

**Conclusions** Our results suggest an improvement in the patient's clinical vision and attitude towards medication with long-acting depot.

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

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#### EV1322

### **DECIDE Study: Effectiveness of shared decision-making in treatment planning at discharge of inpatient with schizophrenia. Experience after 20 months of the study**

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**Introduction** Shared decision-making denotes a structured process that encourages full participation by patient and provider in making complex medical decisions. There has been extensive and growing interest in its application to long-term illnesses but surprisingly not in severe psychiatric disorders, such as schizophrenia. However, the great majority of schizophrenics are capable of understanding treatment choices and making rational decisions. Although the main justification for shared decision-making is ethical, several randomized controlled trials support its effectiveness in improving the quality of decisions, but robust evidence in objective health outcomes is needed.

**Aims and objectives** Of the study: to demonstrate the effectiveness, measured as treatment adherence and readmissions at 3, 6 and 12 months, of shared decision making in the choice of antipsychotic treatment at discharge.

Of the oral presentation: to present the study design; to make an interim report of the data obtained at the moment of the congress.

**Methods** Randomized controlled trial, prospective, two parallel groups, not masked, comparing two interventions (shared decision making and treatment as usual). Study population: Inpatients diagnosed of schizophrenia and schizoaffective disorders (ICD-10/DSM-IV-R: F20 y F25) at Adult Acute Hospitalization Unit at Jerez General Hospital.

**Results** Currently in the recruiting phase with 55 patients included in the study. An interim analysis of at least half of the target sample size.

**Conclusions** We will show the study design and decision tools employed. Conclusions in relation to the effectiveness (adherence and readmissions) and subjective perception.

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

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#### EV1323

### **DECIDE Study: Antipsychotic treatment profile. Comparison of antipsychotic polytherapy in patients discharged after acute episode of UHSM, taking decisions shared vs. usual care strategies**

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**Introduction** Shared decision-making denotes a structured process that encourages full participation by patient and provider in making complex medical decisions. Although the main justification for shared decision-making is ethical, several randomized controlled trials support its effectiveness in improving the quality of decisions, but robust evidence in objective health outcomes is needed.

**Aims** Analyze the degree of antipsychotic polytherapy or monotherapy in patients discharged after their inclusion in the study and randomized to Share Decision-Making or Treat as Usual. Present preliminary conclusions after 20 months of follow-up.

**Methods** Randomized controlled trial, prospective, two parallel groups, not masked, comparing two interventions (shared decision making and treatment as usual). Previous antipsychotic treatment is collected by interviewing patient and family and as included in digital history and health card, discharge and reviews conducted at 3, 6 and 12 months.

**Results** Interim analysis shows there are no differences between groups (SDM and TaU) before intervention, we note the following results:

- the degree of antipsychotic polytherapy prior to admission for the entire sample decreased at discharge;
- at discharge, there is a difference between SDM and TaU. Antipsychotic polytherapy in SDM decreases in a higher level.

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

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#### EV1324

### **The utility of omega-3 fatty acids in depression**

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**Introduction** Recent studies have reported therapeutic benefit from the use of omega-3 fatty acids (EPA and DHA) as adjunctive treatment of depression.

**Objectives** The goal of this work is to assess the effectiveness and tolerability of dietary supplementation with omega-3 in the treatment of depressed patients.

**Method** Prospective, descriptive, observational study in a general psychiatry outpatient clinic. Consecutive inclusion of depressed patients started on dietary supplementation with omega-3 because of partial response to antidepressants and/or intolerance to high doses or combination of antidepressant drugs between January and May 2015. Sociodemographic variables, clinical data and information about tolerability were recorded. Clinical response to treatment over time was assessed at 4–6 months follow up using the 5-item CGI (Clinical Global Impression) scale.

**Results** We included 30 depressed patients started on omega-3. None of them reported side effects. Seventy-three percent of