the theoretical relevance of these variables to depression the final model achieved an average accuracy of 71% (with individual trials ranging from 64.5% to 77.1%). Key predictors included exploratory behaviors and heart-rate variability during both exploration and cognitive tasks.
Conclusions: These results are comparable, however remain below the levels of accuracy achieved based on fMRI and DTI data alone (around 80%). Nonetheless, the EXPERIENCE system, slated for refinement beyond this pilot phase, shows potential in integrating multimodal data for evaluating affective disorder symptoms, aiming for a more objective screening and diagnostic approach at a lower cost.
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SP0031

Effectiveness and usability of an e-health system on depression among patients with somatic disorders

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Abstract

Introduction: An increase in the prevalence of depressive symptoms can be seen in patients with severe somatic conditions, with a reduction in quality of life, an increase in sleep disturbances and an increased risk of suicide as some of the most serious consequences. However, few evidence-based interventions have been developed with the aim of reducing this comorbidity. The NEVERMIND system aims to address this issue by collecting psychometric and biomedical data via a smart shirt and a mobile app, which are used to predict patients' depressive symptoms. Patients are then directed to personalised lifestyle behavioural advice, mindfulness-based therapy, and cognitive behavioural therapy.
Objectives: The primary objective was to evaluate the effectiveness of the NEVERMIND system in reducing depressive symptoms in patients with somatic conditions compared to treatment as usual. Secondary objectives included the system's effectiveness in preventing depressive symptoms, sustaining the effects at 24 weeks post-baseline, and reducing suicide ideation. Besides these, the usability, acceptability, and satisfaction of the system were examined in patients with breast or prostate cancer.
Methods: For this pragmatic randomised controlled trial, 425 patients diagnosed with myocardial infarction, breast or prostate cancer, kidney failure, or lower limb amputation were recruited from hospitals in Turin, Pisa and Lisbon. Data collection occurred at baseline, 12 weeks, and 24 weeks, with the primary outcome being depressive symptoms at week 12, measured by the Beck Depression Inventory II. Regarding the usability, acceptability and patient satisfaction, data from 288 patients was used.
Results: The intervention group included 213 and the control group 212 patients, with the sample's mean age being 59.41 (SD=10.70). Patients who used the system reported having statistically significant lower depressive symptoms at 12 weeks (mean difference=-3.05, p=0.004; 95%CI -5.12 to -0.99) compared to controls, with a clinically relevant effect size (Cohen's d=0.41). Furthermore, significant reductions were found for suicide ideation (mean difference=-0.61, p=0.020; 95%CI -1.13 to -0.10) and incidence of depressive symptoms at week 12 (OR=0.43, p=0.019; 95%CI 0.22 to 0.87). The decrease in depressive symptoms was sustained at week 24 (mean difference=-1.34, p=0.015; 95%CI -2.41 to -0.26). The system was found to have good usability, with women rating the system more favourably than men and valuing its emotional support, while men used the system more frequently than women and valued the self-awareness that the system encouraged.
Conclusions: The NEVERMIND system was shown to be superior to standard care in reducing and preventing depressive symptoms among the studied sample. A new project will be launched in the near future to continue the examination of the system's effectiveness.

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SP0032

Inflammatory based psychotic symptoms: when psychosis means encephalitis

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Abstract: Schizophrenia, as one of the most common disorders from the psychotic spectrum is most commonly detected in the phase of first psychosis and may pose a diagnostic challenge, as commonly comprise a heterogeneous group of schizophrenias, with distinct clinical presentations. If it detected in its prodromal phase without clearly developed psychotic symptoms, the diagnosis is even more unreliable, as the transition to full blown psychosis in the next two years happens in 15-40% of more, depending probably on a variety of cumulative environmental risk factors (including childhood trauma, the use of high-potency cannabis, urbanicity, season of birth). Moreover, the first episode psychosis may underlie for example the first manic episode, brief intermittent psychotic symptoms in persons with borderline personality disorders, acute reaction to trauma, the use of cannabis and psychostimulants and different organics causes, such as endocrinologic disorders and autoimmune encephalitis. Therefore, in everyday clinical practice, the diagnosis of first episode psychosis always requires an assessment of possible causes of psychosis, and also factors that may influence prognosis and treatment. Usual assessment include detailed anamnestic and heteroanamnestic data, physical examination, standard blood laboratory findings, drugs in urine/ blood, EEG and CT/MR scan. The absence of typical risk factors for schizophrenia, as well as the absence of premorbid symptoms and developmental course typical for schizophrenia, abrupt course of psychotic symptoms, symptoms such as disorientation,