

in the “Sf. Parascheva” Infectious Diseases Clinical Hospital Iasi, Romania.

Results: From 1st of January 2011 to 31st of December 2013, the HIV/AIDS Regional Centre of Iasi recorded 2649 hospitalizations, of which 18 cases required intensive medical care, 10 males and 8 females. The number of days of hospital admission varied between 4.5 and 32 days in the Intensive Care Unit. Initially the psychological interview was conducted for 16 of the 18th patients, 2 cases were with severely deteriorated health status that didn't allowed communication. From them, 7 survived and they were evaluated at discharge from Intensive Care Unit and also monitored long term, that revealed an increase in adherence to Antiretroviral Therapy and a change in lifestyle.

Conclusions: HIV positive patients that requires intensive care showed a marked immunological collapse due to abandonment of the therapy or late detection. In order to fully accomplish the needs of the HIV positive patient, the infectious diseases specialist must collaborate with the psychologist.

Keywords: intensive care unit; antiretroviral therapy; PSYCHOLOGICAL PROFILE; HIV/AIDS

EPP1106

Practical strategies for reducing suicide risk among depressed adults

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Introduction: Suicide remains a major problem throughout society. Unfortunately, recommendations for the treatment of suicidal clients are often presented at a general level, without providing adequate detail that could guide the practicing clinician.

Objectives: The review explains three main strategies that can be used to help reduce the risk of suicide among depressed adults.

Methods: Method: The review identified three themes derives from an integration of 30+ years of clinical experience working with depressed outpatients combined with a comprehensive review of recent journal articles on depression and suicide.

Results: First, clients may become suicidal when they focus on unfortunate events from their recent or distant past, resulting in tendencies for rumination and guilt. Therapy can help clients cultivate an attitude of contentment, promoting self-forgiveness and a sense of accomplishment. Second, suicidal clients often focus on their current struggles, frequently involving financial problems, interpersonal conflict, and social isolation. Therapy can help clients to embrace life through planned activities, reconnecting with loved ones, and repairing damaged relationships. Third, clients may struggle because of hopeless views of their future, feeling trapped in a desperate situation with no possible solution. Therapy can help clients look to the future with a more optimistic attitude and a sense of control.

Conclusions: Clients can learn to search for realistic solutions to their problems, developing a renewed sense of optimism and empowerment. The risk of suicide can be reduced when therapy helps clients reduce guilt and worthlessness, increase meaningful social bonds, and instill realistic hope for the future.

Conflict of interest: No significant relationships.

EPP1107

Psychotherapeutic support peculiarities' in palliative care structure for cancer patients

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Introduction: Palliative medicine is aimed at achieving the best possible in a particular situation the level of quality of life of the patient.

Objectives: The reaction of grief is one of the strongest and most painful human experiences.

Methods: There were 120 cancer patients observed. The reaction of grief consists of 4 stages: shock and protest - numbness, disbelief and acute dysphoria; absorption - acute longing, search and anger; disorganization - a sense of despair and acceptance of loss and decision.

Results: The initial reaction of grief - shock, emotional numbness and disbelief. The excitement is most pronounced within about two weeks, followed by symptoms of depression, which reach its peak 4-6 weeks. Eventually, the former intense pain of severe loss begins to subside. In addition to the reaction of grief, there is a pathological, which is divided into suppressed (inhibited), delayed (delayed) and chronic. The role of the psychotherapist at this stage is to provide psychological support and assistance to both the patient and his environment to cope with this situation.

Conclusions: The principle of the concept of palliative care is the need to ensure the psychological comfort of the patient.

Keywords: palliative care; hospice; the cancer patients; psychotherapy.

EPP1108

Feasibility and effectiveness of interpersonal psychotherapy interventions in a collaborative stepped care model between primary care and mental health services.

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Introduction: The NICE guidelines recommend for mild major depression a range of low-intensity psychosocial intervention of proven effectiveness, as Interpersonal Counselling, and a stepped-care approach.

Objectives: To assess feasibility and effectiveness of Interpersonal Psychotherapy interventions for the treatment of depression in a consolidated Collaborative Stepped Care Model between primary care and mental health specialists.

Methods: 103 patients were referred by their PCPs to the Consultation-Liaison Service of Bologna and Modena. Of them, 78 were included in the study and administered self-report instruments and interview, including screening depression, anxiety and daily functioning. Patients were asked to choose one of the available treatment: 1) Interpersonal Counseling (IPC) 6-8 weekly meetings for 30 minutes; 2) IPC for Depression in Primary Care 3 sessions of 50 minutes; 3) a guided self-help intervention. Follow-up were planned at 1, 3 and 6 months. Both patients and PCPs provided a feedback about intervention's satisfactions.

Results: At the baseline, 39.4% of the patients presented a minor depression/major depression mild and the large majority (75.0%) of them chose IPC, while none of them chose the guided self-help intervention. At follow ups the mean PHQ-9 significantly decreased compared to the baseline ($p < 0.001$); daily functioning increased (WSAS: $p < 0.001$) and anxiety traits improved (STAI: $p < 0.001$). Patient's general satisfaction with the service received was high (GSQ: 85.9 ± 15.0) as well as PCPs, 62.7% of them expressed high satisfaction for the intervention.

Conclusions: The study emphasised that IPC is an effective and feasible treatment very well suited to the primary care setting for an optimal management of depression.

Keywords: Interpersonal Psychotherapy; Mental Health Services; collaborative stepped care model; primary care

EPP1111

Athens multifamily therapy project

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Introduction: The Athens multifamily therapy project (A- MFTP) provides systemic multifamily group therapy to youths who experienced a first psychotic episode (FEP) and their families.

Objectives: The participants were recruited from the ongoing longitudinal Early Psychosis Intervention Study –ELPIS, Athens FEP Project, which aims to investigate the involvement of genetic and environmental determinants on psychosis risk.

Methods: A group of five families with a child who had experience FEP, attended two multifamily group sessions per month, in the time period from September 2017 to Jun 2018. Parents and offspring participated to the sessions, which were conducted by two co-therapists. Assessment of patients' psychopathology was based on PANSS at baseline, end of therapy and 6-month follow-up. All participants fulfilled an instrument assessing family factors (SCORE-15) and the Reflective Functioning Questionnaire (RFQ) at the same three time points. Furthermore, participants were asked to give written opinions regarding the therapeutic process at the middle phase, the end of therapy and six months follow - up.

Results: A qualitative analysis identified the emerging themes and patterns, focusing on the language and the meaning constitutes. Communication techniques, emotional processing and problem solving were the main learnings for the members of the group. They highlighted the impact of the group processes on family

communication and individual understanding, while the development of a "new family" emerged from the group relationships.

Conclusions: A- MFTP seems to be a promising service aiming to improve mental health and wellbeing of participants, to contrast chronicity and to contribute to early intervention services for psychoses in Greece.

Keywords: FEP; multifamily; systemic; psychotherapy

EPP1112

Cognitive-behavioural therapy role in the prevention of psychosis

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Introduction: About 30% of individuals in ultra-high risk (UHR) of psychosis develop overt psychosis within 3 years, and about 40% of those who don't will keep experiencing ongoing attenuated psychotic symptoms and persistent functional disability. During this prodromal period, it's possible to prevent the transition to a first-episode psychosis.

Objectives: To conduct a short review of literature on the role of cognitive-behavioural therapy (CBT) in preventing psychosis in ultra-high risk patients.

Methods: We performed a literature search on PUBMED, using the query: "Cognitive Behavioral Therapy" [Mesh] AND "psychosis" AND "prevention". We focused on data from systematic reviews, clinical trials and meta-analysis published on last 5 years, either in English or Portuguese.

Results: Some authors claim cognitive-behavioural therapy (CBT) as first-choice treatment in clients with ultra-high risk (UHR) for psychosis. CBT aims to normalize extraordinary experiences with education and to prevent delusional explanations. On a Japanese study, the total score of Positive and Negative Syndrome Scale (PANSS) significantly improved on post-intervention and follow-up assessments, with large effect sizes observed. Teaching families to apply CBT with their offspring may bolster therapeutic gains made in time-limited treatment. CBT showed an 83% probability of being more effective and less costly than routine care.

Conclusions: Patients with UHR for psychosis can be treated successfully with CBT to postpone and prevent the transition to a first-episode psychosis. CBT for UHR has been included in the European guidelines and awaits dissemination and implementation in mental health services.

Keywords: cognitive-behavioural therapy; Ultra-High Risk; psychosis; prevention

EPP1113

Approaching psychotherapy for people from international buddhist organisations

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