ments in schizophrenia, aerobic exercise has a profound impact on the plasticity of the brain of both rodents and humans such as inducing the proliferation and differentiation of neural progenitor cells of the hippocampus in mice and rats. Aerobic exercise enhances LTP and leads to a better performance in hippocampus related memory tasks, eventually by increasing metabolic and synaptic plasticity related proteins in the hippocampus. In healthy humans, regular aerobic exercise increases hippocampal volume and seems to diminish processes of ageing like brain atrophy and cognitive decline.Several meta-analyses demonstrate the beneficial effect of exercise on function, positive as well as negative symptoms and brain structure in multi-episode schizophrenia.

Building Optimal Treatment Outcome through Enhanced Collaboration between Patients and Clinicians: Unlocking the Potential of Patient-Reported Measures

S0015

How to Integrate Patient-Centered Measures in Routine Care: Lessons from Belgian Experiences

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BACKGROUND Against the treatment gap and the long delays in seeking treatment for mental health problems, primary care psychology (PCP) was added to reimbursed outpatient mental health services in the Belgian healthcare system. PURPOSE Within the Evaluation of Primary Care Psychology study (EPCAP), which provides evaluation of the measure of reimbursement of PCP, the objectives were: (1) To describe the patient-reported outcome measures (PROMs) and patient-reported experience measures (PREMs) of patients treated with PCP and (2) formulate guidelines to integrate patient-related findings and experiences within community mental health services. METHOD 428 patients participated in an online survey at the start of their PCP treatment in Belgium and after 3 and 6 months. Besides sociodemographic characteristics, DSM-5 mental disorders, suicidality, and service use, they were questioned about their findings (PROMs) and experiences (PREMs). RESULTS Almost 90% met the criteria of a lifetime as a 12-month DSM-5 mental disorder or STB at the start of PCP treatment. Both subjective well-being and the proportion of patients who had positive experiences regarding their PCP treatment increased with 46% resp. 23.2% after 3 months and remained stable after 6 months. CONCLUSION Although PCP in Belgium serves a clinical patient population with high proportions of life-time and 12-month mental disorders and suicidality, their subjective well-being increased after 3 months and remained stable after 6 months. Despite differences between groups of patients, PCP seems to have a positive effect on subjective well-being of these patient in short term. Integration of PROMs and PREMs into PCP were recommended.

S0016

The Value and Challenges of Implementing Patient Centered Measures in a Psychiatric Hospital Setting.

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Background: Measuring and interpreting outcome is challenging in mental health services than in some other areas of health care. Objectives: The aims of this study were to (1) explore results of Patient-Reported Outcome Measures (PROMs) and Patient-Reported Experience Measures (PREMs) in psychiatric hospital settings, (2) describe the relation between generic PROMs (measure of well-being) and specific PROMs (disorder-specific symptom assessments), (3) describe the congruence between patients and clinicians evaluation of the care experience (based on Patients reported experience measures and Clinician reported experience measures). Methods: A total of 269 consecutive patients participated in this study. Results: (1) Subjective experience of well-being (outcome) improved after hospitalisation (+15%, avg). High satisfaction with subjective experience of care (85%, avg). (2) Significant correlation between patients' assessment of subjective well-being (generic PROMs) and clinical improvement (specific PROMs) (p <0.007). (3) Significant correlation between patient and clinician experience of care (p= 0.002). Conclusions: One of the first French studies on the use of standardised PROMs and PREMs in psychiatric hospital settings. Results suggest that subjective well-being measures complement the assessment of the patient's clinical symptoms and social functioning. The effectiveness of care depends on the consideration of these three dimensions. The use of core patient-reported measures, as part of systematic measurement and performance monitoring in mental health care, provides valuable input to the clinicians' practice.

S0017

How to Optimise the Collection of Patient-Reported Outcomes in the Context of a Specific Disease such as Eating Disorders.

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Background: Eating disorders (EDs) are severe psychiatric disorders which, when left untreated, can lead to psychosocial impairment, physical disability and death. In the United Kingdom, many

specialist ED services collect routine outcome measures (ROMs) which serve to assess illness severity, patients' quality of life and function. The repeated collection of ROMs over the course of treatment allows for the objective evaluation of patient progress towards recovery. Recent National Health Service (NHS) guidance on adult ED care in England suggests that all services should use ROMs, not just to track progress, but also to support the achievement of collaboratively identified, person-specific recovery goals, to empower patients and inform individualised treatment. To achieve this objective, clinicians need access to psychometrically sound ROMs which can be utilised in a collaborative and person-centred manner. Traditionally, ROMs have been collected using standardised patient-reported outcome measures (PROMs), but increasingly individualised PROMs (i-PROMs) are also being developed. Methods & Findings: In this talk I will review the 'why, what and how' of ROMs, PROMs, I-PROMS and of associated normative and ipsative feedback on these measures in the eating disorders context. Conclusions: Use of PROMs has much to be commended both in regard to treating individual patients, at service level and also the wider health care system.

Preclinical and Clinical Factors and Outcome in Bipolar Disorders

S0018

Predictors of Functional Outcome in Patients with Bipolar Disorder

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Introduction Bipolar disorder is a severe disorder that is often accompanied by deficits in both neurocognitive (1) and psychosocial function (2). At the Department of Psychiatry and Psychotherapy of the Medical University of Vienna we performed a study to further identify potential cognitive, clinical and treatment-dependent predictors for functional impairment, symptom severity and early recurrence in bipolar patients (3). Methods Forty-three remitted bipolar patients and 40 healthy probands were assessed with a cognitive battery. In a randomized controlled trial, remitted patients were assigned to two treatment conditions as add-on to state-of-the-art pharmacotherapy: cognitive psychoeducational group therapy (CPEGT) over 14 weeks or treatment-as-usual. At 1 year after therapy, functional impairment and severity of symptoms were assessed. Results As compared to healthy probands, bipolar patients showed lower performance in executive function, sustained attention, verbal learning and verbal fluency. Both attention and CPEGT predicted occupational functioning. In our study verbal memory recall was a predictor for symptom severity. Discussion Our data suggest that bipolar patients benefit from CPEGT in the domain of occupational life. Implications for treatment strategies are discussed. Solé B, Jiménez E, Torrent C,

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Disentangling Bipolar Disorders: Clinical and Neurobiological Markers of Disease Expression

S0019

The Genetic Underpinnings of Affective Temperaments: Identifying Novel Risk Variants with a Whole Genome Analytical Approach

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One reason behind the failure to understand the neurobiological background of affective disorders and develop more effective treatments is their heterogeneity warranting identification of clinically meaningful endophenotypes. Affective temperaments, considered subclinical manifestations and pathoplastic contributors of affective illnesses may constitute such endophenotypes. 775 general population subjects were phenotyped for affective temperaments using TEMPS-A, and genotyped using Illumina's CoreExom PsychChip yielding 573141 variants. Primary SNP-based association tests were calculated using linear regression models assuming an additive genetic effect with the first 10 calculated principal components, gender, age, and other affective temperaments as covariates; a Bonferroni-corrected genome-wide significance threshold set at $p \leq 5.0 \times 10^{-8}$, and suggestive significance threshold set at $p \leq 1.0 \times 10^{-5}$. SNP-level relevances were aggregated to gene-level with the PEGASUS method, with a Bonferroni-corrected significance level set at 2.0×10^{-6}, and suggestive significance thrshold set at $p \leq 4.0 \times 10^{-4}$. Functional effects of most significant SNPs as reported in public open databases based on expression quantitative trait loci (eQTL) and 3D-chromatin interactions were explored using FUMA v1.3.5. In SNP-based tests a novel genome-wide significant variant, rs3798978 ($p=4.44 \times 10^{-8}$) and several other suggestively significant SNPs in ADGRB3 were found for anxious temperament along with suggestively significant SNPs for the other four affective temperaments. In gene-based tests suggestively significant findings emerged for all five temperaments. Functional analysis suggested