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Symposium: Modifying outcomes of ADHD across the lifespan

S082

Continuity of ADHD across the lifespan

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Introduction For many years ADHD was thought to be a childhood onset disorder that has limited impact on adult psychopathology. However, the symptoms and impairments that define ADHD often affect the adult population, with similar responses to drugs such as methylphenidate, dexamphetamine and atomoxetine to those seen in children and adolescents. As a result, there has been a rapidly increasing awareness of ADHD in adults and an emergence of new clinical practice across the world. Despite this, treatment of adult ADHD in Europe and many other regions of the world is not yet common practice and diagnostic services are often unavailable or restricted to a few specialist centres.

Objective Here we address some of the key conceptual issues surrounding the continuity of ADHD across the lifespan, with a focus relevant to practicing health care professionals working with adult populations.

Conclusions We conclude that ADHD should be recognised within adult mental health in the same way as other common adult mental health disorders. Failure to recognise and treat ADHD will be detrimental to the well being of many patients seeking help for common mental health problems.

Disclosure of interest The author declares that he has no competing interest.

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S083

Non-Pharmacological treatment of ADHD across the lifespan

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Attention Deficit Hyperactivity Disorder (ADHD) is a serious risk factor for co-occurring psychiatric disorders and negative psychosocial consequences over the lifespan. Given this background, there is a need for an effective treatment of ADHD patients.

In the lecture, evidence-based psychosocial interventions for ADHD will be presented.

Disclosure of interest Books and articles on ADHD.

Ad Boards, Phase-III Studies on ADHD in the last five years.

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Symposium: Non-Invasive brain stimulation: From mechanisms to applications

S084

Does transcranial electrical stimulation induce changes in peripheral physiology?

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Transcranial electrical stimulation (tES) is a non-invasive brain stimulation method that has evoked increasing interest during the past years. The most common form of tES, transcranial direct current stimulation (tDCS), is considered to modulate neuronal resting potentials. For example, anodal stimulation over motor cortex appears to lead to increased neuronal excitability under the stimulation electrodes. However, some recent findings suggest that the effects of tDCS extend beyond the cortical areas under the electrodes, to deeper brain structures such as the midbrain. The brain also actively regulates peripheral physiology. Thus, changes in brain activity following tES may lead to modulation of peripheral physiology. For example, tDCS targeting primary motor cortex has been observed to induce changes in peripheral glucose metabolism. Furthermore, stimulation of dorsolateral prefrontal cortex has been shown to lead to alterations in cortisol secretion and the activity of the autonomic nervous system. Unpublished findings from our group corroborate with the above observations. Nevertheless, the evidence regarding peripheral effects of tES remains limited. Investigating such possible effects may be relevant especially from the point of view of tES safety and potential therapeutic discoveries.

Disclosure of interest The author has not supplied his declaration of competing interest.

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S085

The effect of prefrontal transcranial direct current stimulation on resting state functional connectivity

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Transcranial direct current stimulation (tDCS) of the prefrontal cortex (PFC) is currently investigated as therapeutic non-invasive brain stimulation (NIBS) approach in major depressive (MDD) and other neuropsychiatric disorders. In both conditions, different sub regions of the PFC (e.g. the dorsolateral prefrontal cortex, the dorsomedial prefrontal cortex and others) are critically involved in their respective pathophysiology. Although the neurophysiological properties of tDCS have been extensively investigated at the motor cortex level, the action of PFC tDCS on resting state and functional MRI connectivity of neural networks is largely unexplored. Beyond motor cortex paradigms, we aim to establish a model for PFC tDCS modulating functional connectivity in different conditions to provide tailored tDCS protocols for clinical efficacy studies in major psychiatric disorders such as MDD and schizophrenia. One major obstacle in brain research is that patients represent themselves as individuals not as groups. Recent research has shown that the individual human brain functional MRI connectivity shows different within-variability than the variability found between subjects. Several neuroimaging methods may be useful to find a classifier that can be reliably used to predict NIBS effects. These neuroimaging methods include individual brain properties as well as the evaluation of state-dependency. Anatomical targeted analyses of rTMS