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. Hoewever, the evidence for the efficacy of psychological therapies in this setting is estremely 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 it self 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 argured 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 indicies 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 therapys: 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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Introduction: In our prospective study we compared 30 of patients with major depressive disorder, treated with cognitive- behavioral psychotherapy(CBT) and psycho pharmacotherapy (Group I) with 30 patients, with only psycho pharmacotherapy (group II) mean age 37,6 ± 10,8.

Method: For 18 months there have been used Beck Depression inventory II (BDI-II), and Global Assessment of Functioning Scale, (GAF) on the beginning, at the end of treatment (after 12 months), and 6 months after treatment.

Results: At the beginning of treatment in first group (patients under psychotherapy and psychopharmacotherapy) GAF shoved negative correlation in comparison with BDI (-0,62). In second group (patients cured with only psycho pharmacotherapy) GAF shoved negative correlation in comparison with, BDI (-0,66),. After one year of CBT and psycho pharmacotherapy mean value of improvements in first group were: BDI 37,4 ± 7,5, GAF 23,9, and GAF still highly correlated with BDI (-62). In second group mean value of improvements were: BDI 31,7 ± 10,8, GAF 13,2 ± 5,4 (significantly lower than in first group; p< 0,0001), but GAF still highly correlated with BDI (-69). Six months after psychotherapy all parameters in first group were significantly worsen:

Conclusion: In patients treated with combined cognitive-behavioral psychotherapy and pharmacotherapy there is a significant improvement of depression and functioning in relation to patients treated only with pharmacotherapy. Keywords: cogntive-behavioural psychotherapy, psychopharmacotherapy, anxiety, depression, hopelessness.

P0374

Moclobemide and cognitive behavioral therapy in the treatment of social phobia☆

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The aim of the study was to asses the 6-months treatment efficacy and 24-month follow up of three different therapeutic programs (A. moclobemide and supportive guidance, B. group cognitive-behavioral therapy and pill placebo, and C. combination of moclobemide and group cognitive-behavioral therapy) in patients with a generalized form of social phobia. Eighty one patients (38 males and 43 females) were randomly assigned to three different therapeutic programs. Patients were regularly assessed on a monthly basis by an independent rater on the LSAS (Liebowitz Social Anxiety scale), CGI (Clinical Global Impression) for severity and change and BAI (Beck Anxiety Inventory). Altogether, sixty-six patients completed the six month treatment period and 15 patients dropped out. All therapeutic groups showed significant improvement. A combination of CBT and pharmacotherapy yielded the most rapid effect. Moclobemide was superior for the reduction of the subjective general anxiety (BAI) during the first 3 months of treatment, but its influence on avoidant behavior (LSAS avoidance subscale) was less pronounced. Conversely, CBT was the best choice for reduction of avoidant behavior while a reduction of subjective general anxiety appeared later than in moclobemide. After 6 months of treatment there were best results reached in groups treated with CBT and there was no advantage of the combined treatment. The relapse rate during the 24-month follow up was significantly lower in the group treated with CBT in comparison with the group A. formerly treated with moclobemide alone.

P0375

Cognitive-behavioural therapy efficacy in major depressive disorder and histrionic personality disorder dual diagnosis

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Background: Patients with dual diagnosis, major depressive disorders and cluster B personality disorders, must be carefully monitored because of the refractory cases high incidence to either psychotherapeutic or pharmacologic therapy, when applied alone. In histrionic patients the the emphasis during psychotherapy must be on the collaborative therapeutic relationship and on the goals operationalizing process.

Methods: We prospectively evaluated 12 patients, female, mean age 35.5 years, diagnosed with major depressive disorder and histrionic personality disorder (according to DSM IV TR criteria) treated with antidepressants (fluoxetine 30 mg/day, n=5, paroxetine 30 mg/day, n=4, mirtazapine 45 mg/day, n=3) and weekly sessions of cognitive-behavioural therapy, for 6 months. We used Beck Depression Inventory (BDI)- 21 items form initially and every two weeks until the endpoint. The Global Assessment of Functioning (GAF) was used also, with the same frequency. The specific schemas of histrionic personality disorder had been addressed simultaneously with depressive specific dysfunctional beliefs.

Results: There were 4 cases of discontinuation after a mean duration of 10.6 weeks. These patients presented at 6 months a higher score on BDI (+6.5) and a lower degree of social and professional level of functioning (-15 on GAF); a follow-up evaluation (after one year from baseline) observed more residual symptoms or recurrence of depression than patients that participated in all study sessions (mean BDI score 15.6vs.9.5, GAF 78vs.89, 2vs.0.5 depression episodes incidence).

Conclusion: Adressing dysfunctional schemas of histrionic personality disorder improves the long term prognosis in depressed patients with dual diagnosis.

P0376

Improving the quality of life in patients with malignant tumors using cognitive psychotherapy

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Background: One of the main goals of psychotherapy should be increasing the patient's quality of life. This purpose is of extreme importance in patients diagnosed with cancer that have to fight with anxiety, depression, social and occupational adjustment difficulties.

Methods: We included in a 3 months weekly sessions program of cognitive psychotherapy a number of 12 patients, 8 female and 4 male, mean age 52.4, diagnosed with malignant tumors (lung cancer 2 cases, ovarian cancer 2 cases and stomach cancer one case). The assessment included Cancer Coping Questionnaire (CCQ)- 21 items version, Hamilton Rating Scale for Anxiety (HAM-A), Beck Depression Inventory-21 items (BDI), Global Assessment of Functioning (GAF) and the dysfunctional beliefs monitoring throughout all the 3 months of this trial. Therapy focused on working with ''realistic'' negative automatic thoughts, attention switch on resources instead