coheres with the hypothesis that a breakdown of temporality may be bound up with the breakdown of prereflexive self-awareness.

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## Improving clinical outcomes through technology: An innovative approach proposal

S45

### Smartphone based treatment in bipolar disorder

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E-mental health technologies are under great development and the use is of these technologies is increasing rapidly.