interventions that are observed in nursing care for suicidal patients. The category system contains four core themes; nurse behavioral interventions, nurse attitudes, and nurse conversational intervention and environment.

Disclosure of Interest: None Declared

W0008

Gender differences in suicide and suicide attempts among patients in AUD treatment

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Abstract: Alcohol plays a part in suicide risk in two ways. Alcohol intoxication is often a preceding factor in the acute suicidal phase. But also, chronic overuse or Alcohol Use Disorder (AUD) is a risk factor for suicide attempts and suicides over time. At least 1 in 4 AUD patients have serious lifetime suicide attempts. Standardized mortality rates (SMR) for suicide in AUD lie around 15-25. Gender differences in suicide risk and suicide attempts are influenced by at least 2 phenomena. Firstly, suicide attempts are more common and competed suicide is less common among females in the general population. Secondly, female AUD is rarer and female AUD patients tend to be sicker and have more mental health co-morbidities than male AUD patients. This leads to SMRs for suicide in female AUD patients being higher than in male AUD patients, even if suicides are more common in male AUD patients. Also, for suicide attempts, these are more common in female AUD patients. Suicide attempts seem to be more related to AUD severity in male AUD patients, but more related to mental heath co-morbidities in female AUD patients.

Disclosure of Interest: None Declared

W0009

Personalisation of the management of schizophrenia and other primary psychoses

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Abstract: In the treatment of persons with schizophrenia the goal has gradually shifted from the reduction of symptoms and prevention of relapse to recovery. However, this goal is achieved for a minority of persons with schizophrenia, while for most of them the disorder still is a major cause of disability, poor quality of life and premature death, and presents considerable social and economic costs.

Studies aimed at identifying variables with a significant impact on schizophrenia outcome indicate that early intervention, shared decision making, treatment continuity, physical comorbidities, negative symptoms, deficits in cognitive functions and functional capacity account for most of the functional impairment of patients but are often neglected in current clinical practice.

In this presentation, I will illustrate the role of these variables and the need for an in-depth clinical characterization of persons with primary psychoses to implement personalized treatment plans and improve the care of people with schizophrenia.

Disclosure of Interest: None Declared

W0010

The role of tDCS in psychiatrists toolbox

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Abstract: tDCS is a low-cost and well-tolerated neuromodulation treatment of depression. It seems to be a good and effective option to start the treatment of depression along or instead of medication in mild or moderate depression. tDCS can be used as an add-on treatment with psychotherapy or medication. Home based tDCS is easy to conduct. However, tDCS should be used with qualified protocols like any other neuromodulation treatment. When the tools in psychiatry are diversifying the precise diagnostics, careful defining of the clinical picture and effective early and individually planned management of depression are key elements gaining better outcomes and preventing treatment resistant depression.

Disclosure of Interest: None Declared

W0011

Cost-utility of tDCS in depression treatment

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Abstract: Depression is one of the most common psychiatric disorders causing considerable economic burden. However, the current treatment as usual, pharmacotherapy and psychotherapy, provides unsatisfactory treatment outcome for majority of the patients and in most cases fails to prevent treatment resistance and chronicity. tDCS, has emerged as a new neuromodulation treatment and has shown efficacy in depressed patients. To provide important insight to the payers, the cost-utility of tDCS in comparison to treatment as usual, should be clarified.

Disclosure of Interest: None Declared

W0012

tDCS home based treatment following accelerated dTMS in the elderly depressed

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Abstract: With a growing number of elderly persons, geriatric depression - associated with important morbidity and mortality- is becoming a significant health problem. Given the risk of polypharmacy and increased side effects, alternative non pharmaceutical treatments such as repetitive transcranial magnetic stimulation (rTMS) and transcranial direct current stimulation (tDCS) may be solution. Recently, the FDA approved deep brain TMS (dTMS) for depression, not only stimulating deeper cortical areas but response and remission rates may be better, especially in elderly populations. Nevertheless, beneficial follow-up options following rTMS treatment remains to be determined. Therefore, one week after the last accelerated dTMS, all patients followed a 3 week open label tDCS with a home-use device. Study rationale and preliminary findings will be discussed.

Disclosure of Interest: None Declared

W0013

Findings from real-world clinical practice on tDCS treatment of MDD

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Abstract: This study characterizes the real-world effectiveness and tolerability of transcranial direct current stimulation (tDCS) and aims to identify predictors of treatment outcome in patients with major depressive disorder (MDD). Treatment data was collected by the treating physician to a structured data collection form, from the patients who were treated with tDCS as part of routine clinical practice (F3 - F4 electrode montage, 2 mA, 30-mins sessions, 5 sessions per week, 2–3 weeks + maintenance treatment according to patient's individual needs). Symptoms were scored according to common validated depression scales before and after the tDCS treatment. The study outcomes were clinical response (defined as >50% reduction from the baseline depression score) and remission. Furthermore, the data set allowed to investigate possible predictors of outcome, such as use of psychotropics and baseline depression severity. Overall, tDCS was found to be an effective and safe treatment for MDD in real-world patient population.

Disclosure of Interest: None Declared

W0014

Spatial typologies in psychiatric facilities

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Abstract: A psychiatric facility represents a temporary home for its patients. Multiple studies have provided ample evidence that the built environment has the potential to support patients in their recovery process, in part by offering a homely surrounding. If their environment also succeeds in creating a therapeutic milieu in which the patients' needs for protection, security, privacy, and orientation are met, the contribution of these surroundings can be even more significant. For example, clear, comprehensible building structures help patients to find their way around the new environment and further provide a feeling of security. To fulfill this goal, planners should pay special attention to the access zones and semi-public spaces in these types of buildings, as psychiatric patients often spend a lot of time there. Corridors should provide high spatial quality with daylight areas and places to sit down.

Based on an analysis of more than 30 psychiatric facilities in Germany, three spatial typologies were identified within which the factors listed above have been explored.

Firstly, the "Pavilion type": square or slightly rectangular pavilion structures, generally with courtyards enclosed on four sides and multiple additions. This typology is found very often, especially on new build sites. The Pavilion type allows a useful combination of room functions and good lighting of all spaces. Secondly, the "L- or T-shaped type": Linked L- or T-shaped, often appearing as comblike buildings. These structures are particularly successful in integrating with the surrounding landscape. Thirdly, the "Block type": Closed, block-like single-floor and two-floor typologies of different lengths. However, these building structures are increasingly rare as they often appear out of human scale and result in long, monotonous corridors.

In building design it is crucial to consider the triad of "architecture/ interior design/ and landscape design" and to emphasize the specifics of the site. Each of these typologies offer different opportunities to achieve this goal; yet, only when a unique atmosphere is created – one in which everyone feels accepted and is seen as an individual – can patients, staff and visitors feel the comfort and support of a successful homely environment.

Disclosure of Interest: None Declared

W0015

Hospital architecture matters – rethinking the role of mixed sex wards and family rooms in psychiatric hospitals

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Abstract: Hospital built environment can affect patient clinical outcomes, patient satisfaction with care and treatment, staff performance and wellbeing, and carers/visitors' engagement with services. Little is known about which urban planning, architecture and interior design characteristics can make environments therapeutic or detrimental for users.

We hope that the audience attending this presentation will i) get a good understanding of the impact of the hospital-built environment on patients, staff and visitors/carers and ii) understand which design elements can improve patient satisfaction with care.

As hospitals are among the most expensive facilities to build, their design should be guided by research evidence. In this presentation, we will review existing research evidence in this field and present our study of 18 psychiatric hospitals in Italy and the United Kingdom. Our findings indicate that out of several hospital built environment characteristics, two have the power to increase patient satisfaction with care.

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