

people with MDD and their reintegration into daily life. Therefore, restoring functional abilities is no less important than reducing symptoms.

Objectives: Recent changes in mental health policy have led to an expansion of client-oriented community-based services, focusing on preventing health problems and promoting QoL and well-being. A significant change can also be seen in depression evaluation and treatment, moving from traditional face-to-face therapy to hybrid care settings that incorporate remote or home-based treatments and assessments of everyday life.

While traditional assessments of symptoms and behavior often rely on questionnaires and interviews, they frequently miss the dynamic changes in daily functioning experienced by people with MDD. Clinicians primarily rely on patients' retrospective reports regarding mood, affective state, thoughts, and behavior. However, understanding and gaining insight into day-to-day experiences requires addressing dynamic processes and changes that occur over time, rather than in a single time point. Hence, **ecological momentary assessment** (EMA) is a powerful and effective technique for assessing moment-to-moment function patterns in daily life.

Methods: Advancements in technology have enabled the use of computer-assisted methodology and real-time monitoring EMAs. The methodological advantages, including the circumvention of retrospective bias and increased longitudinal and ecological validity, have facilitated the widespread use of EMA in mood disorder clinical practice. Nevertheless, addressing everyday functioning using EMA remains limited in clinical research and practice.

Results: Utilizing EMA can enhance our understanding of human experience, leading to human-centered research, design practice, and mental health care. It has the potential to reveal real everyday functioning and reflect the activities and contexts chosen and experienced by people with MDD. Addressing each patient's unique functional profile can facilitate personalized interventions, supporting the recovery process and improving QoL.

Conclusions: This presentation will review the benefits of EMA in the field of mood traits, and especially EMA monitoring for daily function. Additionally, it will present recent studies using EMA and discuss advancements and clinical applications.

Disclosure of Interest: None Declared

EPV0771

Digital Health in Psychiatric Aftercare – Evaluation of the App Flowzone for Bridging Waiting Times in Treatment of Depression

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Introduction: Since the risk of relapse is particularly high after completion of acute treatment of depression until remission, the guidelines recommend maintenance therapy or continuation over several months and subsequent relapse prevention. In contrast, average waiting time for further outpatient treatment after a part-time inpatient stay is 19.9 weeks in Germany. Digital health technologies can help to support patients at the vulnerable interface when changing health care sectors from part-time inpatient

treatment to further outpatient treatment and contribute to a successful change of health care sectors.

Objectives: Flowzone is a digital communication platform in which therapists and patients can stay in contact after completion of part-time inpatient treatment. Individualized therapy content can be shared with patients in weekly plans and communication can be maintained via the chat function. The aim of the current study is to investigate whether Flowzone enables continuity despite long waiting times when health care sectors changes from part-time inpatient to outpatient care.

Methods: In a longitudinal intervention study depressive symptoms (BDI-II) and quality of life (WHOQoL-Bref) will be assessed at the end of part-time inpatient treatment (t1) and 8 weeks after end of treatment (t2). Participants diagnosed with depression will be recruited in a day clinic with treatment focus of men of a psychiatric psychotherapeutic specialist hospital in Lower Saxony (Germany). Participants of control group (CG, $n = 11$) will take part in the local 8 week aftercare groups of the psychiatric hospital. Participants of intervention group (IG, $n = 21$) will take part in the digital aftercare with Flowzone. Furthermore subjective benefit, of IG will be measured. In addition, the subjective benefit and user experiences of IG will be measured.

Results: Mean BDI scores of IG are $t1 = 14$ vs. $t2 = 15$ and of CG $t1 = 9$. Mean values of IG for WHOQoL-Bref domains are general quality of life $t1 = 77/ t2 = 73$; physical health $t1 = 71/ t2 = 68$; psychological health $t1 = 59/ t2 = 55$; social relationships $t1 = 65/ t2 = 57$; environment $t1 = 77/ t2 = 71$. Further inferential statistical analysis and group comparisons will be reported when data are available.

Conclusions: Results might suggest that depressive symptoms and quality of life could be stabilized with the use of Flowzone 8 weeks after part-time inpatient treatment. Further data collection will allow statistical comparisons to CG. Inclusion of the CG with standard follow-up in an outpatient setting is needed. Flowzone could help to bridge the gap in treatment when patients switch health care sectors and experience a gap between part-time inpatient care and further outpatient care.

Disclosure of Interest: None Declared

Emergency Psychiatry

EPV0773

Do patients with Autism Spectrum Disorder receive more sedatives in the Emergency Department? A case matched cohort study

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Introduction: Adult patients with Autism Spectrum Disorder (ASD) exhibit a range of behaviours that can be disruptive to the medical care of themselves and other patients and as a result, are at higher risk of being sedated. Symptom severity is heterogeneous. Some patients are completely non-verbal, some require assistance with basic activities of daily living, and others function independently with only mild difficulties. Roughly two thirds of patients with ASD have a comorbid psychiatric diagnosis, with the most frequent comorbidities