focused on university students as they are particularly at risk for developing CMDs.
Objectives: The aim of this study was to evaluate experiences with the smartphone-based DTx *elona therapy* among university students with mild to moderate depression or anxiety symptoms for the use within bCBT.
Methods: Semi-structured interviews were conducted via videoconference between January and April 2022 with N = 102 students from universities in North Rhine-Westphalia, Germany, after they had received weekly individual CBT sessions (25 minutes each) via videoconference for six weeks and regularly used the depression (N = 67) or anxiety module (N = 35) of the DTx. Interviews were coded according to the approach of grounded theory.
Results: In general, most participants stated that they benefitted from the bCBT program. Many highlighted the intuitive handling of the DTx and indicated that they perceived it as useful for structuring their therapy progress. As other benefits, participants listed e.g., increased self-reflection and disorder-specific knowledge as well as the transfer of the content of therapy sessions into their daily life. Participants differed with respect to the preferred design of the DTx. While some liked the clean look, others would have favoured more colours. Participants mentioned time constraints, data security concerns or the feeling of being left alone with potentially arising emotions while working on tasks for the next therapy session as possible barriers to the usage of DTx.
Conclusions: Interviewed participants mostly had positive attitudes toward *elona therapy* as part of the bCBT program. Our study shows that DTx as part of bCBT can be perceived as helpful tools to accompany university students with mild to moderate anxiety or depression symptoms in their daily life.

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EPP0690

Reliability of electronic patient reported outcomes vs. clinical assessment

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Introduction: The importance of inter-scale and inter-rater reliability is a well-studied factor in maintenance of data consistency in clinical research. The use of patient reported outcomes poses another risk for compromising data integrity, as some studies show that patients tend to report their symptoms differently in direct clinician-lead interview and self-administered questionnaires. Additionally, as technology is advancing and digital endpoints in CNS clinical trials are becoming a reality, we need to further evaluate if the digital means of self-reporting (e.g., mobile app questionnaires) per se could potentially be a contributing factor in data inconsistency.
Objectives: To assess reliability between clinician-assisted evaluation and electronic patient reported outcomes of depressive and anxiety symptoms.
Methods: Patients not previously diagnosed with depression or anxiety disorders were asked to complete PHQ-9 and/or GAD-7, both verbally administered by a physician. Within 24 hours they were asked to complete a digital form of the same questionnaires.
Results: The analysis of 40 completed double assessments showed no correlation for depressive symptoms presence and severity measured by clinician-lead evaluation and electronic patient reported outcomes (Spearman rho = + 0.191, p=0.686), and poor correlation for anxiety symptoms (Spearman rho = + 0.466, p=0.080).
Conclusions: Many factors interfere with data consistency in clinical research, thus the methods and means of evaluation need to be taken into consideration. The reliability of electronic patient reported outcomes needs to be further assessed and preferably cross-checked by using other validated methods of assessment.

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EPP0691

The EXPERIENCE system for the investigation of behavioral differences between depressed and healthy-control participants in Virtual Reality

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Introduction: The EXPERIENCE project aims to enable the creation and sharing of extended-personal realities in virtual reality (VR). Currently, software and hardware technology are under development, that will automatically generate VR environments based on neurophysiological, psychological, cognitive, and behavioral data to support not only the recording of personal experiences but the transmission as well to another user. Potential use cases include enhanced treatment and the assessment of symptom severity of affective disorders.
Objectives: The objective is to design and create a virtual reality environment that enables the identification of between-group differences in behavioral measures when comparing depressed and healthy-control participants.
Methods: We conducted a literature review to identify measures that can be implemented in VR and have the potential to show differences between depressed and healthy-control participants. PubMed and ResearchGate databases were screened to identify potential cognitive tasks. A selection protocol was developed considering effect size, homogeneity of results, risk for cybersickness, cognitive demand, domain heterogeneity, and VR compatibility to choose 4 out of the 47 initial tasks. In addition to the cognitive tasks, behavior measures were considered as well and a virtual environment has been equipped to assess (1) exploratory behavior; (2) engagement with emotionally valenced stimuli (via eye-tracking); (3) metacognitive sensitivity, (4) persistence/grit, and (5) possible effects of mood induction.
Results: Based on the above review, a virtual environment has been developed which is composed of four rooms and a hallway where the starting point is. After an initial tutorial on how the environment/controllers work participants are free to explore and instructions are only provided for the specific cognitive tasks which have to be solved to open the doors and move between rooms. The rooms are equipped with numerous interactive objects and images with