

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.

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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 comb-like 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.

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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.