Results: After 12 months follow-up, 11 patients of CRM group and 31 patients of non-CRM group were analyzed according to the analysis inclusion criteria based on compliance with activity tracker and eMoodChart. The numbers and duration of mood episodes were significantly decreased in CRM group compared to non-CRM group ($P = 0.001$ and $P = 0.003$, respectively). Mood episode recurrence rates significantly lower in CRM group (0.64 for 1 year/patient) compared to non-CRM group (2.00 for 1 year/patient).

Conclusions: CRM app with activity tracker giving circadian rhythm H score feedback was effective in preventing mood episode in major mood disorder patients.

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P-110 | Focus on monitoring in bipolar disorder and adding positive psychology; can consumers and professionals reach consensus?

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Introduction: In bipolar disorder the Life Chart method is advised to monitor symptoms to prevent relapse[1]. There are many applications for monitoring, although almost none of them is be proven to be reliable[2]. Additionally patients with bipolar disorder have, despite the broad consensus on the treatment, unmet needs which are closely linked to the elements of positive psychology.

Aim: The aim of the study is to achieve consensus about conditions of online monitoring for bipolar disorder and about the application of online positive psychology interventions for bipolar disorder. Based on this, a technological solution can be developed.

Method: The study is conducted conform the CeHRes roadmap principals, incorporating e.g. co-creation and designing for implementation[3]. Data were collected by literature search, focus groups, questionnaires and online feedback from the participants.

Results: Three focus groups were held with consumers and professionals. Consensus was achieved on both monitoring and positive psychology interventions. The life-chart method was preferred by all participants. Customization and clear frameworks dominated in both monitoring and PPI. The participants prefer a direct link between monitoring, relapse prevention plan and the PPI's as part of the relapse prevention, especially during subsyndrome and mild depressive episodes.

Conclusions: The consensus on the topics monitoring and positive psychology intervention shows that both consumers and professionals underline the importance of the life-chart as a useful method that can be broadened by connecting monitoring, relapse prevention and PPI's. Together with the possibility for customization, this can lead to an increase of monitoring compliance and improving well-being.

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P-111 | "MyDay" – App monitoring of illness fluctuation and complex interplays in bipolar disorder

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Introduction: Even with adequate treatment, there are large variations in course and symptomatology of bipolar disorder (BD) I and II, also within the same individual. To capture this variation and predict new illness episodes is challenging with traditional assessment tools. Furthermore, symptom changes are likely to be triggered by behavioural and psychological factors. Disentangling complex relationships between such factors and symptoms requires fine-grained longitudinal data. To meet these challenges, we developed a smartphone application (app) in which individuals with psychotic disorders including BD can track symptoms and relevant behavioural and psychological dimensions over time.

Methods: An inter-disciplinary team of clinical researchers, service-users, technicians, and designers collaborated to develop an app ("MyDay") for illness monitoring. A pilot study on nine service-users included focus groups and surveys. "MyDay" was revised according to pilot feedback, addressing technical issues, design, content and motivational features.

Results: The app includes the following modules: Daily registration of *Sleep* (timing and quality), *Mood*, *Functioning* (work/school, physical- and social activities), and weekly registration of *Substance use and craving*, *Psychotic experiences*, and *Emotional reactivity*. Most