SP0024

Electroconvulsive therapy improves somatic symptoms before mood in patients with depression: a directed network approach

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Abstract: The recent network perspective of depression conceptualizes depression as a dynamic network of causally related symptoms, this in contrast with the traditional view of depression as a discrete latent entity that causes all symptoms. Electroconvulsive therapy (ECT) is an effective treatment for severe depression, but little is known about the temporal trajectories of symptom improvement during a course of ECT. We will present the results of a study that investigates the temporal trajectories of individual symptoms during treatment with ECT.

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SP0025

Anti-amyloid therapies: are they effective and safe?

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Abstract: After numerous unsuccessful attempts to create a therapy that could alter the course of Alzheimer's disease, first monoclonal antibodies targeting amyloid-β in the brain have finally shown consistent evidence of clinical effectiveness. These therapies not only slow the progression of the disease, but also show positive results in secondary clinical outcomes and reduced amyloid-β levels on PET scans. This presentation will examine the main features of the previous failed trials and explore possible reasons for their lack of success in developing a treatment for early-stage Alzheimer's disease. It will also compare the safety profiles of various antibodies and point out precautions that should be taken when using them in regular clinical practice. Furthermore, it will be discussed how blood-based biomarkers can revolutionize the clinical care pathway, making it easier to adopt antibody treatments. A comprehensive model that integrates case-finding and treatment across various healthcare sectors will be proposed. In conclusion, we may have made a significant breakthrough by demonstrating that reducing amyloid-β levels leads to clinical benefits, not just changes in biomarkers. As the new generation of drugs becomes more commonly used, we will see whether their statistical effectiveness translates into meaningful clinical changes. This could mark the start of a new phase in the development of drugs for Alzheimer's disease.

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SP0026

New treatment perspectives for negative symptoms

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Abstract

Introduction: Persistent negative symptoms of schizophrenia are generally considered difficult to treat or treatment resistant. A large number of investigational drugs developed and or tested for the treatment of persistent negative symptoms failed to show efficacy leading to pessimism in treatment and disinvestment in treatment research of negative symptoms.
Objectives: 1. To demonstrate, that available treatment methods – both pharmacological and non-pharmacological - are in fact effective for the treatment of negative symptoms of schizophrenia 2. To shortly summarize new drug research in this field.
Method: Review of research data.
Results: The overall estimate for the placebo effect had a medium effect size, with a Cohen's d value of 0.6444 (SE = 0.091).[1] The estimates for the placebo effect were similar in the add-on and monotherapy studies. Amisulprid was superior to placebo, cariprazine was superior to risperidone, and "direct comparisons of antipsychotics in patients with predominant negative symptoms indicated no significant difference between amisulpride and olanzapine and between asenapine and olanzapine…"[2] . Various non-pharmacological interventions improved negative symptoms in randomized controlled trials relative to treatment as usual (e.g. social skills training, music therapy, non-invasive brain stimulation, mindfulness, and exercise-based interventions) [3] There is a progress in research with non-dopaminergic agents for the treatment of negative symptoms (e.g. pimavanserin, roluperidon, ulotaront).
Conclusions: For medication classes other than antipsychotics and antidepressants, we found no reliable support for evidence-based recommendations for using these agents in the treatment of negative symptoms in clinical practice. Effect sizes for psychosocial interventions range from small to moderate. The use of placebo has shown a clinically significant positive effect on negative symptoms, a finding that warrants further research and provides a sense of optimism regarding potential therapeutic benefits.

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