European Psychiatry 48S (2018) S37–S65

Contents lists available at ScienceDirect

European Psychiatry

journal homepage: http://www.europsy-journal.com

26th European Congress of Psychiatry

Symposium

Symposium: Resilience and Recovery in People with Chronic Psychiatric Disorders

S0001

Are we neglecting the most needy patients again? An European perspective on care for patients with chronic disorders

S. Priebe
Queen Mary University of London, Unit for Social and Community Psychiatry, London, United Kingdom

Introduction.– Throughout the history of psychiatry, there has been a constant focus on people with chronic and severe mental disorders. A major driver for the reforms of mental health care in Europe in the 20th century was the concern for these chronic patients, who lived within the walls of asylum and were seen as neglected by society and medicine.
Objective.– This presentation will discuss whether recent societal and professional changes might have caused a shift of mental health care away from the most severe and chronic patients.
Methods.– An historical overview of mental health care for people with severe mental disorders will be provided.
Results.– Over the last 40 years, more money has been spent on mental health care across Europe, so that more staff treat more patients, with an increasing provision of care for patients with less severe disorders. Increasing social inequality and changes in social welfare systems – partly linked to austerity policies – are likely to have affected patients with severe and chronic mental disorders. The focus and some findings of scientific research seem to put less emphasis on chronic patients. Changes in the widely used terminology in psychiatry (e.g. mental health, well-being, users) may jeopardise the traditional role of psychiatry in caring for the most severe patients.
Conclusions.– There are worrying signs that societal changes and recent development in psychiatry might determine a reduced focus on severe and chronic patients. Implications and possible reasons for this will be discussed.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0002

Chances and challenges of working in partnership with users and family carers

M. Amering
Medical University of Vienna, Department of Psychiatry and Psychotherapy, Vienna, Austria

Introduction.– The active involvement of service users and their relatives and friends is essential for the development of recovery-oriented and rights-based mental health practice and research.
Objective.– Present and discuss the chances and challenges of a participatory approach.
Methods.– Non-systematic review of experience and evidence on working in partnership with users and family carers.
Results.– The Trialogue experience – an exercise in communication between service users, families and friends and mental health workers on equal footing – is indicative of our capacity for surviving and gaining from serious discussions of adverse issues, such as coercive intervention, as well as the great possibilities of cooperative efforts and coordinated action, such as fighting stigma and discrimination. The first trialogic WPA Task Force on Best Practice in Working with Service Users and Carers under the leadership of Helen Herrman published ten recommendations to the international mental health community with an urgent call for a partnership approach on all levels of mental health policy and care. Currently, special attention needs to be given to new roles and responsibilities arising from the historical challenge of the UN-Convention on the Rights of Persons with Disabilities for mental health professionals, users of services as well as relatives and friends.
Conclusions.– Actual developments regarding new rights to patient autonomy as well as new entitlements for support for living in the community including the right to family life, reasonable accommodation and supported decision-making warrant a partnership approach in order to have a positive real life impact.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0003

https://doi.org/10.1016/j.eurpsy.2017.12.013
0924-9338/

Providing care for people with severe mental illness: What should the research focus be?

R. Borbé
ZfP Suedwuerttemberg, General Psychiatry, Ravensburg, Germany

Objective.– Despite encouraging approaches, strengthening the rights of people with severe mental illness, we face a widening mental health treatment gap. Research in this field is crucial to identify needs, study interventions and renew the care system.
The following topics should be addressed:

- Poverty affects people with severe mental illness. Research should address victimization, violence, homelessness and somatic comorbidities.
- Historical research is needed to understand mental health reform processes. This research can help us in striving for improvements in mental health care.
- Research on the role of peer support in care systems in diverse countries (including low- and middle-income countries) and service settings may help sharpen our understanding of the field.
- The patients' perspective, the key to an individualized treatment plan, is often ignored yet. Planning patient-centred community mental health care is based on valuable data.

Methods.– Review of literature, guidelines and mental health politics with respect to research for people with severe mental illness.
Results/discussion.– Well-founded research is a prerequisite for improving the provision of care for people with severe mental illness. Society and politics play a crucial role in defining the importance of this research.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0004

Positive courses of severe chronic psychiatric disorders. First results of a longitudinal mixed-methods matched pairs design

J. Krieger
Klinikum Wahrendorff GmbH, Forschung und Entwicklung, Sehnde/OT Ilten, Germany

Objective.– The position that individuals with severe chronic psychiatric disorders can recover and establish a certain degree of mental stability that can enable an independent and fulfilling life is main component of the concept "recovery". To sustain recovery, different variables and interdependent factors are needed, e.g. psychological resilience and empowerment. Actually, there is a lack of longitudinal studies focusing on the interdependency of recovery and resilience in patients with severe chronic psychiatric disorders, especially with an emphasis on overall psychiatric diagnosis.
The study examines residential patients with severe chronic psychiatric disorders who lived in a long-term care institution for psychiatric rehabilitation (SGB XII) in Lower Saxony and who were able to move out and live by themselves in 2016 and 2017.
Methods.– Qualitative preliminary-study with focus groups, containing different perspectives. The main study follows a naturalistic mixed-methods-design and a longitudinal course. There will be five follow-ups within 24 months after first measuring time.
Results.– The results of the preliminary study will be presented and discussed. Furthermore, there will be given an overview of the current status of the main study, the next steps and possible consequences. The results of the main study should be used in different subject areas, e.g. identification of factors enabling independent living and creation of effective therapy interventions for patients with severe chronic psychiatric disorders who have lived in a long-term care institution.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Symposium: The Use and Abuse of Neuroimaging in Forensic Psychiatry: What Can We Learn From Neuroimaging Colleagues?

S0005

The role of neuroimaging studies in our understanding of suicidal behaviour

G. Serafini
University of Genoa, Neuroscience DINOGMI, Genoa, Italy

Suicidal behavior is a relevant and multifaceted public health issue and is commonly associated with a significant disability and psychosocial impairment. The World Health Organization (WHO) reports that every year, approximately 800,000 people die from suicide, with a global mortality rate of 16 per 100,000. To date, no reliable biomarkers are available to predict exactly which subjects will develop suicide over time, but neuroimaging techniques are now providing novel insights into the complexity of this phenomenon offering promising data for understanding the neurobiology of suicidal behavior. Elucidating brain structural/functional deficits may help to clarify the pathophysiological mechanisms underlying suicidal behavior and assist in identifying high-risk individuals in the clinical practice. Structural brain imaging techniques in patients with psychiatric disorders have been used since the 1970s. According to magnetic resonance imaging (MRI) studies, a higher prevalence of white (e.g. periventricular and deep) matter and grey matter abnormalities in the frontal, temporal and/or parietal lobe as well as reduced volumes in the frontal and temporal lobes have been reported in subjects with a history of suicide attempts. Interestingly, all these brain areas have been shown to play a significant role in several psychopathological domains, such as emotional dysregulation and abnormal self-processing, which are supposed to play a role in the emergence of suicide behavior. Furthermore, studies using task-based BOLD fMRI showed aberrant neural activity patterns in suicide attempters. Task-based fMRI has been used to test the neural substrates of specific cognitive and emotional intermediate phenotype of suicide such as error monitoring and decision-making as well. There are also studies that indirectly investigated suicidal behavior using rsfMRI techniques (e.g. they mainly explored key psychopathological predictors of suicidal behavior such as hopelessness, which may be provide useful information about suicidality). However, the possible contribution of neuroimaging techniques in our understanding of the complexity of suicide needs to be examined in the light of some shortcomings. First, it is unclear whether the reported abnormalities represent risk markers for suicide or are directly related to the course of illness as a result of disease processes. Moreover, existing neuroimaging studies usually include relatively small and clinically heterogeneous samples that may have seriously limited their statistical power. The potential effect of psychoactive medications on neuroimaging studies cannot be ruled out as well. Studies may also lack detailed information regarding medication doses or duration of treatment.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0006

https://doi.org/10.1016/j.eurpsy.2017.12.013 Published online by Cambridge University Press

The use of neuroimaging in court: Science, ethics and practice

M. Kyriakopoulos[1,2,3,4]
[1] National & Specialist Acorn Lodge Inpatient Children's Unit, London, UK; [2] South London and Maudsley NHS Foundation Trust, London, UK; [3] Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, UK; [4] Icahn School of Medicine at Mount Sinai, New York, USA

Although medical imaging is commonly used as evidence in the courtroom, neuroimaging presents with special complexity. Structural and functional neuroimaging has been used not only in the identification of the mechanism of injury but also to make inferences about human behaviour or motivation as a result of brain structure and function. The validity, reliability and translational value of neuroimaging findings, objective limitations of their use including the identification of other explanatory possibilities, expertise in the interpretation and recognition of uncertainty where relevant, and use alongside other clinical evidence in a balanced fashion, are paramount in its effective and prudent use in court. Given that legal arguments have been shown to be more convincing when backed up by brain-based data and especially brain images even in the absence of any scientific rationale, such evidence need to be subjected to a high degree of scrutiny before its use in legal proceedings is considered to be acceptable. Standardised guidelines for expert testimony, taking into account scientific progress and ethical/societal considerations in this evolving field, are needed. Neuroimaging is a promising powerful technology which can increase objectivity and assist in the administration of justice.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Symposium: Recent Developments in Perinatal Mood Disorders

S0007

New findings in perinatal bipolar disorder

A. Wieck
Greater Manchester Mental Health NHS Foundation Trust, Psychiatry, Manchester, United Kingdom

There are few events that have a greater impact on severe mental illness than childbirth. Studies using population databases from Britain, Denmark and Sweden, have found a large increase in the rate of psychiatric admissions in the postnatal period with a peak in the first postpartum month and an overall incidence in the first three months of 1–2 per thousand deliveries. The majority of presenting conditions are postpartum affective psychoses and have a close relationship with bipolar disorder although atypical features can sometimes obscure the overall diagnosis. A small subgroup of women develop episodes exclusively in the postpartum period and some evidence suggests that this may present a disease entity that is distinct from bipolar disorder.

Clinical samples have demonstrated that the onsets of these severe states cluster in the first week postpartum. The illnesses tend to start abruptly within a few days of childbirth, escalate rapidly, fluctuate markedly, and are amongst the most severe seen in psychiatry. Because of the high risk to the safety of the mother and her infant, a high level of awareness of the condition and assertive management is essential.

Irrespective of treatment, about one in three women with a predelivery diagnosis of bipolar disorder suffer a relapse after a subsequent delivery and 1 in 5 women experience a severe episode. Women with schizo-affective bipolar and bipolar 1 disorder are at a higher risk than women with bipolar 2 disorder. Because randomized controlled trials are not possible in this patient population, high quality data of the effect of pharmacological prophylaxis is lacking. Nevertheless, a recent meta-analysis of existing treatment studies suggests that medication prescribed up to delivery and in the early postpartum period reduces the recurrence rate significantly.

Current evidence suggest that pregnancy does not increase the risk of bipolar recurrences and there is conflicting data from population studies and clinical samples whether relapses are in fact less common during this time. However, most pregnant women will require pharmacological prophylaxis or treatment. Recent evidence of the reproductive safety of psychotropic medication in pregnancy will be briefly summarized.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0008

The impact of postpartum PTSD on child development

M. Eberhard-Gran[1,*], S. Garthus-Niegel[2], S. Ayers[3], J. Martini[4], T. von Soest[5]
[1] University of Oslo, Institute of Clinical Medicine, Lorenskog, Norway; [2] University Hospital Carl Gustav Carus, Technical University Dresden, Institute and Outpatient Clinics of Psychotherapy and Psychosomatics, Dresden, Germany; [3] City University London, Centre for maternal and Child Health, School of Health Science, London, United Kingdom; [4] TU Dresden, Faculty of Medicine, Department of Child and Adolescent Psychiatry, Dresden, Germany; [5] University of Oslo, Department of Psychology, Oslo, Norway
[*] Corresponding author.

Background.– Against the background of very limited evidence, the present study aimed to prospectively examine the impact of maternal postpartum post-traumatic stress disorder (PTSD) symptoms on four important areas of child development, i.e. gross motor, fine motor, communication and social–emotional development.

Method.– This study is part of the large, population-based Akershus Birth Cohort. Data from the hospital's birth record as well as questionnaire data from 8 weeks and 2 years postpartum were used ($n = 1472$). The domains of child development that were significantly correlated with PTSD symptoms were entered into regression analyses. Interaction analyses were run to test whether the influence of postpartum PTSD symptoms on child development was moderated by child sex or infant temperament.

Results.– Postpartum PTSD symptoms had a prospective relationship with poor child social–emotional development 2 years later. This relationship remained significant even when adjusting for confounders such as maternal depression and anxiety or infant temperament. Both child sex and infant temperament moderated the association between maternal PTSD symptoms and child social–emotional development, i.e. with increasing maternal PTSD symptom load, boys and children with a difficult temperament were shown to have comparatively higher levels of social–emotional problems.

Conclusions.– Examining four different domains of child development, we found a prospective impact of postpartum PTSD symptoms on children's social–emotional development at 2 years of age. Our findings suggest that both boys and children with an early difficult temperament may be particularly susceptible to the

https://doi.org/10.1016/j.eurpsy.2017.12.013 Published online by Cambridge University Press

adverse impact of postpartum PTSD symptoms. Additional studies are needed to further investigate the mechanisms at work.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0009

Preconception consultation – Challenges of translating evidence into clinical practice

E. McDonald
Royal College of Psychiatrists, Perinatal Faculty, London, United Kingdom

Pre-conception counselling needs to be offered to all women of childbearing potential who:
- Have a severe mental illness.
- Have had a previous post-natal psychiatric illness.
- Present with mental disorders with additional complexities such as co-morbidities, social disadvantage, etc.
- Are taking psychotropic medication.

Women with mental health problems should be offered support and advice about their physical and sexual health (including contraception) from the time of diagnosis. Enabling women to plan for pregnancy and parenthood needs to be part of good psychiatric care.
A risk-benefit analysis that focuses on the individual women using a biopsychosocial model is key to ensuring that up-to-date data is incorporated into discussions with women who wish to conceive.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0010

The neural correlates of perinatal anxiety and depression

J.L. Pawluski
Irset-Inserm U1085, Universitie de Renens 1, Rennes, France

Objective.– At least 1 in 7 women during the perinatal period will have perinatal depression or an anxiety disorder. These maternal mental illnesses can have significant effects on neural, physiological and behavioral plasticity in the mother. Yet our understanding of the neurobiologicial mechanisms mediating maternal mental illnesses is limited. In fact, much more research has focused on how maternal stress, maternal depression, and perinatal antidepressant medication use affects the developing child than the mother.
Methods.– To investigate effects of maternal anxiety and depression on neural circuitry in the maternal brain and understand how selective serotonin reuptake inhibitor (SSRI) medications, commonly used to treat maternal mental illness, may alter brain plasticity a translational approach will be discussed with studies carried out in humans and rodent models.
Results.– Main findings show that perinatal depression and anxiety alter plasticity in the maternal brain and maternal care-giving network. These effects are altered with SSRI medications in a brain region specific manner. For example, in rodent models, maternal stress, as a model of aspects of depression and anxiety, can increase synaptic plasticity in the prefrontal cortex, while SSRI treatment can normalize this stress effects. The same effects were not evident in the hippocampus.
Conclusions.– This work adds to a much needed area of research aimed at understanding neurobiological changes associated with perinatal anxiety and depression and the role of SSRI treatment in altering these changes in the maternal brain.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Symposium: Childhood Trauma and Eating Disorders: Neurobiological and Clinical Aspects

S0011

Childhood trauma and hypothalamus-pituitary-adrenal axis

V. Mondelli
Institute of Psychiatry, Psychology and Neuroscience, King's College London, Psychological Medicine, London, United Kingdom

Background.– Childhood trauma has been consistently reported as risk factor for development of major psychiatric disorders including psychosis and depression. The biological mechanisms through which childhood trauma contribute to development of psychotic and depressive symptoms remain still unclear. The hypothalamic-pituitary-adrenal (HPA) axis is the main biological system involved in the stress response and abnormalities in the HPA axis activity have been suggested to contribute to onset of psychiatric disorders. In this presentation, I am going to show findings from two main studies which investigated the effects of childhood trauma on HPA axis activity in patients with first episode psychosis (GAP study) and in patients with major depression (BIODEP study).
Methods.– We assessed HPA axis by measuring salivary cortisol at awakening (0, 15, 30 and 60 min after awakening) and at noon and 8 PM in a sample of $n = 82$ patients with first episode psychosis and $n = 53$ healthy controls as part of the GAP study. Similar measurements were collected in a sample of $n = 163$ patients with major depression and $n = 55$ healthy controls as part of the BIODEP study. Information on childhood trauma was collected using the Childhood Experience of Care and Abuse questionnaire in the GAP study and using the Childhood Trauma Questionnaire in the BIODEP study. In the GAP study, for further assessment of possible factors modulating the relationship between childhood trauma and HPA axis, DNA was extracted from blood or saliva samples and evaluated for a functional polymorphism at the rs1360780 locus in FKBP5. In the BIODEP study, for further assessment of possible factors modulating the relationship between childhood trauma and HPA axis, we investigated inflammatory markers and possible presence of glucocorticoid resistance.
Results.– We did not find a significant association between childhood trauma and cortisol levels during the day or cortisol awakening response (CAR) in patients with psychosis. However, we found a significant interaction between history of childhood abuse and FKBP5 genotype on the CAR in first episode psychosis ($F = 1.132$, $p = 0.01$) but not in controls ($p = 0.3$). Similarly in depression we did not find a significant association between childhood trauma and cortisol levels during the day or cortisol awakening response (CAR) in the whole sample of patients with depression. However, we found that severity of childhood trauma was positively associated with cortisol levels during the day in subjects who presented glucocorticoid resistance (Spearman's $r = 0.398$, $p = 0.03$) but not in those without glucocorticoid resistance ($p = 0.2$).
Conclusions.– Our findings suggest that only a specific subset of patients (either with a genetic vulnerability or presenting increased inflammation) may be more vulnerable to develop HPA axis abnormalities following experience of childhood trauma.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

https://doi.org/10.1016/j.eurpsy.2017.12.013 Published online by Cambridge University Press

S0012

Neurobiological effect of childhood trauma exposure in adults with eating disorders

A.M. Monteleone[1,*], F. Esposito[2], A. Prinster[3], V. Ruzzi[4], A. Canna[2], F. Di Salle[2], P. Monteleone[2]
[1] *Second University, Department of Psychiatry, Naples, Italy;* [2] *University of Salerno, Department of Medicine, Surgery and Dentistry "Scuola Medica Salernitana", Section of Neuroscience, Salerno, Italy;* [3] *National Research Council, Biostructure and Bioimaging Institute, Naples, Italy;* [4] *University of Campania "Luigi Vanvitelli", Department of Psychiatry, Naples, Italy*
[*] Corresponding author.

Introduction.– Although childhood maltreatment has been associated to brain alterations in several clinical populations, no study assessed so far its impact on brain structure of eating disorder (ED) patients. Therefore, we specifically assessed whether childhood trauma is associated to brain alterations in patients with Anorexia Nervosa (AN) or Bulimia Nervosa (BN).
Methods.– Thirty-six outpatients (20 with AN and 16 with BN) and 16 healthy controls were recruited. ED patients were classified as maltreated (Mal) or non-maltreated (NoMal) according to their childhood exposure to one or more traumatic events assessed by the Childhood Trauma Questionnaire. They underwent a MRI scanning including the acquisition of a diffusion tensor imaging (DTI) sequence and a high resolution T1-weighted scan.
Results.– Significantly reduced grey matter volume was detected in the right paracentral lobule and in the left inferior temporal gyrus of Mal patients. DTI analyses revealed reduced white matter integrity in corpus callosum, internal capsule, posterior thalamic radiation, longitudinal fasciculus and corona radiata of Mal patients. Negative correlations emerged between white/gray matter changes and CTQ scores assessing neglect.
Conclusions.– Our findings show, for the first time, that childhood trauma affect the integrity of brain structures implicated in the modulation of brain processes, such as reward, taste and body image perception, that play a fundamental role in the psychopathology of EDs.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0013

Childhood traumatic experiences and clinical characteristics of patients with eating disorders

S. Guillaume
CHRU Montpellier, Psychiatric Emergency and Acute Care, Montpellier, France

Patients with eating disorders (EDs) frequently report a history of childhood trauma (CT). CT appears to be frequent in patients with binge episodes or impulsive characteristics. The findings on the association between childhood abuse and symptoms closely related to body concern, such as body dissatisfaction or drive for thinness, have been more discrepant. We investigated whether certain subtypes of CT are associated with more severe features of EDs, independently of psychiatric comorbidity, and whether they act additively. One hundred and ninety-two patients with DSM-V-defined EDs were consecutively recruited. Five clinical characteristics were assessed: restraint, eating, shape and weight concerns on the EDE-Q, and daily functioning. CT was assessed by the childhood traumatism questionnaire. The clinical features were associated with at least one CT subtype (emotional, sexual or physical abuse, emotional neglect). Multivariate analyses adjusted for lifetime comorbid psychiatric disorders revealed that emotional abuse independently predicted higher eating, shape and weight concerns and lower daily functioning, whereas sexual and physical abuse independently predicted higher eating concern. A dose–effect relationship characterised the number of CT subtypes and the severity of the clinical features, suggesting a consistent and partly independent association between CT and more severe clinical and functional characteristics in EDs. Emotional abuse seems to have the most specific impact on ED symptoms. Last, not all CT subtypes have the same impact but they do act additively.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Symposium: Circadian Rhythms, Sleep and Activity in the Course, Early Detection and Treatment of Mood Disorders

S0014

Impact of circadian phenotypes and genes on the clinical expression of bipolar disorders

B. Etain
University Paris Diderot, Psychiatry and Addictology, Paris, France

Bipolar disorders (BD) are accompanied by circadian deregulations and sleep disruptions, both during acute mood episodes and euthymic periods. It is hypothesized a pathway from circadian genes variants, through chronotypes and sleep disturbances, to various clinical outcomes in BD such as mood relapses, emotional regulation, metabolic disturbances or response to mood stabilizers. We will present several studies supporting the relevance of this pathway and that used samples of remitted patients with BD to assess actigraphic and circadian parameters (phase preference, amplitude and stability of rhythms). We demonstrated associations between several circadian genes (*TIMELESS*, *RORA*, *ASMT*) and the susceptibility to BD. Using actigraphy, we demonstrated that patients with BD had longer sleep duration and latency but also higher variability in fragmentation index. We confirmed these results in a meta-analysis of nine published studies using actigraphy in patients in remission. Using questionnaires, we also demonstrated that patients with BD were more evening type, languid and less flexible in their rhythms. Interestingly, associated genes drove the circadian and sleep outputs in our sample, as shown by association between *ASMT* and sleep disruptions and associations between circadian genes and chronotypes. Finally, we will present new data that established links between sleep, emotional reactivity, metabolic syndrome parameters and risk of recurrences in BD. This presentation will highlight recent research on sleep and circadian rhythms in bipolar disorders and help in the comprehension of complex pathways going from circadian genetic susceptibility to clinical outcomes.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0015

When variability counts: Modeling the actigraphy signal for more comprehension of various mood states

K. Krane-Gartiser
Norwegian University of Science and Technology, Department of Mental Health, Trondheim, Norway

https://doi.org/10.1016/j.eurpsy.2017.12.013 Published online by Cambridge University Press

Introduction.– Actigraphy is a validated tool for recording motor activity, but analytic approaches have mainly focused on mean activity levels or sleep–wake cycle measures. Linear and non-linear mathematics applied to motor activity patterns recorded on a minute level may reveal objective differences between mood states, and thereby lead to improved diagnosis and monitoring of symptom changes.
Objectives.– To give an overview of studies that compare activity patterns in inpatients with bipolar disorder (BD), unipolar depression and psychotic disorders, as well as within individuals during separate admissions for an acute BD episode.
Methods.– Several actigraphy studies undertaken at a psychiatric emergency department in Trondheim, Norway, with inpatients who wore an actigraph for 24 h shortly after admission. Different variability and irregularity measures were applied to group comparisons, a case series of within-individual recordings and a classification analysis.
Results.– Unipolar depression with and without clinically assessed motor retardation was objectively separated. In mania, mixed states and schizophrenia, the complexity of time series was increased compared to depression categories. Unipolar depression was distinguished from bipolar depression in within-group analyses during the course of day. Similarly, mania cases demonstrated stable patterns during 24 h compared to depression and schizophrenia cases who showed intra-daily fluctuations. Individuals with separate admissions displayed different patterns according to phase of BD and higher irregularity with increasing psychotic symptoms.
Conclusions.– Mathematical modeling of activity patterns identifies similarities and differences between acute states of mood disorders. More complex patterns, and not increased activity, seems characteristic of mania, agitated depression and psychosis.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0016

Sleep disturbances as predictors of transition to mood disorders and as a target for early interventions in at-risk subject

J. Scott
Neuroscience, Academic Psychiatry, Newcastle upon Tyne, United Kingdom

There has been a significant increase in the understanding of the relationship between circadian sleep dysrhythmias, sleep–wake abnormalities and mood disorders, especially bipolar disorders (BD). It has been shown that sleep disturbances and circadian misalignment are core symptoms of both manic and depressive episodes and that they represent common symptoms of episode prodromes. This presentation now examines whether sleep patterns are associated with risk of developing BD or can distinguish recent onset BD from unipolar disorders of other mental health problems (ADHD, BLPD) in youth.
A systematic review of individuals with emerging BD was undertaken to examine rates and presentations of disruptions in sleep wake cycle, process S, process C and circadian sleep rhythms. In total, 32 studies were identified. Sample sizes ranged from <10 to >1000. Study quality was variable, with some using single questions and/or only interviewing parents, whilst others used objective measures such as PSG and actigraphy, with or without measures of melatonin; about 50% included a comparator group or prospective cohort design.
The heterogeneous nature of the studies means that it is currently unclear if a specific sleep profile represents a clinical marker of long-term risk for transition to BD. However, dimensions of the sleep-wake cycle may constitute a constellation of symptoms that can predict onset of mood episodes (e.g. prolonged sleep, delayed sleep phase, day-time activity disruptions) and some components differentiate BD from other disorders in youth.
The implications of the findings for research and for clinical interventions will be discussed.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Symposium: E-mental Health: New Opportunities to Innovate in Affective Disorders

S0017

Self-management in affective disorders: How to use both patient generated data and Internet and CBT-based programmes in routine care

U. Hegerl
Universitätsklinikum Leipzig, Department of Psychiatry and Psychotherapy, Leipzig, Germany

Via smartphones and wearables patients with affective disorders increasingly become producers and owners of a huge amount of data from (1) biosensors assessing, e.g. sleep, movement, voice, heart rate, or skin conductance, (2) geolocation and environmental data, (3) the pattern of smartphone use and (4) selfratings. Using time series analyses data patterns could be identified for an individual patients which are related to or predict mood changes and might be of value for selfmanagement as well as treatment. Results of a systematic review [1] of this dynamic field of research will be presented. Concerning another area of e-mental-health, the CBT-based online-programmes, the evidence for efficiency has become quite robust in the last years. In meta-analyses the efficacy was comparable to that of face-to face psychotherapy. The iFightDepression tool (iFightDepression.com) will be presented. It has been developed based on a European consensus process, is available in 10 different languages, and is offered for free by the European Alliance Against Depression (www.EAAD.net). A professional guidance is obligatory because this is crucial for efficacy and necessary considering the severity and life threatening aspects of affective disorders. The implementation of such e-mental-health tools in routine care is a complex process which is taking up speed in some countries.
Disclosure of interest.– Within the last three years, Prof. Hegerl was an advisory board member for Lundbeck, Janssen and Servier a consultant for Bayer Pharma and a speaker for Roche Pharma.
Reference
[1] Dogan E et al. Smartphone-based monitoring of objective and subjective data in affective disorders: where are we and where are we going? J Med Internet Res 2017;19:e262.

S0018

The effect of smartphone-based treatment interventions in bipolar disorder

M. Faurholt-Jepsen
Rigshospitalet – Copenhagen University Hospital, Psychiatric Center Copenhagen, Copenhagen, Denmark

Unipolar and bipolar disorder combined account for nearly half of all morbidity and mortality due to mental and substance use

https://doi.org/10.1016/j.eurpsy.2017.12.013 Published online by Cambridge University Press

disorders, and burden society with the highest health care costs of all psychiatric and neurological disorders. Among these, costs due to psychiatric hospitalization are a major burden. Smartphones comprise an innovative and unique platform for the monitoring and treatment of depression and mania.
The RADMIS trials is a randomized controlled, single-blind, parallel-group design aiming to investigate whether using a smartphone-based monitoring and treatment system, including an integrated clinical feedback loop, reduces the rate and duration of re-admissions more than standard treatment in unipolar disorder and bipolar disorder.
The design and rationale of the RADMIS trial will be presented and discussed at the congress.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0019

Developing a mHealth framework to improve bipolar disorder self-management: Lithium home monitoring

N. Cardoner
Institut de Recerca Parc Taulí, I3PT, Mental Health-OSAMCAT, Sabadell, Spain

Lithium is a first-line therapy for the acute and long-term treatment of patients suffering from bipolar disorder, due to its well-documented antimanic, antisuicidal and prophylactic properties. In addition, lithium is used as a effective augmentation strategy for drug resistant mayor depression. Despite the large number of evidence supporting the crucial and indispensable role of lithium as a gold standard treatment in mood disorders, prescription patterns from several countries demonstrate a progressive decreasing of the use of this drug. This phenomenon could be the result of different factors that would act as modulators of behavior of both the physician and patient, leading to a reduction of clinical prescription of lithium but also of patient's adherence. Among these factors, the side effects and the potential toxicity risk, together with the need for regular control via venipuncture may play a significant role. In this scenario, new management and monitoring approaches are needed. We present an innovative medical solution for remote (home) patient monitoring, based on a new device equipped with a unique technology that allow an easy measure of lithium in capillary blood. This technology enables a straightforward and fast control of lithium plasmatic levels, which can lead to overcome the reluctance of clinicians on its use. Moreover, this innovative approach can increase therapeutic adherence by promoting the empowerment of patients in their self-monitoring and, in addition, improving health outcomes by providing direct and rapid information to the healthcare team, using mHealth, useful for the optimization of the clinical control and patient's management.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Symposium: Is It Still Time to Challenge Stigma Attached to Mental Disorders?

S0020

Proud to be psychiatrists: Making the most of our specialty

J. Beezhold
Norfolk and Suffolk NHS Foundation Trust/UEA, Liaison Psychiatry: Norfolk and Norwich University Hospital, Norwich, United Kingdom

There is much agreement and effort that has been invested into improving how psychiatry as a medical specialty is perceived. This is driven by our awareness of the almost universal bias in attitudes against those affected by mental disorders. This takes many forms, for example public perceptions, media portrayals, clinical and research funding allocation, choice of specialty and our self-perception.
Expectation and confirmation bias play an immensely important role in maintaining this situation. Put simply, the use of words such as stigma itself creates and reinforces stigma. How this happens will be explored using practical examples. However, expectation and confirmation bias also have a key role to play in changing the image of psychiatry for the better.
This presentation seeks to highlight the importance of expectation and confirmation bias in shaping attitudes using both research evidence and topical examples such as Brexit and Trump.
The presentation then analyses how we have too often fallen into the trap of inadvertently reinforcing unhelpful stereotypes regarding our specialty of psychiatry due to a failure to fully appreciate the power of expectation and confirmation bias.
Suggestions for a way forward are then presented, including examples of practical initiatives and approaches that we can all use to strengthen the image of psychiatry as a medical specialty of excellence.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0021

The role of mass media and social media for challenging stigma

G. Sampogna[1,*], M. Luciano[2], V. Del Vecchio[2], A. Fiorillo[2]
[1] *University of Naples SUN, Department of Psychiatry, Naples, Italy;* [2] *University of Campania "Luigi Vanvitelli", Department of Psychiatry, Naples, Italy*
[*] Corresponding author.

Mass media and social media are communication channels which constitute an immensely powerful source of social influence, having the possibility to reach large numbers of people.
In the field of mental health, mass media and social media can be used to positively influence the opinions toward people with mental disorders, promoting positive stories related to mental health problems and to promote anti-stigma interventions targeted to the general population.
In England, during 2009–2014 the "Time to Change" (TTC) anti-stigma programme has included a social marketing campaign (SMC) using mass media channels, social media and social contact events but the efficacy of such approach has not been evaluated yet.
The strategy to use the new social media has shown to be effective and further population-based campaigns using these new communications channels with longer follow-up period are needed in order to evaluate the long-term effects of those interventions.
The target population included people aged between mid-20s/mid-40s, from middle-income groups. Participants were recruited through an online market research panel, before and after each burst of the campaign. Participants completed an online questionnaire evaluating knowledge [Mental Health Knowledge Schedule (MAKS)]; attitudes [Community Attitudes toward Mental Illness (CAMI)]; and behaviours [Reported and Intended Behaviour Scale (RIBS)].

https://doi.org/10.1016/j.eurpsy.2017.12.013 Published online by Cambridge University Press

A total of 10,526 people were interviewed. An increasing usage of the SMC-media channels as well as of the level of awareness of SMC was found.
The increasing use of the social media channels of the TTC has been associated with an improvement in positive attitudes and behaviours in the UK general population towards people with mental disorders.
The social marketing campaign of the TTC represents an important way to effectively reduce stigma. Taking into account these positive findings, further population-based campaigns using social media may represent an effective strategy to challenge stigma.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Symposium: Resource Oriented Approaches in the Treatment of Refugees

S0022

Cultural adaptation of minimally guided interventions for refugees: Chances and challenges

E. Heim[1,*], M. Harper-Shehadeh[2], J. Abi Ramia[3], K. Carswell[2], E. Van't Hof[2]
[1] *University of Zurich, Department of Psychology, Zurich, Switzerland;* [2] *WHO, Mental Health and Substance Abuse, Geneva, Switzerland;* [3] *Ministry of Health, The National Mental Health Programme, Beirut, Lebanon*
[*] Corresponding author.

Evidence shows that cultural adaptation of face-to-face interventions increases their effectiveness and acceptance. One meta-analysis found that the cultural adaptation of the illness explanatory model was particularly relevant in face-to-face interventions. However, evidence on cultural adaptation of self-help and minimally guided interventions is scarce. A recent meta-analysis including eight studies indicated that the more an intervention was culturally adapted, the greater its effectiveness. WHO has recently developed a series of scalable interventions for culturally diverse populations. These interventions are either minimally guided or self-help based. Moreover, these interventions were developed in a 'generic' manner, which means that they use as little culturally-specific information as possible. A careful procedure of cultural adaptation was implemented, using cognitive interviewing with culturally diverse groups. Results show that these interventions are generally acceptable and require only minimal cultural adaptation. Challenges emerge with regard to the framing of the intervention, i.e. the explanatory model provided at the beginning.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0023

Implementing scalable interventions for common mental disorders in response to the Syrian refugee crisis: First results regarding Problem Management Plus (PM+) programs

M. Sijbrandij
VU University Amsterdam, Clinical, Neuro, and Developmental Psychology, Amsterdam, The Netherlands

The crisis in Syria has resulted in an unprecedented increase in the number of refugees seeking asylum in Syria's neighboring countries as well as in Europe. Syrian refugees may have been exposed to multiple war stressors such including sexual violence and destruction of their homes and livelihoods, and they have often undertaken a risky and stressful flight leaving their homes for an unknown future. Studies show that refugees are at considerable risk to develop common mental disorders, including depression, anxiety, posttraumatic stress disorder (PTSD) and related somatic health symptoms. The World Health Organization has developed a range of scalable psychological interventions aimed at reducing psychological distress and improving functioning in people living in communities affected by adversity. These interventions, including Problem Management Plus (PM+) and its variants, are intended to be delivered by lay, non-professional people who have not received specialized mental health training.
Previous randomized clinical trial results in a conflict-affected area in Pakistan showed beneficial effects in terms of reductions in anxiety, depression, functional disability, and posttraumatic stress than those who received an enhanced treatment as usual. With these positive findings as a starting point, the recently EU-funded STRENGTHS project will implement, scale-up and evaluate this new generation of low-intensity interventions in the context of the Syrian refugee crisis. The PM+ programmes will be implemented by peer-refugees and evaluated across refugee settings in Europe (Netherlands, Turkey, Switzerland, Germany and Sweden) and the Middle East (Jordan, Lebanon, and Egypt). In this presentation, the evidence base for STRENGTHS project will be outlined. In addition, and preliminary results concerning identification of expected barriers and facilitators implementation of the PM+ programmes will be presented.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0024

Peer support: The potential of ethnically diverse peer navigators to address ethnic health disparities in refugees

I. Missmahl
Germany

Based on the 13 years' experience in Afghanistan and in other countries Ipso has started to train refugees with an academic background in March 2016 to be trained in a one year training as psychosocial counselors. Over 90 refugees from 17 countries have been trained in a one year training and are now delivering monthly more than 1000 counseling sessions in person and online for their countrymen.
The methodology, results and experiences with Ipso's value based counseling approach within the refugee context will be presented and discussed.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0025

Resilience oriented treatment and strategies (ROTS) in refugees and asylum seekers in psychiatric settings

K. Laban
GGZDrenthe, De Evenaar, North Netherlands Centre for Transcultural Psychiatry, Ruinen, The Netherlands

Background.– The psychological reaction of people experiencing the same kind of adverse life events differs per person. In recent years the concept of "resilience" is getting more attention, both in finding

https://doi.org/10.1016/j.eurpsy.2017.12.013 Published online by Cambridge University Press

an explanation of this phenomenon and a search to find new and more successful treatment strategies.
Methods.– The concept of resilience is explained with references to the literature and a resilience-oriented working model is introduced. The model is based on four, interacting, elements: stress, vulnerability, strength and social support. It recognizes the multifactorial etiology of psychopathology and puts emphasis on the importance of personal strength and potentials of recovery. This model has been used in diagnostic and treatment procedures in De Evenaar over 10 years and it has proven its value in a multicultural treatment setting. A short overview of the biological, psychological, social, cultural and religious resources of resilience will be presented. Several resources will be discussed in more detail, illustrated by findings from recent psychological and neurobiological studies. Moreover the basic principles from the Narrative Exposure Therapy (NET) will be presented. The NET is a newly developed trauma therapy which fit very well in a resilience oriented approach.
Results.– It will be clear that a resilience-oriented approach is aiming at enhancing powers of natural recovery. The patient is taken serious in his/her 'whole being'. In exploring the resources of resilience also cultural and existential (e.g. religious) aspects can be included as a matter of course. Several resources are studied and found to be very effective in enhancing resilience and for mental health workers as well as patients, the presented model is a useful leading frame of thought and practice.
Conclusion.– An approach based on resilience offers a practical framework to help reduce and address the often serious psychological complaints suffered by traumatised asylum seekers and refugees. This approach does not accentuate victimhood but instead explicitly considers all aspects, including healthy aspects, of the person being treated. This of itself has a therapeutic working. Above all though the approach helps patients to mobilize their own strengths and in so doing puts them in command of their own recovery [1–4].
Disclosure of interest.– The authors have not supplied a conflict of interest statement.
References
[1] Laban CJ. Good news for the traumatized and their helpers. Incorporating resilience in the treatment of asylum seekers and refugees. Bull Netherlands Soc Trop Med Int Health 2015;6(2):9–11.
[2] Laban CJ. Resilience-oriented treatment of traumatized asylum seekers and refugees. In: Schouler-Ocak M, editor. Trauma and migration. Elsevier/Springer; 2015.
[3] Laban CJ, Hurulean E, Attia A. Treatment of asylum seekers: resilience oriented therapy and strategies (ROTS). In: Golsabahi-Broclawski S, Ozkan I, Artur Broclawski A, editors. Transkulterelle Psychiatrie, Erfahrungen von Experten aus der EU. Li Verlag Dr. W. Hopf Berlin; 2014.
[4] Schauer M, Neuner F, Elbert T. Narrative exposure therapy. A short treatment for traumatic stress disorders. Gottingen, Germany: Hogrefe Publishing; 2011.

Symposium: Treating Beyond Symptoms to Improve Outcome: Cognitive Remediation in Psychiatry

S0026

Using metacognition in cognitive remediation: Implications for therapy delivery and functional outcome

M. Cella*, C. Redeer, T. Wykes
Institute of Psychiatry, Psychology & Neuroscience King's College London, Psychology, London, United Kingdom
* Corresponding author.

The cognitive problems experienced by people with schizophrenia are a strong predictor of functioning problems and a barrier to recovery. Cognitive Remediation (CR) interventions aim to reduce people's cognitive difficulties, their impact on functioning with the ultimate aim to improve recovery opportunities. Despite being successful in reducing cognitive difficulties CR interventions still have a variable degree of success in transferring improved cognitive skills to people's everyday life. We argue that CR programs with a focus on metacognition can maximise transfer by improving people's awareness of cognitive difficulties and regulation of cognitive processes. In this talk we will present data in support of the usefulness of metacognitive skills in CR. We will discuss evidence from controlled studies exploring the impact of a metacognitive based CR intervention and its impact on functional outcomes. We will present results on how specific metacognitive components (e.g. strategy use) may lead to functional outcomes change. We will also present results showing how metacognitive skills change people's approach to tasks, improving accuracy and proficiency. With our preliminary results supporting the usefulness of metacognitive components this talk will discuss briefly possible ways to include these techniques in CR programs and ways to maximise CR benefit transfer to improve people's lives.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0027

Cognitive remediation in subjects with schizophrenia: Effectiveness and impact on use of psychiatric services

A. Vita
University of Brescia, Clinical and Experimental Sciences, Brescia, Italy

Cognitive remediation has been demonstrated to be effective in improving cognitive performance, psychosocial functioning and symptoms in patients with schizophrenia. However, the impact on the use of psychiatric services and the issue of cost-effectiveness of such treatments are still debated. Aim of this study was to investigate the impact of Cognitive Remediation on the use of psychiatric services and costs of treatments in patients with schizophrenia followed in a rehabilitation context, representative of the Italian psychiatric services.
Cognitive remediation in subjects with schizophrenia: effectiveness and impact on use of psychiatric services.
Eighty-four patients with schizophrenia (58 males, mean age 39 ± 9.9) received, during a period of 6 months, either a cognitive remediation intervention (Integrated Psychological Therapy or Computer Assisted Cognitive Remediation) or a usual (non-structured, non-cognitively oriented) rehabilitation intervention, in addition to standard care. Data regarding the pattern and costs of service use, (number and days of hospitalizations in acute unit, number and days of stay in rehabilitative facilities, number of total outpatient interventions and number of total rehabilitative interventions), were gathered from an electronic administrative database in the 12 months before and after treatment and compared between Cognitive Remediation and usual rehabilitation groups.
The patients who received Cognitive Remediation showed a reduction of acute unit admissions after treatment. A lower number and duration (and relative cost) of acute unit admissions in the follow-up after treatment emerged in the Cognitive Remediation patients compared with the usual rehabilitation group. Other differences

https://doi.org/10.1016/j.eurpsy.2017.12.013 Published online by Cambridge University Press

in the pattern of use of psychiatric services emerged, suggesting a differential use of resources in patients who received Cognitive Remediation, more oriented towards rehabilitation rather than acute phase management.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0028

Cognitive training in subjects at ultra-high risk for psychosis

M. Nordentoft[1,*], L. Glenthøj[2], T. Kristensen[3], C. Wenneberg[2], K. Krakauer[2]
[1] *Professor, Mental Health Center Copenhagen, Hellerup, Denmark;* [2] *Mental Health Services in the Capital Region of Denmark, Mental Health Center Copenhagen, Hellerup, Denmark;* [3] *Mental Health Services in the Capital Region of Denmark, Mental Health Services in the Capital Region of Denmark, Hellerup, Denmark*
[*] Corresponding author.

Background.– Cognitive deficits are distinct features of the ultra-high risk (UHR) state of psychosis and pose a barrier to functional recovery. Insufficient evidence exists on how to ameliorate these cognitive deficits in patients at UHR of psychosis and hence improve daily living and quality of life.
Methods.– The FOCUS trial is a randomized, parallel group, observer-blinded clinical trial enrolling 126 patients meeting the standardised criteria of being at UHR of psychosis. Patients are recruited from psychiatric in- and outpatient facilities in the Copenhagen catchment area. Patients are randomised to one of the two treatment arms: (1) cognitive remediation therapy (CRT) plus standard treatment versus (2) standard treatment. The cognitive remediation (CR) consists of 24 weekly groups-based and manualised sessions targeting neurocognition and social cognition. In addition to the group sessions the patients will be offered 12 individual sessions aiming at maximizing the transfer of the effects of the cognitive training to the everyday lives of the patients. The primary outcome is composite score on The Brief Assessment of Cognition in Schizophrenia (BACS) at cessation of treatment after six months. Secondary outcomes are social and daily functioning, psychosis-like symptoms, negative symptomatology, and depressive symptomatology as measured with the Personal and Social Performance Scale (PSP), Brief Psychiatric Rating Scale Expanded Version (BPRS-E), Scale for the Assessment of Negative Symptoms (SANS), The Schizophrenia Cognition Rating Scale (SCoRS) and The Montgomery-Åsberg Depression Rating Scale (MADRS) respectively.
Discussion.– This is the first trial to evaluate the effects of neurocognitive and social cognitive remediation in UHR patients. Our trial results will provide evidence on the effect of targeted and comprehensive cognitive rehabilitation on cognition, daily living and symptomatology as well as a long-term outcome in preventing transition to psychosis in UHR patients.
Trial registration: ClinicalTrials.gov NCT02098408.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0029

Cognitive dysfunction and remediation in affective disorders

G. Sachs[1,*], E. Maihofer[2], H. Swoboda[2], A. Berg[1], I. Lasser[1], G. Lenz[1], A. Erfurth[2]
[1] *Medical University of Vienna, Department of Psychiatry and Psychotherapy, Vienna, Austria;* [2] *Otto-Wagner-Spital, 6th Psychiatric Department, Vienna, Austria*
[*] Corresponding author.

Background.– Cognitive deficits are a core feature in psychiatric disorders. Two studies were performed to further analyse cognitive dysfunction and its remediation in affective disorders.
Methods.– Study I – 43 remitted bipolar patients and 40 healthy controls were assessed with a neurocognitive test battery. In a randomised controlled trial, patients were assigned to add-on cognitive psychoeducational group therapy (CPEGT) over 14 weeks or to treatment-as-usual. A 12-month follow-up was performed.
Study II – 90 probands each with major depressive disorder (MDD), schizophrenia and healthy controls were included. A German version of the SCIP (Purdon, 2005) was first validated and then used. 50 patients each with MDD and schizophrenia were tested before and after a combination therapy with drugs and cognitive remediation.
Results.– Study I – Compared to healthy controls, bipolar patients showed lower performance in executive function and sustained attention. CPEGT and attention predicted occupational functioning. Verbal memory recall was found to be a predictor for symptom severity.
Study II – Schizophrenic patients showed significant cognitive impairment compared to healthy probands. Patients with MDD showed an intermediate degree of impairment. In addition, the SCIP was able to detect an improvement in cognitive function in both MDD and schizophrenia patients after cognitive remediation.
Conclusions.– Bipolar patients benefit from CPEGT in the domain of occupational life. Deficits in sustained attention have an impact on occupational impairment. The SCIP in its German version is able to detect cognitive dysfunction and effects of cognitive remediation in MDD patients.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Symposium: Chronic Pain and Risk of Addiction

S0030

Another important piece in a complex puzzle? Exploring significance of pain in alcohol dependence

A. Jakubczyk[*], M. Kopera, M. Wojnar
Medical University of Warsaw, Psychiatry, Warsaw, Poland
[*] Corresponding author.

The use of alcohol is commonly considered a useful pain self-management strategy, with more than 25% of individuals with various pain symptoms reporting the use of ethanol for the purposes of analgesia. In this presentation associations between physical pain and well-recognized risk factors of alcohol dependence: sleep problems, depression, emotion dysregulation and impulsivity will be discussed. Moreover, results of recent research study investigating tolerance of pain as well as pain sensitivity in the group of Polish alcohol-dependent individuals will be revealed. This study showed that in comparison to controls alcohol-dependent individuals were significantly more likely to use ethanol for analgesic purposes ($p = 0.00014$). Moreover, AD patients were characterized by significantly lower pain tolerance ($p < 0.001$) and higher pain sensitivity, i.e. lower pain threshold ($p < 0.001$). Moreover, analysis of the data suggests a significant discrepancy between results of behavioral and questionnaire measures of physical pain in alcohol dependent patients.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

https://doi.org/10.1016/j.eurpsy.2017.12.013 Published online by Cambridge University Press

S0031

Assessing the risk of addiction in chronic pain management

G. Dom
Antwerp University UA-Belgium, Collaborative Antwerp Psychiatric Research Institute CAPRI, Boechout, Belgium

Chronic pain is increasingly prevalent within our Western Societies. Clinical decision making in when and how to start and manage pharmacological treatment of chronic pain is complicated by the risk on addiction to these substances. Indeed, many of these pharmacological compounds preclude addictive properties. The presentation will focus on clinically relevant issues in the treatment of chronic pain, including assessing the risk of initiating or precipitating addictive processes. An overview will be provided on how to assess pain patients on risk of abusing painkillers and how to mitigate the risk of developing subsequent addictive disorders.
Disclosure of interest.– Prof. Geert Dom was a member of the Scientific Advisory board Lundbeck for Nalmefene in Belgium.

Symposium: Exercise Interventions as a Tool for Promoting Recovery in Schizophrenia

S0032

Impaired cardiac response to incremental exercise in patients with schizophrenia

K.J. Bar[1,*], M. Herbsleb[2], H. Gabriel[2], S. Andy[1]
[1] *University Hospital Jena, Department of Psychiatry, Jena, Germany;* [2] *University Jena, Department of Sports Medicine, Jena, Germany*
[*] Corresponding author.

The elevated cardiovascular risk of patients with schizophrenia contributes to a reduced life expectancy of 15–20 years. This study investigated whether cardiac autonomic dysfunction (CADF) in schizophrenia is related to chronotropic incompetence, an established cardiovascular risk marker.
We investigated thirty-two patients suffering from paranoid schizophrenia and 32 control subjects matched for age, sex, body mass index and fat free mass. A cardiopulmonary exercise test (CPET) was performed to study heart rate responses to exercise as well as submaximal (ventilatory threshold 1, VT_1) and maximal endurance capacities (peak oxygen consumption, VO_{2peak}; peak power output, P_{peak}). In addition, epinephrine and norepinephrine levels were assessed in a subset of patients. Fitness parameters were significantly reduced in all patients. Most investigated physiological parameters were different at rest as well as during peak exercise being in line with previously described CADF in schizophrenia. In particular, 14 out of 32 patients were classified as chronotropically incompetent whereas no control subject was below the cut-off value. In addition, a positive correlation of a slope reflecting chronotropic incompetence with peak oxygen uptake ($p < 0.001$) was observed in patients only indicating a close correlation to the lack of physical fitness. The catecholamine increase was reduced in patients after exercise.
This study identified a novel cardiac risk factor in patients with schizophrenia. Moreover, it seems to be associated with reduced physical fitness and indicates targets for exercise intervention studies.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Symposium: Battling Suicidal Behavior in Europe: Successful Initiatives for Prevention

S0033

Suicide prevention in an adolescent population in Kazakhstan

M. Sarchiapone[1,*], M. Iosue[2]
[1] *University of Molise, Psychiatry, Campobasso, Italy;* [2] *University of Molise, Department of Medicine and Health Sciences, Campobasso, Italy*
[*] Corresponding author.

Background.– Suicide represents a serious social and public health problem in Kazakhstan, especially among adolescents. For this reason, UNICEF, in close collaboration with the National Centre for Mental Health of the Ministry of Health and local government of Kyzylorda Oblast, provided financial and logistical support for the development, implementation and assessment of the outcomes of a comprehensive school-based mental health promotion and suicide prevention project.
Methods.– The project was implemented in all the educational facilities of the Kyzylorda Oblast, involving more than 50,000 adolescents in school grades 8–10 and 1st course of colleges. It included the following components:
(a) Identification of adolescents at risk for suicide and mental health problems with referral to health and mental health workers.
(b) Gatekeeper training for school staff.
(c) Awareness raising intervention for adolescents.
(d) Building capacity of health and mental health services for management of adolescents at risk for suicide and mental health problems.

In order to assess the outcomes of the intervention, 54 schools were randomly selected leading to a sample of 4839 adolescents (mean age = 14.14 ± 1.16; 47.6% male). 3748 adolescents (mean age = 15.9 ± 1.23; 44.7% male) also completed the 12-month follow-up assessment, yielding to a good retention rate of 77.45%. The original plan also included a control sample recruited in the Aktobe region, nevertheless due to significant differences in terms of socio-demographic variables and prevalence of psychopathological symptoms it was not possible to compare the two samples.
Results.– The comparisons between baseline and follow-up data showed a significant positive effect of the intervention. Anxiety and stress symptoms, as well as suicidal ideation significantly decreased. A significant reduction of emotional symptoms, conduct problems, hyperactivity and peer problems was also observed. These positive results seem somehow enhanced in the subgroup of 180 adolescents identified as at risk during baseline. Indeed, in this subgroup the mean scores of almost all the pathological scales were halved, including the depressive symptoms, while the well-being index significantly increased. The intervention was also effective in somehow reducing perceived barriers to help-seeking, especially among at risk adolescents.
Conclusions.– The current mental health promotion and suicide prevention project showed promising positive effects on the overall Kyzylorda adolescents' sample and especially on the subgroup of at risk adolescents.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0034

SUPREMOCOL: Suicide prevention by monitoring and collaborative care. A

https://doi.org/10.1016/j.eurpsy.2017.12.013 Published online by Cambridge University Press

regional systems approach in Noord Brabant, the Netherlands

C. Van der Feltz Cornelis[1,*], C. Van Nieuwenhuizen[1], J. De Jong[1], I. Elfeddali[1], M. Bakker[2], E. Hofstra[1]
[1] *Tilburg University, Tranzo, Tilburg, The Netherlands;* [2] *Tilburg University, Methods and Techniques, Tilburg, The Netherlands*
[*] Corresponding author.

Suicide rates are a major public health concern and suicide rates are rising. In the Netherlands, suicide rates used to be amongst the lowest in Europe, but since the economic recession started in 2007, suicide rates have risen with approx. 38% to 1871 suicides in 2015. As most suicides occur in the context of mental disorder, the general idea used to be that treatment of the mental disorder would suffice to address suicidal behavior. Community suicide prevention programs can identify people at risk to commit suicide. However, a challenge remains, which is the finding that people at risk for suicide often do not enter treatment. Hence, system interventions and health services interventions are needed that address swift entrance to care of persons at risk to commit suicide. In the Netherlands, in 2014 and 2015 the province Noord-Brabant ranked 2nd nationally in terms of annual suicide numbers, although it contains 5 specialty mental health institutions and ten general hospital emergency rooms for a catchment area of 2.5 million people. Hence, with a research grant of the Netherlands Organisation for Health Research and Development, the research project SUPREMOCOL started in 2016 with the aim to reduce the number of suicides by 20% with the implementation of a suicide prevention system intervention in the province Noord Brabant. This combines identification of people at risk by gatekeepers with the aid of a web-based decision aid, swift entrance to crisis suicide prevention care in the specialty mental health setting, monitoring and case-management in a collaborative care model of psychiatric nurse, general practitioner and psychiatrist, and follow up for a year. The results are analysed by a Stepped Wedge Trial Design and Poison regression analysis. After one year, the suicide rate in Noord Brabant had dropped in terms of absolute and relative numbers, and the national suicide incidence ranking of Noord Brabant had dropped from 2nd to 4th place. The SUPREMOCOL system intervention and first phase results will be discussed with the audience.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0035

From recontact strategies around the world to the French VigilanS Program

G. Vaiva[1,*], D. Christophe[2], J. Vincent[3], D. Stéphane[4], G. Pierre[3]
[1] *CHRU de Lille, Service de psychiatrie adulte 59G08, Lille, France;* [2] *CHRU de Lille, Service de Psychiatrie Adulte – Dispositif VigilanS, Lille, France;* [3] *CHRU de Lille, Service de Psychiatrie Adulte, Lille, France;* [4] *CHRU de Lille, Centre d'Investigation Clinique, Lille, France*
[*] Corresponding author.

Up-to-date evidence suggests that conventional healthcare provision might not be sufficient to prevent reattempt and suicide completion. *Post-crisis prevention programs* developed a new subfield of suicidology, and one of them must be distinguished: Brief Contact Interventions (BCI).
BCI serve two key objectives: Help patients in anticipating and coping by providing reliable and efficient tools; Pro-actively ensure preservation of a benevolent, non-intrusive link. Maintaining contact was found specially efficient if set on a regular, personalized, and long-term basis.
The BCIs may take different forms: *Telephone calls* to the suicide attempters; *"Shortletters" mailing.* consists in sending short letters to the patients; *Postcards mailing.* Instead of letters, personalized postcards are sent; *Texting.* The effectiveness of text messages campaigns is currently tested in a French study.
Two meta-analyses suggested that patients benefitted from the recontact procedures, with significantly less relapse and suicide rates when compared to treated-as-usual controls. BCIs were shown to be differentially effective in subpopulations depending on patients' age, gender and self-harm history. . .
In 2011, ALGOS study tested an algorithm that articulated different types of BCIs during 6 months after a suicide attempt. Results suggested that ALGOS allowed for preservation or restoration of a feeling of belongingness in patients with a 5.6% reduction of reattempt rates in comparison to the treatment-as-usual group ($p = 0.024$).
Those results provided solid arguments to release and generalize ALGOS as an open healthcare offer: VigilanS, system developed in a 4.3 million inhabitants territory in the North of France.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Symposium: From Analog to Digital: Using Computer-Science to Advance Mental Health Promotion

S0036

Overcoming the implementation gap in psychotherapy research by means of virtual-reality therapy

L. Valmaggia[1,2]
[1] *King's College London, Institute of Psychiatry, Psychology & Neuroscience, London, United Kingdom;* [2] *South London and Maudsley NHS Trust, London, United Kingdom*

The use of Virtual Reality in mental health: Virtual Reality (VR) enables researchers and clinicians to bring social situations into the consultation room. The same virtual social environment can be presented to different participants to assess, in real-time, their neuro-cognitive functioning, appraisal, emotions, body response and behaviour. VR environments can also form the ideal platform for behavioural experiments and for gradual exposure as VR allows the manipulation of the environment, for example one can manipulate the background noise level or the appearance and behaviour of virtual characters. In my talk, I will give an overview of the use of VR in mental health and I will focus on the use of VR in therapy.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0037

Enhancing resilience in teenagers by an online-prevention program

S.J. Schmidt
University Hospital of Child and Adolescent Psychiatry and Psychotherapy Bern, University of Bern, Bern, Switzerland

Mental disorders often begin in adolescence and are associated with huge psychosocial and financial burden. However, no satisfying improvements in the efficacy of interventions to treat manifest disorders have been achieved so far. Therefore, the development of prevention approaches for teenagers has attracted increasing interest with the aim to reduce the probability for the onset of a mental disorder or at least to positively influence its course and to minimize costs. Current prevention approaches mainly focus on

https://doi.org/10.1016/j.eurpsy.2017.12.013 Published online by Cambridge University Press

specific mental disorders or risk factors and were developed for adults. However, previous results emphasized the lack of specificity of early detection criteria in children and adolescents. Thus, the transdiagnostic promotion of resilience may be more promising in this age-group. Therefore, this talk will exemplify and discuss how resilience in teenagers can be enhanced by psychological interventions. Special emphasis will be put on online-interventions because they offer low-threshold access and may overcome fears and stigmatization as they can be delivered with a high level of confidentiality.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Symposium: Recovery-Oriented Approach to Severe Mental Disorders: Focusing on Key Variables to Improve Outcome

S0038

Developing a focus on recovery in mental health systems

M. Amering
Medical University of Vienna, Department of Psychiatry and Psychotherapy, Vienna, Austria

Introduction.– Recovery-orientation is widely endorsed as a guiding principle of mental health policy.
Objective.– Developing a focus on recovery in mental health systems warrants an understanding of the resulting new scientific and clinical responsibilities.
Methods.– Overview of published international guidelines, training modules and system transformation initiatives.
Results.– Recovery is more than a bottom-up movement turned into top-down mental health policy in English-speaking countries. It brings together major stakeholders in mental health, who share the responsibility for overcoming conceptual reductionism and unjustified prognostic negativism and move towards a rational and optimistic view of the possibilities of recovery. Recovery brings new rules for services, e.g. user involvement and person-centred care, as well as new tools for clinical collaborations, e.g. shared decision making and psychiatric advance directives. Alternatives to conventional services, pertaining to, e.g. acute crisis interventions and vocational rehabilitation need to be implemented in the context of emerging empirical evidence as well as legal developments with regard to self-determination and social inclusion. These developments are complemented by new anti-discrimination legislation and a call for the inclusion of the lived experience in service planning, quality assurance, research, and delivery. Data show peer support is feasible and effective in different forms.
Conclusions.– A proud exploitation and expansion of the possibilities of partnerships that support the promotion of recovery and the resilience and resources of persons with mental health problems and their families and friends has the potential to advance the mental health field combining good results with a good reputation and reduced stigma.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0039

Centrality of community activities in a network analysis of outcome-limiting factors: Implications for recovery-oriented strategies

A. Mucci[1,*], S. Galderisi[1], P. Rucci[2], B. Kirkpatrick[3], D. Gibertoni[2], P. Rocca[4], A. Rossi[5], A. Bertolino[6], G.P. Strauss[7], M. Maj[1]
[1] *Campania University "Luigi Vanvitelli", Department of Psychiatry, Naples, Italy;* [2] *University of Bologna, Department of Biomedical and Neuromotor Sciences, Bologna, Italy;* [3] *University of Nevada Reno School of Medicine, Department of Psychiatry and Behavioral Sciences, Reno, NV, USA;* [4] *University of Turin, Department of Neuroscience-Section of Psychiatry, Turin, Italy;* [5] *University of L'Aquila, Department of Biotechnological and Applied Clinical Sciences, Section of Psychiatry, L'Aquila, Italy;* [6] *University of Bari, Department of Neurological and Psychiatric Sciences, Bari, Italy;* [7] *University of Georgia, Department of Psychology, Athens, GA, USA*
[*] Corresponding author.

The implementation of recovery-oriented plans requires an in depth understanding of key factors influencing real-life functioning of people with schizophrenia living in the community. The identification of key factors is challenging, requires sophisticated analyses, often involving several a priori assumptions.
In the present study, we applied a data-driven approach, the neural network analysis, to data collected on psychopathology, cognitive dysfunctions, functional capacity, personal resources and real-life functioning in a sample of 740 community-dwelling individuals with schizophrenia.
The resulting network showed that neurocognition, social cognition, resilience and indices of real-life functioning formed spatially contiguous patterns, with densely interconnected nodes. Psychopathology, instead, split in two subdomains, with positive symptoms being one of the most peripheral nodes. Functional capacity (FC) and everyday life skills (ELS) showed the highest centrality, interconnected with most network nodes. FC bridged everyday functioning and cognition measures and ELS bridged positive and disorganization symptoms, cognition, functional capacity and service engagement with real-word functioning. Interpersonal relationships and work skills showed a lower centrality in the network and a different patter of connections: in fact, they connected with avolition, but not with FC.
The present findings have substantial treatment implications: positive symptoms do not play a key role in the chain of factors leading to real-life functioning, thus highlighting the need for treatment beyond antipsychotics. In line with the recovery-oriented approaches to schizophrenia, our findings indicate that everyday life skills should be the target of rehabilitation programs. The pattern of connections among the network nodes suggests that no program can fit all and, depending on the patient's characteristics, different rehabilitation programs should be implemented.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0040

Treatment effectiveness in the real-world: Addressing adherence, burden and subjective well-being

P. Gorwood
Hospital Sainte-Anne, CMME, Paris, France

Poor adherence is a major issue in schizophrenia, with frequencies ranging from 20% to 89% and important impact. Indeed, poor adherence is associated with worsening of symptoms, higher rates of relapse, reduced quality of life, unemployment, violence, victimization, suicide attempts, incarceration, and even death (Mallet et al., 2017).

https://doi.org/10.1016/j.eurpsy.2017.12.013 Published online by Cambridge University Press

Social functioning is also severely damaged by schizophrenia, which is detrimental for both patients and their families. Improving social functioning is recognized as an important treatment goal, beyond the alleviation of psychotic symptoms and also ranked as important by patients and their families.
Part of the consequences of poor adherence is explained by the limited feedback of antipsychotic treatment benefits and a low to moderate impact of individual, group, family or community-based psychosocial interventions, although many studies demonstrated utility in addressing social functioning impairments such as cognitive remediation therapy and social skills training.
During this presentation, we will review core features associated with, or sometimes explaining, poor adherence and low quality of life in schizophrenia, with a special focus on how to assess functionality levels. Indeed, the FROGS scale which is assessing the functionality of patients with schizophrenia was recently shortened to four items, to facilitate its use by clinicians, as these items cover all aspects of the longer version, and still has the psychometric qualities of the initial scale. Furthermore, we will share the results of a new study showing that a threshold for functional remission can be proposed for the miniFROGS with good consistency and reliability. This means that a quick and simple instrument can be used to assess functionality in patients with schizophrenia at all stages of the disorder, with an easy way to demonstrate to patients the benefit of constant care. Assessment is definitely not a treatment strategy, but not assessing the aim expected by patients (functional recovery) would constitute an important limit, reducing the chances for clinicians to "talk the same language" as patients.
Disclosure of interest.– Philip Gorwood received during the last 5 years, research grants from Eli Lilly, Ethypharm and Servier, and fees for presentations at congresses or participation in scientific boards from Alcediag-Alcen, AstraZeneca, Biocodex, Bristol-Myers-Squibb, Ethypharm, Janssen, Lilly, Lundbeck, Naurex, Otsuka, Roche, Sanofi Pasteur MSD, Servier.

S0041

Relationships between personal and clinical recovery: Implications for individualization and integration of treatment programs

A. Rossi
Department of Biotechnological and Applied Clinical Sciences, DISCAB, L'AQUILA, Italy

Self-reported 'personal recovery' (SRPR) and clinical recovery in schizophrenia reflect different perspectives not necessarily concordant with each other, usually representing the consumer's or the therapist's point of views.
By means of a cluster analysis on SRPR-related variables, we identified three clusters: the first and third cluster included subjects with the best and the poorest clinical outcome respectively. The second one was characterized by better insight, higher levels of depression and stigma, lowest self-esteem and personal strength, and highest emotional coping. The first cluster showed positive features of recovery, while the third cluster negative features. The second cluster, with the most positive insight, showed a more complex pattern, a somewhat 'paradoxical' mixture of positive and negative personal and clinical features of recovery.
These results suggest the need for a characterization of persons with schizophrenia along SRPR and clinical recovery dimensions to design individualized and integrated treatment programs aimed to improve insight and coping strategies, reduce stigma, and shape recovery styles.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Symposium: Progress and Challenges in the Antipsychotic Treatment of Schizophrenia

S0042

Have been too high doses of antipsychotics used in schizophrenia?

I. Bitter
Semmelweis University, Psychiatry and Psychotherapy, Budapest, Hungary

From the 1970s the daily doses of antipsychotics used in the treatment of schizophrenia have increased to extreme doses in spite of the warnings from an increasing number of authors about the disadvantages and dangers of high dose "neuroleptic treatment" [1].
Mackay cited the British National Formulary, which was based on the product licenses. The "advisory maximum daily oral doses" were: for haloperidol "100 (occasionally 200)" mg/day. High doses were published and advertised as useful extension of therapeutic options.
The usefulness of high dose antipsychotic treatment as compared to medium and low doses has been challenged by many clinicians however high level evidence from randomized controlled studies was published only in the 1990s (e.g. [2]). However low doses were proven to effective already from the 1950s and this finding was supported by PET scan studies. The concept of neuroleptic threshold (dosing antipsychotics without having course extrapyramidal symptoms) promoted the use of low doses [3].
Current discussions about the disadvantages of long term use of antipsychotics have not fully addressed the potentially unnecessary use of high doses of antipsychotics. The advantages:disadvantages ratio maybe/is different for 2–5 mg/day haloperidol as compared to doses between 30 and 100+ mg/day.
Recent guidelines already advice the use of low/er doses of antipsychotics.
Disclosure of interest.– Research grant from Eli Lilly, personal fees from Eli Lilly, EGIS, Janssen/Janssen-Cilag, Lundbeck, Medavante, Pierre-Fabré, Gedeon Richter, and Servier, outside the submitted work.
References
[1] Mackay AVP. Adv Psychiatric Treatment 1994;1:26–3.
[2] Volavka et al. Arch Gen Psychiatry 1992;49(5):354–61.
[3] Bitter I et al. J Clin Psychopharmacol 1991;11(1):28–33.

Symposium: International Trainee-Led Psychiatric Research Projects in Europe

S0043

Analyzing the social media impact of psychiatric disorders

M.Á. Álvarez de mon[1,*], G. Lahera[2], M. Alvarez-Mon[3], A. Asunsolo[4], V. Pereira[1], F. Ortuño[5]
[1] *Clinica Universidad de Navarra, Psychiatry, Pamplona, Spain;* [2] *University of Alcala, Psychiatry, Madrid, Spain;* [3] *University of Alcala, Department of Medicine, Madrid, Spain;* [4] *University of Alcala, Department of Surgery, Medical and Social Sciences, Madrid, Spain;* [5] *Clinica Universidad de Navarra, Pamplona, Spain*
[*] Corresponding author.

In this original work, we have investigated the interest given by the main American social communication media to psychiatric information and to the most relevant mental health conditions. We

https://doi.org/10.1016/j.eurpsy.2017.12.013 Published online by Cambridge University Press

have also investigated the interest generated by this information on Twitter users. For that purpose, we have measured the tweets generated about mental health conditions by 15 main United States of America (USA) general communication media from January 2007 to December 2016. We have also analyzed the number of retweets generated by their Twitter followers.
In the decade analyzed, our results show that a total of 13,119 tweets have been sent by the American social communication media about mental health disorders with a heterogeneous distribution with preferential accumulation in a reduced number of disorders. The number of tweets sent regarding each different psychiatric disease analyzed was significantly correlated with the number of retweets generated by followers, that was a total of 1,030,974. However, the probability of a tweet being retweeted was statistically different between the diseases analyzed. For a control, we used tweets generated about the main causes of death in the USA, the main chronic neurological degenerative diseases and infection by the human immunodeficiency virus. In contrary to what we expected, the retweeted/tweet ratio was significantly higher in psychiatric diseases than in the control organic diseases. According to our results, the selected American social communication media and the general public demonstrate a preferential interest for psychiatric diseases.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0044

Aggressions to psychiatric trainees by patients in Europe: Assessing the prevalence and policy

A. Gürcan
Hacettepe University Faculty of Medicine, Department of Psychiatry, Ankara, Turkey

Psychiatric trainees can face the risk of suffering violence during their clinical practice. They might also be exposed to other incidents that affect their safety and the quality of their assistance to patients. This might lead to a loss of natural empathy and in serious cases to burn out. Trainees are particularly vulnerable, due to their daily closeness to patients and their families/care givers. They are also exposed due to their hours on duty and lack of experience towards these problems.
It is essential that the psychiatric trainees get knowledge on how to prevent and manage violence against them and about the legal framework in these cases. They should also be strongly supported by their senior colleagues and their institutions and count on legal advice if necessary. Hospitals and health authorities should establish protocols to be applied in cases of aggression to trainees. EFPT (European Federation of Psychiatric Trainees) aims to investigate the extent and depth of these problems in Europe, in order to raise awareness and affect the policymaking in this field.
In 2017, 25th EFPT Forum, psychiatric trainees from Europe concerned this issue, took this idea as a statement of EFPT and decided to design a study (Violence Against Psychiatric Trainees Project) to determine the current situation among European psychiatric trainees. In this session, preliminary findings and possible future directions of the project will be presented.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0045

Supported and valued? A trainee-led review into morale and training within psychiatry

A. Till
Royal College of Psychiatrists, Psychiatric Trainees' Committee, Liverpool, United Kingdom

Initiated in response to the junior doctor contract dispute in England, *Supported and Valued*, is a trainee-led review into morale and training within psychiatry. Conducted by the Royal College of Psychiatrists Psychiatric Trainees' Committee, 28 focus groups were held within every division and across all four nations of the UK. Each focus group followed a standardised format and concentrated on key lines of enquiry to explore what trainees thought was currently working well and what steps could be taken to improve their training and working lives in the future. Whilst many positives were identified, more must be done to achieve equitable training opportunities throughout the United Kingdom and it is the collective responsibility of all psychiatrists to be ambassadors for the profession and promote recruitment and retention in psychiatry.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Symposium: RTMS for Depression in Europe – It's Time for Approval from Health Authorities

S0046

From multicentric studies to clinical guidelines – Two solutions between low and high frequency in the treatment of depression

E. Poulet[1,2,3,4]
[1] *INSERM U1028, CNRS UMR5292, PSYR2 Team, Lyon Neuroscience Research Center, Lyon-1 University, Lyon, France;* [2] *STEP Group Transcranial Stimulation in Psychiatry – AFPBN, Lyon, France;* [3] *Department of Emergency Psychiatry, Edouard Herriot Hospital, Hospices Civils de Lyon, Lyon, France;* [4] *Psychiatrie des Urgences des Hopitaux de Lyon, Lyon, France*

To date, rTMS is a non-disputable solution for treating patients suffering from Major depressive episode, scientifically validated in the treatment algorithms for this pathology. Nevertheless, optimal parameters to use remain subject of debate. High frequency rTMS applied to the left dorsolateral prefrontal cortex (DLPFC) benefit of the higher level of proof with high power double blind parallel studies. However, to be efficient, it needs a long course of stimulation with about 40 min per session and 10 to 30 sessions. Shorter sessions would be very interesting at tolerability and medico economical levels. Growing evidences support the interest of applying safer low frequency stimulation to the right DLPFC and to associate this technique with antidepressant treatment as we recently published in a French multicentric study. Other approaches would be to diminish the duration of treatment using new parameters like theta burst stimuli. We propose in this talk to analyze recent publications in the treatment of depression through those different aspects. A synthesis of last recommendations could permit to better positioned rTMS in depression treatment and to argue for our health authorities for the recognition and the reimbursement of the methods in this indication [1,2].
Disclosure of interest.– The authors have not supplied a conflict of interest statement.
References
[1] Brunelin J et al. The efficacy and safety of low frequency repetitive transcranial magnetic stimulation for treatment-resistant depression: the results from a large multicenter French RCT. Brain Stimul 2014;7(6):855–63.

https://doi.org/10.1016/j.eurpsy.2017.12.013 Published online by Cambridge University Press

[2] Lefaucheur JP et al. Evidence-based guidelines on the therapeutic use of repetitive transcranial magnetic stimulation (rTMS). Clin Neurophysiol 2014;125(11):2150–206.

S0047

Cost and reimbursement of rTMS: A challenge for the clinicians

A. Sauvaget[1,*], F. Etcheverrigaray[2], S. Bulteau[1], L.O. Machon[3], V.P. Riche[4], N. Mauduit[5], R. Tricot[3], O. Sellal[6]
[1] *University Hospital of Nantes, Addictology and Liaison Psychiatry Department, Nantes, France;* [2] *CHD Vendée, Clinical Research Unit, La Roche Sur Yon, France;* [3] *University Hospital of Nantes, Financial Direction, Nantes, France;* [4] *University Hospital of Nantes, Innovation Unit-Research Direction, Nantes, France;* [5] *University Hospital of Nantes, Medical Information Department, Nantes, France;* [6] *University Hospital of Nantes, Central Pharmacy, Nantes, France*
[*] Corresponding author.

Repetitive transcranial magnetic stimulation (rTMS) is an effective and well-tolerated treatment in resistant depression with mild to moderate intensity. The cost and medico-economic value of rTMS in psychiatry remains poorly known by clinicians, whereas they should be aware of economic aspects of such innovative care. We present how we assess rTMS cost production analysis as an in-hospital treatment for depression. The methodology, derived from analytical accounts, was validated by a multidisciplinary task force (clinicians, public health doctors, pharmacists, administrative officials and health economist). It was pragmatic, based on official and institutional documentary sources and from field practice. It included equipment, staff, and structure costs, to get an estimate as close to reality as possible. First, we estimated the production cost of rTMS session, based on our annual activity. We then estimated the cost of a cure, which includes 15 sessions. A sensitivity analysis was also performed. The hospital production cost of a cure for treating depression was estimated at €1932.94 (€503.55 for equipment, €1082.75 for the staff, and €346.65 for structural expenses). This cost-estimate has resulted from an innovative, pragmatic, and cooperative approach. It is slightly higher but more comprehensive than the costs estimated by the few international studies. However, it is limited due to structure-specific problems and activity. This work could be repeated in other circumstances in order to obtain a more general estimate, potentially helpful for determining an official price for the French health care system. Moreover, budgetary constraints and public health choices should be taken into consideration.
Repetitive transcranial magnetic stimulation (rTMS) is an effective and well-tolerated treatment in resistant depression with mild to moderate intensity. The cost and medico-economic value of rTMS in psychiatry remains poorly known by clinicians, whereas they should be aware of economic aspects of such innovative care. We present how we assess rTMS cost production analysis as an in-hospital treatment for depression. The methodology, derived from analytical accounts, was validated by a multidisciplinary task force (clinicians, public health doctors, pharmacists, administrative officials and health economist). It was pragmatic, based on official and institutional documentary sources and from field practice. It included equipment, staff, and structure costs, to get an estimate as close to reality as possible. First, we estimated the production cost of rTMS session, based on our annual activity. We then estimated the cost of a cure, which includes 15 sessions. A sensitivity analysis was also performed. The hospital production cost of a cure for treating depression was estimated at €1932.94 (€503.55 for equipment, €1082.75 for the staff, and €346.65 for structural expenses). This cost-estimate has resulted from an innovative, pragmatic, and cooperative approach. It is slightly higher but more comprehensive than the costs estimated by the few international studies. However, it is limited due to structure-specific problems and activity. This work could be repeated in other circumstances in order to obtain a more general estimate, potentially helpful for determining an official price for the French health care system. Moreover, budgetary constraints and public health choices should be taken into consideration.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Symposium: Women in Psychiatry – Differences in Career Paths Across Europe

S0048

Women in psychiatry – How to break through the glass ceiling

A. Szulc
Medical University of Warsaw, Department of Psychiatry, Pruszkow, Poland

In the last decades, the increase in the number of women entering medicine or psychiatry has not led to an increase in women in leadership positions. Women in academic medicine have continued to experience difficulties in their professional career.
Women in teaching roles in psychiatry can do a great deal to break down these gender barriers. Especially faculty women can be role models and provide mentoring to their colleagues. The insights into women psychiatrists career paths may be helpful to create the strategies for breaking the „glass ceiling" for younger colleagues.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0049

Mentoring for women in psychiatry

A. Riecher-Rössler
University of Basel Psychiatric Clinics, Center for Gender Research and Early Detection, Basel, Switzerland

Introduction.– More and more young psychiatrists are female. However, women are still underrepresented in leadership positions, be it in research or in the clinic.
Mentoring has been shown to be efficient in many disciplines to advance the career of young female professionals.
Objectives.– With this talk, mentoring for young female psychiatrists shall be stimulated.
Methods.– Models of mentoring will be presented as well as different studies on mentoring in academic medicine and its success.
Results.– The professional career of women in psychiatry is still impeded, not only by institutional but also by psychological barriers such as gender role behavior and gender role stereotypes. Mentoring can help young women to overcome these barriers. Ideally, mentoring programs should start very early, already during the university studies, because important decisions about future career steps are often already made then. Mentoring should not only address young women but also young men, especially regarding their gender role behavior and stereotypes. Mentoring should continue during the further career steps of women, since for them there is not only a "glass ceiling" that excludes them from achieving leading positions, they also have to face specific problems if they have finally achieved such positions.
Conclusions.– Mentoring programs considering gender-specific needs should be implemented in the regular teaching during medical studies and in psychiatric Training.

https://doi.org/10.1016/j.eurpsy.2017.12.013 Published online by Cambridge University Press

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0050

Women in academic psychiatry

M. Amering[1,*], A. Gmeiner[2], B. Schrank[3], S. Süssenbacher[2]
[1] *Medical University of Vienna, Department of Psychiatry and Psychotherapy, Vienna, Austria;* [2] *Medical University of Vienna, Department of Psychiatry and Psychotherapy, Vienna, Austria;* [3] *Karl Landsteiner University of Health Sciences, Department of Adult Psychiatry, Tulln, Austria*
[*] Corresponding author.

Introduction.– Women play a growing and important role in academic psychiatry.
Objectives.– Present and discuss recent developments and current challenges for gender parity in academic psychiatry.
Methods.– Data on women's progress in high-impact publication activities over the last decades as well as evidence and experience of barriers with regard to the goal of gender parity in academic psychiatry will be presented and discussed.
Results.– A retrospective bibliometric review in three high-ranking general psychiatry journals showed an overall increase of the percentage of female authors from 1994 to 2014. Though increases in female authorship were statistically significant for both decades, there was less difference between 2004 and 2014, indicating a possible ceiling effect. Rates of female first authors showed a similar picture and numbers of female corresponding authors plateaued between 2004 and 2014. Within Europe, Scandinavia displayed the most balanced gender-wise first author ratios. The progress towards gender-parity has been slower and less pronounced than could have been expected from womens' increasing influx into academic psychiatry suggesting that interventions beyond the mere recruitment of female scientists will be necessary to achieve gender parity and overcome more or less subtle gender biases in academic medicine. Specific interventions on different levels seem effective and warrant further implementation and evaluation.
Conclusion.– Despite gains in some areas, considerable deficits with regard to gender parity exist in the current academic psychiatric landscape. Ongoing efforts and interventions to enhance the participation of women on institutional, political and editorial levels are necessary.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Symposium: The Importance of Resilience to the Prevention of Mental Disorders

S0051

Disentangling resilience and wellbeing

F. Schultze-Lutter[1,*], S.J. Schmidt[2]
[1] *Heinrich Heine University, Department of Psychiatry and Psychotherapy, Duesseldorf, Germany;* [2] *University of Bern, University Hospital of Child and Adolescent Psychiatry and Psychotherapy, Bern, Switzerland*
[*] Corresponding author.

Resilience and well-being have become commonplace and increasingly used terms in a wide range of scientific as well as mental health political contexts. Yet, both terms lack clear definitions, resulting in an often rather diffuse use of terms that is further aggravated by the confusion about the relationship of the two constructs. While some use well-being as a proxy measure of resilience, others treat one concept as a component of the other or see interchangeably one as the prerequisite of the other. Thus, in order to get a clearer picture of these two concepts and possible ways to better differentiate the two, we studied the current literature for the definition of these two concepts in relation to each other.
We found that both 'resilience' as well as 'well-being', have so far defied universal definition and common understanding of their respective measurement. Part of the confusion around these two concepts is the overlap in their components, in particular with regard to resilience and psychological well-being, and the lack of research on these concepts both by themselves, in relation to each other and in relation to other concepts like mental health, risk or protective (or promotive) factors.
Our critical and comparative inspection of both concepts highlighted the need for more conceptual cross-sectional as well as longitudinal studies (a) to uncover the composition of these constructs and to reach agreement on their definition and measurement, (b) to detect their potential neurobiological underpinnings, (c) to reveal how they relate to each other, and (d) to determine the potential role of developmental and cultural peculiarities. For the time being, however, the use of the terms resilience and well-being should always be accompanied by a brief explanation of their respective meanings and theoretical framework.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0052

Cultural aspects of resilience and wellbeing

C.A. Essau
University of Roehampton, Psychology, London, United Kingdom

Transdiagnostic intervention programme for anxiety and depression in young people

Introduction.– Anxiety and depression are among the most common psychiatric disorders affecting young people. These disorders also co-occur frequently with other psychiatric disorders. When left untreated, anxiety and depression which begin early in life can become chronic and are often associated with a negative course. Drawing from the above research, a transdiagnostic treatment protocol ("Super Skills for Life"; SSL) was developed for young people with anxiety and depression. SSL is based on the principles of cognitive behavioural therapy, behavioural activation, social skills training, and uses video-feedback and cognitive preparation as part of the treatment.
Objectives.– This study evaluated the effectiveness of SSL in reducing children's anxiety and depressive symptoms, and in enhancing social skills, executive functioning, and emotion regulation.
Methods.– A total of 63 children with emotional problems, aged between 8 and 10 years participated in this study. They completed a set of questionnaires to measure emotional problems, social skills and emotion regulation at pre- and post-treatment and at follow-up. They also did experimental tasks that were used to measure cognitive bias and executive functioning.
Results.– There was a significant reduction on children's emotional problems, as well as an improvement in executive functioning and positive emotional regulation strategies at post-intervention and at follow-up. Video data taken during the 2-minute speech (i.e., gaze, vocal quality, length, discomfort level, conversation flow), supported the self-report data, in showing significant improvement after the intervention.
Conclusion.– This study provides empirical support for the effectiveness of SSL in children with anxiety and depression.

https://doi.org/10.1016/j.eurpsy.2017.12.013 Published online by Cambridge University Press

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0053

Enhancing resilience in a stepwise primary preventive approach

S.J. Schmidt
University Hospital of Child and Adolescent Psychiatry and Psychotherapy Bern, University of Bern, Bern, Switzerland

Interventions with the aim to prevent mental disorders and/or to enhance resilience have become increasingly available. However, their effects are often not sustained over the long-term and their implementation in clinical practice is generally associated with a loss of efficacy and often insufficient. This may be due to the fact that patients in service settings tend to have higher rates of comorbidities and more frequently changing therapy needs than those in research settings. Thus, stepwise or modular interventions are promising as they allow the treatment protocol to be adapted to patients' individual needs. This may be especially relevant for individuals with first signs of an emerging mental disorder and/or deficits in protective factors associated with resilience because mental health problems as well as therapy motivation are highly fluctuating in this early stage of the development of mental disorders. Against this background, this talk will discuss primary prevention approaches to enhance resilience using a stepped or modular design.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Symposium: Individualised Treatments for Obsessive-Compulsive Disorders: From Bench to Bedside

S0054

Biological models in obsessive–compulsive disorder

J. Menchon
Bellvitge University Hospital-IDIBELL, University of Barcelona, Cibersam, Department of Psychiatry, Barcelona, Spain

One of the first consistent neurobiological models of obsessive-compulsive disorder (OCD) was the corticostriatal model. This model suggested a dysfunction of the cortico-striato-thalamo-cortical (CSTC) circuit, which is relevant in behavioral control functions. This model was further developed with the proposal of an imbalance between the direct and the indirect pathways within specific CSTC circuits. However, new data coming from the many neuroimage studies carried out in OCD patients have involved other specific and diverse neuroanatomical regions, such as the bed nucleus of the stria terminalis, cingulate cortex, anterior insula or the amygdala, among others. Another level of studies have examined candidate endophenotypes, neuropsychological markers and cognitive domains, such as compulsivity, cognitive and behavioural inhibition (motor inhibition, cognitive inflexibility), reversal learning, habit formation (shift from goal-directed to habitual responding), their dysfunctions in OCD and its relationship with neuroanatomical regions. At a clinical level, the heterogeneity of OCD symptoms suggests that common and different components of dysfunctional neuroanatomical regions and circuits may be involved in the clinical expression and outcome of OCD.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0055

The International College of Obsessive–Compulsive Spectrum Disorders (ICOCS) snapshot study: Results and clinical correlates

B. Dell'Osso
Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Dipartimento di Neuroscienze Unità Operativa di Psichiatria, Milano, Italy

The International College of Obsessive Compulsive Spectrum Disorders (ICOCS, www.icocs.org) gathered a series of experts in the field of obsessive compulsive disorder (OCD) and related conditions, with the common interest to improve diagnosis and encourage better deployment of resources for assessment and treatment in the filed. Amongst the various initiatives aimed at advancing, promoting and facilitating research into the causes and consequences of OCD and related conditions, the creation of a shared "snapshot" database, approximately 10 years ago, allowed to create an International large clinical sample of approximately 500 patients attending OCD tertiary Clinics worldwide, affiliated with the ICOCS. To date, the database has been analysed in different directions, allowing to generate new data in relation to the influence of specific variables (i.e. early onset and long duration of illness) over the long term course of OCD, the lifetime prevalence of specific patterns of comorbidity, of cigarette smoking, of childhood, adolescent and adult onset, of suicide attempts and of geriatric OCD within the collected sample. Of note, in some cases, significant differences were observed when the above mentioned variables were compared across the participating centers, indicating the presence of cultural/geographic peculiarities in patients suffering from OCD. In the course of the presentation, an overview of the ICOCS studies and main results will be provided as well as compared with other similar investigation in the field.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0056

Duration of untreated illness, dynamic adherence and response to treatment in OCD

U. Albert*, F. Barbaro, S. Bramante, G. Maina
University of Turin, AOU San Luigi Gonzaga, Department of Neuroscience, Psychiatric Section, Orbassano Torino, Italy
* Corresponding author.

Introduction.– OCD is a severe, heterogeneous disorder that affects nearly 2% of the adult population. Such heterogeneity may impact on the duration of untreated illness (DUI), that is the interval between the onset of the disorder and the first adequate treatment. Previous studies found that a longer DUI (>24 months) is associated with poor response to drug treatment, although the specific effect on the first treatment is not clear.
Objectives.– To determine (1) the mean DUI in a sample of OCD patients, (2) the effect of a longer DUI on treatment response, and (3) factors associated with longer DUI.
Methods.– We evaluated 251 subjects with a SCID-I (DSM-IV) diagnosis of OCD who received a pharmacological treatment according to International Guidelines. Response was defined as a YBOCS decrease $\geq$25%.

https://doi.org/10.1016/j.eurpsy.2017.12.013 Published online by Cambridge University Press

Results.– The mean DUI was 106.19 months (mean age at onset: 22.21 years, mean age at first contact with mental health professionals: 29.03 years, mean age at first adequate treatment: 31.04 years). Using the median value, a categorical cut-off for DUI of 60 months was calculated. Both using the median cutoff and using the cutoff of 24 months, a longer DUI was predictive of non-response. Factors associated with a longer DUI were an earlier age at onset, not being married, contamination obsessions and washing/cleaning compulsions, comorbid major depression, comorbid personality disorder, comorbid substance use disorder, and comorbid medical disorders.
Conclusions.– Clinicians should try to shorten as possible the DUI as it is associated with resistance to treatments and greater medical comorbidities.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0057

New treatment strategies for OCD

N. Fineberg
Hertfordshire Partnership University NHS Foundation Trust, Psychiatry, Welwyn Garden City, United Kingdom

OCD and related disorders are distressing and disabling disorders with high rates of psychiatric comorbidity. They pursue a chronic relapsing course. Of the disorders, OCD is the most researched. Treatment with CBT or SSRI is effective in about 50% of cases. For treatment-responders, continuation of SSRI is known to provide some protection, but relapse is nonetheless common. For SSRI-resistant OCD, a number of potentially efficacious augmentation strategies have been studied, of which adjunctive low dose antipsychotic is supported by the most robust data, but again the effect is highly variable.
In this lecture, we will present new data from a randomised controlled feasibility trial suggesting that combining SSRI with CBT may be more clinically effective than either monotherapy in the short term and that SSRI monotherapy may be the most clinically effective and cost effective treatment in the longer term. However, the study draws attention to the considerable variability in response that occurs within each treatment arm. There is thus considerable scope for research to identify treatments that produce better overall clinical outcomes, and for clinical or somatic markers to guide treatment selection at the level of the patient, to achieve better individualised outcomes.
To this end, novel pharmacological compounds are under investigation, including drugs acting to modulate glutamate neurotransmission. Highly Specialized Services are helpful for the most severe and enduring cases. For these individuals, experimental somatic treatments involving neuro-modulation or ablative neurosurgery may also be considered. Treatments and services will be discussed.
Disclosure of interest.– In the past several years, Dr. Fineberg has received research support from Lundbeck, Glaxo-SmithKline, European College of Neuropsychopharmacology (ECNP), Servier, Cephalon, Astra Zeneca, Medical Research Council (UK), National Institute for Health Research, Wellcome Foundation, University of Hertfordshire, EU (FP7), and Shire. Dr. Fineberg has received honoraria for lectures at scientific meetings from Abbott, Otsuka, Lundbeck, Servier, Astra Zeneca, Jazz pharmaceuticals, Bristol Myers Squibb, UK College of Mental Health Pharmacists, and British Association for Psychopharmacology (BAP). Dr. Fineberg has received financial support to attend scientific meetings from RANZCP, Shire, Janssen, Lundbeck, Servier, Novartis, Bristol Myers Squibb, Cephalon, International College of Obsessive–Compulsive Spectrum Disorders, International Society for the study of Behavioral Addiction, CINP, IFMAD, ECNP, BAP, World Health Organization, and Royal College of Psychiatrists. Dr Fineberg has received financial royalties for publications from Oxford University Press and payment for editorial duties from Taylor and Francis.
***Acknowledgement*.–** This abstract presents independent research funded by the National Institute for Health Research (NIHR) under its Research for Patient Benefit (RfPB) Programme (Grant Reference Number PB-PG-0712-28044). The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.

Symposium: Women Migrants and Refugees: A Case for Special Mental Health Needs?

S0058

Problems faced by women refugees: An overview

M. Carisius Kastrup
Dr, Own Firm, Copenhagen, Denmark

Women and men have different life conditions, they are exposed to different traumata and experiences of trust. Trust depends upon refugee women's sense of security publicly and at home and data demonstrates that public interest in sexual harassment and abuse is associated to women's general level of anxiety and sense of victimhood.
There is increasing attention paid to providing comprehensive care to refugee women recognising that many are subjected to other severe forms of abuse frequently of a sexual nature. Further, they frequently come from societies where women's role is primarily centred round the home. Such women may need particular attention when having to cope with the refugee situation in order to avoid that their particular needs are neglected in the host country when it comes to integration initiatives. Many migrant women may feel dis-empowered when coming to a new environment, and therapeutic interventions should have empowerment as a goal helping such women to develop skills to gain control over their life without infringing on others rights.
To achieve this we have to listen and support the proposals to solutions these women bring forward even if they do not coincide with our own ideas, discuss their solutions and try to understand their cognitive and emotional world view by building a bridge over cultural incongruence. But also to support any initiative that may diminish women's confidence in being protected against violence and abuse at home. This is a major public health issue presently and a challenge to psychiatry.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0059

How to address the perinatal needs of women refugees: An example from France

A.L. Sutter-Dallay*, E. Glatigny-Dallay
Perinatal Psychiatry Network, University Department of Adult Psychiatry, Bordeaux cedex, France
* Corresponding author.

The reception of migrants has become a major concern of European governments, but also of health professionals, because of the overall precariousness of these populations. The separation

https://doi.org/10.1016/j.eurpsy.2017.12.013 Published online by Cambridge University Press

of families during their migration is unfortunately frequent, and many women are alone with their children upon arrival. When a pregnancy is in progress the vulnerability, especially psychological, of these women is extreme, since the perinatal period is in itself and for all women a period of transition and stress. In this paper, we will present, based on a clinical case, the system of prevention and care that was developed by a perinatal psychiatry network, to best support these populations of migrant women and infants as early as possible. This organization is based on the elaboration of coordinated and graduated pathway to care, both for their somatic and psychosocial healths, according to the different vulnerabilities of each family and associating all the actors of the perinatal health. The obstetrical and paediatric teams as well as social services are associated to the work of perinatal psychiatry services (from joint admissions to home visits), with a particular attention to the notion of "joint care", for the mother and the child, but also the rest of the family.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0060

Trauma and migration

M. Schouler-Ocak
Psychiatric University Clinic of Charité at St. Hedwig Hospital, Psychiatry and Psychotherapy, Berlin, Germany

Forcible displaced people constitute one of the highest risk groups in terms of developing mental disorders and are one of the most vulnerable groups in society. Although the worldwide numbers of refugees and asylum seekers show an upward trend. The proportion of traumatised people with a serious mental disorder is very high, the available healthcare systems are not prepared for this specialised group of traumatised migrants. The precarious situation which many of the afflicted find themselves in means that it is even more important to bring refugees and asylum seekers under the spotlight of diagnostic and therapeutic attention.

Many studies reported on the multiple and highly complex stressors with which refugees are often faced, and which are at risk of having a lasting impact on their mental health. These might be experiences of traumatisation before, during and after the actual journey of migration. If they succeed in leaving the crisis area, this journey is often a long and tortuous one on which they may be exposed to other traumatic events. When they finally arrive in the host country that they may have long been yearning for, they usually have to deal with sharing cramped accommodation, often with very poor sanitary facilities, next door to strangers from other cultures and unable to make themselves understand. A lack of future perspectives exacerbates the situation.

In this talk current data from a representative study on the mental health situation of female refugees and asylum seekers will be presented and discussed.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0061

Risk factors for depression and PTSD amongst homeless refugees

M. Melchior
Pierre Louis Institute of Epidemiology and Public Health, Social Epidemiology, Paris, France

Migrants tend to have higher levels of mental health difficulties than the native population, especially if the reasons for which they migrated include violent causes. Additionally, migrants tend to experience high levels of socioeconomic difficulties, which could further compound their mental health difficulties. We aimed to describe the level of mental health difficulties among migrant women who are homeless, a particularly vulnerable population. Using data from the ENFAMS survey conducted in the Paris region, we find that migrant women who do not have permanent housing have approximately threefold levels of depression and post-traumatic stress disorder compared to the general population. This excess risk is related to exposure to traumatic events and family disruptions prior to, during and after migration. Nevertheless, the level of access to mental health care is negligible. Overall, our findings point to the high vulnerability of migrant women who experience socioeconomic disadvantage, and the need for the health care system to design appropriate interventions to address their mental health needs.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Symposium: Promoting Mental Health Following Terrorist Attacks

S0062

Violence: Could psychiatry have a role in understanding and eliminating it?

L. Küey
Istanbul Bilgi University, Department of Psychology, Istanbul, Turkey

Scientific models constructed to understand the human violence and aggression refer to the interaction of biological, psychosocial, cultural and economo-political factors. The links between violence, aggression and mental health are well documented. Violence and related consequences should be treated as a major public mental health issue.

The forms and degree of violence are highly determined by the psychosocial milieu. Furthermore, people with high levels of exposure to violence, report more psychological maladjustment and interpersonal problems. The cycle from exposure to later perpetration of aggression triggers the vicious circle of violence.

Mass violence, terrorist attacks and human rights violations, challenge five core adaptive systems subserving the functions of "safety," "attachment," "justice," "identity-role," and "existential-meaning." Race, ethnicity, gender, and religion based prejudice and discrimination have caused vast human suffering in almost all societies across the world. Many mass violence acts and terrorist attacks have been executed in the name of such group differences. Violence while creating unstable and risky victories on one side, also creates loss of lives and disability on the other. Neither the "winners" nor the "loosers" can live in a trust worthing human environment. Violence begets violence. The mounting of aggression and violence in the social environment diminishes the ability of self-control; this loss of self-control causes feelings of shame and quilt and more hate; and the double helix of violence brings both groups to a common end; even having different reference systems, the outcome is the same: violence towards the other.

Increasing evidence shows that violence we suffer is neither fated nor inevitable; and cooperation and solidarity are also self-reinforcing human behaviors.

Psychiatrists and mental health professionals have a long history of aiming and practicing more inclusive ways of solving conflicts of interests between in-groups and out-groups. This presentation aims to discuss the role that psychiatry and mental health field could play in understanding and preventing the development of violent behavior.

https://doi.org/10.1016/j.eurpsy.2017.12.013 Published online by Cambridge University Press

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0063

Utoya, Nice, Munich: Is there a psychopathological link in recent terroristic attacks?

A. Raballo
Norwegian University of Science and Technology, Department of Psychology, Trondheim, Norway

Self-declared anti-multiculturalist, anti-Marxist, anti-Islamist, as well as "the greatest defender of conservative culture in Europe since 1950", Anders Behring Breivik killed 77 people on July 22, 2011. On July 14th 2016, Mohamed Lahouaiej-Bouhlel, drove a refrigerator truck on the crowd celebrating Bastille Day on the Promenade des Anglais in Nice. A few days later, on the fifth anniversary of Utøya, Ali David Somboly, caused 9 dead and 35 wounded before committing suicide in the Olympia shopping center in Munich. Despite contingent contextual differences, the recognizable psychopathological trajectories of all the three, reveal important commonalities that might be worth analysing.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0064

The role of scientific societies in promoting positive mental health

A. Fiorillo*, M. Luciano
University of Campania "Luigi Vanvitelli", Department of Psychiatry, Naples, Italy
* Corresponding author.

Terroristic attacks and disasters represent a growing concern in modern society, nurturing the perception of global insecurity in the general population. The impact of terroristic attacks on mental health is not limited to inhabitants of the country under attack; it also extends to people far away and without immediate relation to it. Many international professional bodies are trying to counteract the detrimental effects of terroristic attacks on mental health and wellbeing. In particular, understanding the complex biological, psychological and social roots of violence and terroristic attacks can lead to the formulation of specific interventions that can prevent or alleviate consequences. Moreover, clarifying that terrorism is not a mental disorder but a phenomenon often associated with oppression and absence of opportunities for free expression can reduce stigma attached to mental disorders.
Tasks for psychiatrists will include to: (a) provide a psychopathological analysis of the process of radicalization; (b) clarify the relationship between terrorism and mental health; (c) develop strategies for managing mental health in victims of terroristic attacks; (d) develop guidelines for de-radicalization of terrorists; (e) promote the communication with media professionals.
In conclusion, in an era of uncertainty and terrorism, scientific associations may play a crucial role in the promotion of positive mental health and wellbeing in the general population from an educational, research and clinical practice viewpoint.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Symposium: New Challenges in the Treatment of Negative Symptoms in Schizophrenia

S0065

Pathophysiology of negative symptoms – Current developments and their implications for treatment

S. Kaiser
Geneva University Hospitals, Adult Psychiatry Division, Geneva, Switzerland

Negative symptoms include two main domains – diminished expression and diminished motivation (or apathy). Diminished expression consists of the individual symptoms alogia and affective flattening, while diminished motivation includes avolition, asociality and anhedonia. Here we provide an overview on recent research differentiating the pathophysiology of apathy and diminished expression.
Research on apathy and diminished motivation has concerned the processes underlying goal-directed behavior, in particular those related to reward processing. The main constructs of interest concern a reduced anticipation of pleasure and reward, a dysfunctional computation of efforts and costs related to an action and finally impaired learning from rewarding outcomes. In addition, apathy has also been linked to cognitive function, in particular an impairment in the processes relevant for planning and executing goal-direct actions.
The domain diminished expression has thus far received less attention. An effect of limited cognitive resources on expressivity has been proposed, while recent research has more directly addressed the processes related to emotional responsivity. Overall, a comprehensive model of diminished expression is still lacking.
The development of treatment approaches is only beginning to take the heterogeneity of negative symptoms into account. Nevertheless there is initial evidence that different psychotherapeutic approaches might specifically improve one negative symptom domain, while there are very few psychopharmacologic studies addressing this issue.
Disclosure of interest.– SK receives royalties for cognitive test and training software from Schuhfried (Austria).

S0066

What are the best assessments to target negative symptoms in clinical and research practices?

S. Dollfus[1,*], C. Delouche[2], R. Morello[3]
[1] *University of Caen Normandie, Department of Psychiatry, Caen, France;* [2] *CHU Caen, Department of Psychiatry, Caen, France;* [3] *CHU Caen, Department of Biostatistics, Caen, France*
* Corresponding author.

Severe negative symptoms are found in many patients with schizophrenia. The assessment of negative symptoms is challenging due to the low inter-rater reliability and the interrelations with other dimensions, such as depression, extrapyramidal symptoms, social withdrawal secondary to positive symptoms, and institutionalization. Moreover, these symptoms are responsible for impaired social functioning and have a deleterious impact on the quality of life. In this context, the use of standardized assessment tools may be pertinent to improve the identification of negative symptoms and their treatment. A recent review of the literature included nearly 20 tools used to assess the negative dimension of schizophrenia. Recently, new scales have appeared, the most well-known being

https://doi.org/10.1016/j.eurpsy.2017.12.013 Published online by Cambridge University Press

the Brief Negative Symptoms Scale (BNSS) and the Clinical Assessment Interview for Negative Symptoms (CAINS), which meet the criteria presented at a consensus conference on the agreement of negative symptoms.
An analysis of the tools highlighted the predominance of assessments based on observer ratings (hetero-assessments) over self-assessments, as well as the need to evaluate five negative dimensions (asociality, blunted affect, avolition, anhedonia, and alogia). Recently Motivation and Pleasure Scale Self-Report (MAPSR), a version of the CAINS self-report, was developed but it fails to cover the five negative dimensions required.
Self-assessment is pertinent as it allows the patients to evaluate their overall functioning and requires their participation and analysis of their own symptoms. Moreover, self-assessment is a time-efficient method for the initial identification of negative symptoms and could be useful for detecting negative symptoms in the early stages of schizophrenic disease. In addition to hetero-evaluation, self-evaluation also provides clinical information not necessarily detected by caregivers or medical staff in a standard interview and can provide some information on the symptoms recognized by the patients themselves.
This presentation aimed to present a novel tool, the Self-evaluation of Negative Symptoms (SNS), and demonstrate its validity, its specificity and sensitivity in patients with schizophrenia compared to healthy subjects and patients with depression.
Disclosure of interest.– Expert: Fabre, Janssen, Lundbeck, Gedeon. Conference: Lundbeck/Otsuka, Janssen.
Reference
[1] Dollfus S, Mach C, Morello R. Self-evaluation of negative symptoms: a novel tool to assess negative symptoms. Schizophr Bull 2016;42(3):571–8.

S0067

Pharmacological treatment of negative symptoms in schizophrenia

I. Bitter
Semmelweis University, Psychiatry and Psychotherapy, Budapest, Hungary

Negatives symptoms represent a core domain of psychopathology in schizophrenia and are associated with poor functioning and structural brain changes. Primary (predominant and persistent) negative symptoms respond poorly to antipsychotic treatment. Clinical studies testing a number of drugs with various mechanism of action could not show clinically meaningful efficacy in the treatment of primary negative symptoms.
Recent development of partial agonist drugs antipsychotic drugs preferentially binding to D3 receptors as compared to D2 receptors, such as cariprazine and F 17464 [1] may offer new options for the treatment of predominant and persistent negative symptoms while having the "traditional" antipsychotic efficacy in the acute phase against positive symptoms and being efficacious in the relapse prevention. Preclinical research about D3 receptors provided a good basis for the clinical development of drugs affecting these receptors [2]. Cariprazine has been found significantly superior in a head to head comparison to risperidone in the treatment predominant and persistent negative symptoms as measured by the Marder factor of the PANSS scale, and this improvement was associated with significant improvement in the functioning of the patients [3].
Non-dopaminergic drugs are also in the phase of clinical development for the treatment of negative symptoms, such as pimavanserin (which is a drug registered by the FDA for the treatment of psychosis in Parkinson's disease, see Pimavanserin in the references below [4]) and MIN-101 [5].
Drug treatment has to be delivered as part of a comprehensive treatment program [6].
Disclosure of interest.– Grants and personal fees from Eli Lilly, and personal fees from EGIS, Janssen/Janssen-Cilag, Lundbeck, Medavante, Gedeon Richter, Pierre Fabré and Servier.
References
[1] Bitter I et al. Eur Psychiatry 2017;41(Suppl.):S387.
[2] Sokoloff P et al. Eur J Neurosci 2016;1–18.
[3] Nemeth G et al. Lancet 2017; 389:1103–13.
[4] Pimavanserin: https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/207318lbl.pdf.
[5] Davidson M et al. Am J Psychiatry 2017;174(12):1195–202.
[6] Kane J et al. Am J Psychiatry 2016;173:362–72.

S0068

Cognitive behavioral therapy of negative symptoms in schizophrenia

L. Lecardeur
Centre Hospitalier Universitaire de Caen, Equipe Mobile de Soins Intensifs – Centre Esquirol, Caen, France

Current models of negative symptoms include blunted affect, anhedonia, alogia, asociality and avolition. These symptoms can be seen as primary, i.e. intrinsic to the pathophysiology of psychotic disorders and/or as secondary, i.e. induced by other factors such as positive symptoms, comorbid social anxiety or side effects of medication. Negative symptoms are mostly enduring or persistent, they strongly decrease patients' functioning and do not respond to available antipsychotic medication. The goals of Cognitive behavioral therapy (CBT) are diverse, ranging from specific symptom reduction, increased insight and understanding of illness, distress reduction, and the development of adaptive coping skills. CBT is currently the only psychotherapeutic treatment that has proven evidence of efficacy to alleviate some of negative symptoms (i.e. apathy, avolition, poverty of content and thought, flat affect). The group studies available also report beneficial effects from this type of CBT on negative symptomatology. The aim of the conference is to describe latest results of CBT in the treatment of negative symptoms in patients with schizophrenia.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Symposium: Molecular and Brain Imaging Biomarkers of Response to Lithium Treatment

S0069

Transcriptomics and miRNomics combining analyses in lymphoblastoid cell lines of bipolar patients identified networks associated with treatment response

A. Cattaneo
IRCCS Fatebenefratelli Brescia, Biological Psychiatry Unit, Brescia, Italy

Bipolar disorder is a highly prevalent disorder, and it is considered among the most burdensome condition worldwide, with a high rate of suicide attempts. This is also in part associated with the high heterogeneity of the disorder, that in turn can influence the correct diagnosis and thus the future disease course and outcome. lithium is the most frequently recommended first-line treatment in clinical practice guidelines, however, around the 30–55% of individuals

https://doi.org/10.1016/j.eurpsy.2017.12.013 Published online by Cambridge University Press

do not benefit of the treatment with consequences for the severity of illness. Up to know, there are no biological biomarkers that can identify the patients that will not benefit of lithium treatment and thus that should be treated with different options from the beginning.
Here in this talk, I will show a novel approach to identify possible blood biomarkers associated with treatment response by using lymphoblastoid cell lines obtained from patients with bipolar disorder and characterized for lithium response by using the Alda questionnaire that includes 6 categories of prophylactic response from no response for at least two years of treatment to no relapse for three years.
In particular, first I will show transcriptomic and miRNome signatures specifically associated, in these cells, with patients that do not successfully respond to lithium. Moreover, I will show a combining approach, where genes differentially expressed in responder patients versus non-responders will be integrated with miRNAs, that, similarly, will result as differentially expressed in responders versus non-responders. This will allow the identification of a gene expression signature more specifically associated with treatment response, and of another one associated with non-response to lithium.
The identification of these biomarkers could open a novel scenery not only in the early identification of patients where lithium will fail, but also, in the identification of novel pathways and network to be used for the development of novel pharmacological or non pharmacological interventions.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0070

DNA methylation signatures of lithium response

C. Marie-Claire[1,*], F. Bellivier[2], B. Etain[2]
[1] *INSERM UMR-S 1144, Variability of Response to psychotropic drugs, Paris, France;* [2] *AP-HP, GH Saint-Louis – Lariboisière – F. Widal, Psychiatrie et Médecine Addictologique, Paris, France*
[*] Corresponding author.

Lithium (Li) is used as a first line prophylactic agent in bipolar disorder (BD). It has proven its efficacy for acute manic episodes treatment, mood relapses prevention and suicidal behaviors reduction. However, only one third of the patients fully respond to this treatment. In the absence of robust clinical predictors a lengthy treatment trial is needed to characterize responders. Identification of biological biomarkers that are associated with response to Li is a first step toward predictive and personalized BD patients care. Epigenetic modifications such as DNA methylation have been proposed to be associated with response to treatment in several pathologies. In order to identify a profile of differentially methylated regions (DMR) we performed a genome-wide methylation study of total blood DNA from BD patients excellent responders (ER) and non-responders (NR) to Li. We identified 323 DMR in ER as compared to NR (FRD < 0.05). Li response was associated with specific methylation changes in genes involved in neuronal compartments and inflammation. In addition, after correction for co-medications we identified a signature of 3 DMR significantly associated with lithium response in patients. The identification of a signature able to discriminate between ER and NR within a small number a patients is very encouraging and should be tested in prospective studies.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Symposium: From New Psychotropic Drugs to Psychodelic Medicine: Risks and Challenges of Research Chemicals in Psychiatry

S0071

Renaissance of serotonergic hallucinogens in psychiatry

B. Quednow
Psychiatrische Universitätsklinik Zürich, Experimentelle und Klinische Pharmakopsychologie, Zürich, Switzerland

After the discovery of the psychedelic effects of LSD in 1943 by Albert Hoffmann, the therapeutic potential of the compound was rapidly and intensively investigated across the 1950s. In the course of the 1960s psycholytic psychotherapy was propagated, whose advocates hoped to initiate salutary psychoanalytical processes in their patients by psychedelic experiences. In the frame of the counter culture of the 1960s and 1970s, self-experiments with serotonergic hallucinogens, such as LSD, mescaline, and psilocybin, got popular resulting in the criminalization of these substances at the beginning of the 1970s. Subsequently, recreational use of serotonergic hallucinogens decreased, while in parallel also human research with these drugs but also psycholytic therapy approaches faded out more and more. Since the end of the 1990s serotonergic hallucinogens now experience a revival in science and youth cultures. With the rise of electronic music styles, the consumption of serotonergic hallucinogens increased again and beyond the classical compounds also "novel psychoactive substances" drugs came to the drug market such as the 2C drugs, NBOMe derivates, benzodifurans, and novel tryptamines and ergolines. In psychiatry, serotonergic psychedelics, like psilocybin, DMT/Ayahuasca, and LSD, are in the research focus once more and have been recently proposed for the treatment of affective disorders and addiction. Correspondingly, psycholytic therapy approaches are currently controversially discussed again. Surprisingly, even after decades of research the potential neuropsychiatric long-term consequences of repeated administrations of serotonergic hallucinogens are still unclear.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0072

Gamma-hydroxybutyric acid (GHB): Between euphoria and dependence

H. Beurmanjer
Radboud University, NISPA, Nijmegen, The Netherlands

Gamma-hydroxybutyric acid (GHB); between euphoria and dependence
The drug GHB (Gamma hydroxybutyrate) has long been known as a "relaxant energizer with erotic qualities". However, recent years have demonstrated addiction as a more dark side of recurrent GHB use. When used in small amounts, GHB provides a peaceful feeling and a sexually stimulating effect, higher doses lead to coma and hypo ventilation. When used regularly, tolerance develops rapidly within a couple of weeks. As a result many of the regular users may develop GHB dependence and finally addiction. In recent years there has been a steady rise in GHB-dependent patients, as indicated by among others a rapid increase in the number of admitted GHB-dependent patients at addiction care centers all over the Netherlands. Relapse and care consumption are among the highest of all substance dependent patients. This group is characterized by high levels of anxiety, poor quality of life and a wide range of other problems.

https://doi.org/10.1016/j.eurpsy.2017.12.013 Published online by Cambridge University Press

On the other hand, GHB is used in several countries to treat alcohol dependence, and in The Netherlands detoxification of GHB dependent patients is often assisted by gradual tapering of pharmaceutical GHB. In this talk pros and cons of GHB use and its potential in the treatment of addictive behaviors will be discussed.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0073
MDMA as a treatment targeting addictive processes
B. Sessa
Imperial College London, Medicine, London, United Kingdom

As a child psychiatrist I take a developmental perspective to adult mental disorder and addictions. High rates of treatment resistance for PTSD and the challenge of tackling unremitting addictions with high rates of relapse leaves me feeling clinically impotent as a doctor. My work with abused children, seeing them grow into damaged and addicted adults, has brought me to the door of MDMA Therapy as psychiatry's best opportunity for a therapeutic breakthrough.
I will describe the on-going MDMA study that I am leading in the UK, based in Bristol, an open-label feasibility study using a course of MDMA-assisted psychotherapy to treat alcohol use disorder.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Symposium: Section Symposium: Using Technology to Respond to the Mental Health Needs For the Mentally Ill Worldwide: Mobile Devices, Telemedicine, Outcomes Management and Virtual Reality

S0074
Advances in mobile mental health: Opportunities and implications for the spectrum of e-behavioral health services
D. Hilty
Keck School of Medicine at USC and LAC+USC Medical Center, Los Angeles, USA

Objectives.– (1) Define mobile health (mH), elucidate its roots in medicine, describe its philosophical approach, and link its components with service delivery and outcomes particularly related to mobile mental health (mMH). (2) Compare and contrast mMH to a range of e-MH services including telepsychiatry, and describe how one employs it within a service delivery system – and how healthcare may be built around it. (3) Provide an approach to clinical care, education/training, administration and evaluation so that quality care is provided and participants adapt well to incorporation of new technologies.
***Abstract*.–** Mobile health, telemedicine and other technology-based services facilitate mental health service delivery and may be considered part of an e-mental health spectrum of care. Web- and Internet-based resources provide a great opportunity for the public, patients, healthcare providers and others to improve wellness, practice prevention and reduce suffering from illnesses. Mobile apps offer portability for access anytime/anywhere, are inexpensive versus traditional desktop computers, and have additional features (e.g. context-aware interventions and sensors with real-time feedback). This paper discusses mobile behavioral health options, as part of a broader framework of e-behavioral health options. The evidence-based literature shows that many people have an openness to technology as a way to help themselves, change behaviors and engage additional clinical services. Clinicians need an evidenced-based app and to use it in an evidenced-based approach to care. It may be better to be selective with an app or two and track it rather than using too many apps. Mobile health outcomes have been rarely, directly compared to in-person and other e-mental health care options. Nor are they evaluated nor linked with specific goals and desired clinical outcomes. Skills and competencies for clinicians are needed for mobile health, social media and other new technologies in the e-behavioral health spectrum, in addition to research by randomized trials and study of health service delivery models with an emphasis on effectiveness.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0075
The use of a telemedicine model and its logistics to reach as many European refugees as possible
D. Mucic
Little Prince Treatment Centre, E-Mental Health, Copenhagen, Denmark

There is a number of research describing difficulties in dealing with cross-cultural patients. Access to relevant care as well as its availability are often limited due to: (a) lack of respective qualified resources, (b) linguistically, cultural and even racial barriers in addressing of mental health care needs of cross-cultural patient population. By use of various e-Mental health applications, primarily videoconference, we may improve assessment and/or treatment of refugees and asylum seekers on distance, e.g. Arabic speaking psychiatrist located in Sweden would be able to assess and/or treat refugees from Syria located in Germany). Specialized centres for treatment of refugees would also be able to get second-opinion service from remote experts and use it in order to confirm or reconsider diagnosis as well as the treatment options.
Methods.– Specialized centres for treatment of refugees might be connected via videoconference in order to exchange expertise and get second-opinion. Various e-mental health apps might be used in order to increase access to care.
Expected results.– Establishment of international network of cross-cultural experts enables to:
1. Improve the mental health care across national boundaries by providing psychiatric consultations to other countries within EU.
2. Conduct International Treatment Team with Select Skills (e.g. Sign Language and Many Foreign Languages Staff).
3. Provide Distance Supervision and Staff Consultation.
4. Provide Psycho Education of caregivers.
5. Improve Distance Learning via Case Conferencing and Best Practice Demonstration Across the National Boundaries.
6. Create Data Base over cross cultural and other select skills professionals within EU.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0076
Virtual reality in the treatment of fear of heights and other anxiety disorders – Polish experience
K. Krysta
Department of Rehabilitation Psychiatry, Medical University of Silesia, Katowice, Poland

https://doi.org/10.1016/j.eurpsy.2017.12.013 Published online by Cambridge University Press

In the last two decades a new promising method used in mental disorders, especially anxiety disorders has become virtual reality (VR). Virtual reality exposure therapy (VRET) is a more and more popular treatment method for anxiety and specific phobias. It can be an alternative to other, more traditional exposure-based therapies, like cognitive-behavioral treatments and in vivo exposure therapy, and it is based on immersion in virtual environment generated by a computer, which decreases the phenomenon of avoidance and creates good possibilities to work with emotional problems. Patients are exposed to virtual environments that resemble feared real-life situations. The spectrum of anxiety disorders, which can be treated with VRET is very wide and includes: phobias, panic disorder, posttraumatic stress disorder, as well as acrophobia, or fear of heights, which is a widespread and debilitating disorder affecting about 1 in 20 adults and agoraphobia. Here were present results of a Polish study, in which we recruited a group of patients invited to take part in a project of the behavioral therapy of acrophobia or psychogenic vertigo with the use of MOTEK CAREN (Computer Assisted Rehabilitation Environment) system, which is a versatile, multi-sensory virtual reality system used for treatment and rehabilitation of human locomotion. The patients underwent a series of trainings, the preliminary results of which results show a reduction of the STAI scores and salivary cortisol levels. These early observations predict the possibility that this method may become an effective way of behavioral treatment of anxiety disorders.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Symposium: Emerging Disorders or Their Risk Factors: What Should Be the Target of Prevention?

S0077

Indicated prevention in psychosis: Developmental aspects

F. Schultze-Lutter
Heinrich Heine University, Department of Psychiatry and Psychotherapy, Duesseldorf, Germany

Psychotic disorders are a leading cause of disability-adjusted life years (DALYs); and although schizophrenia occurs infrequently in childhood and early adolescence, it is the ninth main cause of DALYs in boys between the ages of 10 and 14 years, and second main cause of DALYs in both genders between the ages of 15 and 19 years. A prodromal phase, which can last several years on average, precedes a majority of first-episode psychoses; it frequently leads to some decline in psychosocial functioning already but also offers an opportunity for an early detection of psychosis, and thus, for its indicated prevention. To this, two clinical high risk approaches, which had been developed in adult samples, are currently mainly followed, the ultra-high risk (UHR) criteria and basic symptom criteria. The UHR criteria were explicitly developed to predict a first-episode psychosis within 12 months, and indeed, the majority of conversions in clinical UHR cohorts do seem to occur within the first 12 months past initial assessment. The main UHR criterion, i.e. the attenuated psychotic symptoms (APS), includes symptoms that resemble positive symptoms of psychosis like delusions, hallucinations, and formal thought disorders with the exception that some insight into the abnormal nature of these experiences is still maintained. In contrast, the basic symptom criteria aim to detect the increased risk of psychoses at the earliest possible time using first subtle disturbances in information processing, which are experienced with full insight. Ideally, these changes should be detected when the person's coping abilities have not yet been compromised and when the initial symptoms of an emerging disorder have not yet resulted in any functional decline. First results of prospective and community studies indicate that a combination of both approaches might be most favorable to increase sensitivity and a timely risk detection, in addition to establishing a change-sensitive risk stratification approach. However, as earlier indicated by reports of increased rates of hallucinatory experiences in children of the community, developmental aspects might play an important role, recent studies suggest both UHR and basic symptom criteria might be less predictive of psychosis and less clinically relevant in children and adolescents. Thus, an early detection of psychosis in children and adolescent seems to require special efforts.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0078

Strategies to identify individuals at high risk of developing first episode mania

J. Scott
Neuroscience, Academic Psychiatry, Newcastle upon Tyne, United Kingdom

Background.– A clinical and research challenge is to identify which depressed youth are at risk of "early transition to bipolar disorders (ET-BD)." This paper described a 2-part study that (1) examines the clinical utility of previously reported BD at-risk (BAR) criteria in differentiating ET-BD cases from unipolar depression (UP) controls; and (2) estimates the Number Needed to Screen (NNS) for research and general psychiatry settings.
Methods.– Fifty cases with reliably ascertained, ET-BD I and II cases were matched for gender and birth year with 50 UP who did not develop BD during 2 years of prospective follow-up. We estimated the clinical utility for finding true cases and screening out non-cases for selected risk factors and their NNS. Using a convenience sample ($N = 80$), we estimated the NNS when adjustments were made to account for data missing from clinical case notes.
Results.– Sub-threshold mania, cyclothymia, family history of BD, atypical depression symptoms and probable antidepressant-emergent elation, occurred significantly more frequently in ET-BD youth. Each of these "BAR-Depression" criteria demonstrated clinical utility for screening out non-cases. Only cyclothymia demonstrated good utility for case finding in research settings; sub-threshold mania showed moderate utility. In the convenience sample, the NNS for each criterion ranged from ~4 to 7.
Conclusions.– Cyclothymia showed the optimum profile for case finding, screening and NNS in research settings. However, its presence or absence was only reported in 50% of case notes. Future studies of ET-BD instruments should distinguish which criteria have clinical utility for case finding vs screening.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0079

Need for a transdiagnostic approach for prevention of emerging mental disorders

S.J. Schmidt
University Hospital of Child and Adolescent Psychiatry and Psychotherapy Bern, University of Bern, Bern, Switzerland

Mental disorders are a major cause for disability-adjusted life-years in adolescence as well as adulthood. This has led to an increased interest in indicated prevention approaches to reduce the risk for

https://doi.org/10.1016/j.eurpsy.2017.12.013 Published online by Cambridge University Press

the development of a mental disorder and thereby the enormous burden and costs associated with it. Such approaches have been evaluated for several mental disorders including psychoses, affective and anxiety disorders. However, due to the limited specificity of early detection criteria, in particular for adolescents, the transdiagnostic promotion of resilience seems to be more promising than focusing on specific mental disorders and/or risk factors. Against this background, this talk will present evidence-based interventions to enhance resilience that target factors commonly related to all mental disorders, such as coping, self-efficacy and social cognition/competences.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Symposium: Current Perspectives on Behavioural Addictions

S0080

Fascination, immersion and addiction: Why we can't look away about the phenomenology of 'excessive' use

R. Graham
London Digital Mental Well-being Service, Clinical Lead, London, United Kingdom

He stands like a statue,

Becomes part of the machine

Feeling all the bumpers

Always playing clean

He plays by intuition,

The digit counters fall... Pin ball Wizard, (The Who, 1969)

Clinical work with gamers and those that use mobile devices excessively over the last decade reveals many different states of mind and levels of engagement with the technology and the content. The aim of this presentation is to explore our increasingly complex engagement with technology and how a deeper understanding can help individuals regain control, over their use. There will be a particular emphasis on immersive engagement, and how simple models of abstinence or a 'digital detox' may cause distress that reinforces use. In addition, fascination with content that is distressing or punishing is explored as state that increases the risk of mental health problems and excessive use.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0081

Social cognitions and craving reactions in Internet-communication disorder

E. Wegmann[1,*], M. Brand[1,2]
[1] *General Psychology: Cognition and Center for Behavioral Addiction Research CeBAR, University of Duisburg-Essen, Duisburg, Germany;* [2] *Erwin L. Hahn Institute for Magnetic Resonance Imaging-Essen, Essen, Germany*
[*] Corresponding author.

Introduction.– Internet-communication disorder (ICD) is considered one type of specific Internet-use disorders and contains the excessive use of online-communication applications. Cue-reactivity and craving are crucial concepts in both substance-use disorder and behavioral addiction research. Additionally, social cognitions are assumed to be specific predispositions for using online-communication applications.
Objectives.– The current study investigates the relevance of cue-reactivity, craving as well as social cognitions, such as social connectivity and fear of missing out, for ICD symptoms.
Methods.– These concepts have been recently investigated in subjects with specific Internet-use disorders such as Internet-gaming disorder or Internet-shopping disorder. Studies are summarized, which present the relevance of social connectivity in structural equation models, and which address behavioral correlates of cue-reactivity and craving.
Results.– Behavioral data support the theoretical hypothesis that cue-reactivity and craving are mechanisms underlying ICD. Auditory as well as visual cues are associated with the desire to use the smartphone and hence with tendencies of an ICD. It could also be shown that specific social cognitions intervene with cognitive and affective responses to external stimuli.
Conclusions.– The findings on cue-reactivity and craving as well as the interaction of social cognitions with further cognitive responses in ICD are consistent with the recently suggested Interaction of Person-Affect-Cognition-Execution (I-PACE) model of specific Internet-use disorders. It suggests that gratification and reinforcement contribute to the development of cue-reactivity and craving. However, social cognitions and the interaction with affective and cognitive components describe main mechanisms of an ICD. Specifications of the I-PACE model for ICD are discussed.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0082

Treatment of Internet gaming disorder

D. Kuss
Nottingham Trent University, Psychology, Nottingham, United Kingdom

A number of therapeutic approaches for *Internet Gaming Disorder* are available from a global perspective, especially in South East Asian countries. In 2013, Internet Gaming Disorder has been included in the appendix of the DSM-5, signifying a disorder that requires additional research to be included in the main manual. In 2017, the WHO's beta draft for the ICD-11 included the diagnosis of *Gaming Disorder*, which is likely to be included in the upcoming diagnostic manual, suggesting the problem is being taken seriously by clinicians and the research community. In this talk, the results of an analysis of the evidence base for Internet Gaming Disorder treatment will be outlined based on using the Consolidating Standards of Reporting Trials (CONSORT) statement. The findings show that there appear a number of problems of the assessed studies, including how Internet Gaming Disorder was defined and classified; randomisation and researcher blinding have not been applied in many studies; and limited information has been provided regarding participants and effect sizes. In addition to this, it has been reported that cognitive behavioural therapy appears to have the most empirical support; however, the limited quality of the included studies limits possible assessments. Overall, there appears an increased requirement of better research, including more consistent measurements and reports of treatment effects. The international research and treatment community is encouraged to work collaboratively to share knowledge and insight into the effectiveness of different treatment approaches for Internet Gaming Disorder, and to report these accurately based on the collectively agreed standards.

https://doi.org/10.1016/j.eurpsy.2017.12.013 Published online by Cambridge University Press

This talk is based on King, D.L., Delfabbro, P.H., Wu, A.M.S., Doh, Y.Y., Kuss, D.J., Mentzoni, R., Pallesen, S., Carragher, N., & Sakuma, H. (2017). Treatment of Internet gaming disorder: An international systematic review and CONSORT evaluation. *Clinical Psychology Review, 54*, 123–33.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0083

Comorbidities and psychological correlates of Internet addiction with and without communication features

T. Lemenager[1,*], S. Hoffmann[1], I. Reinhard[2], K. Mann[1], F. Kiefer[1]
[1] *Central Institute of Mental Health, Medical Faculty Mannheim/Heidelberg University-Germany, Department of Addictive Behaviour and Addiction Medicine, Mannheim, Germany;* [2] *Central Institute of Mental Health, Medical Faculty Mannheim/Heidelberg University-Germany, Department of Biostatistics, Mannheim, Germany*
[*] Corresponding author.

Addictive Internet users present an increased rate of comorbidities, e.g. attention deficit hyperactivity disorder (ADHD), depressive and anxiety disorders. Additionally, deficits in self-concept related characteristics were found in addicted Internet gamers and social network users. The aim of our study was to examine the links from healthy to problematic to addicted Internet users in comorbidities and self-concept-related characteristics. Besides, we examined the association between recently developed ADHD-like symptoms without an underlying diagnosis and addictive Internet use.
Results will be presented and discussed in the talk.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Symposium: Behavioural Addictions: Motivations and Classification Updates

S0084

Similarities and differences in the motivational background of substance use and behavioral addictions

Z. Demetrovics[1,*], T. Kurimay[2], O. Király[1]
[1] *ELTE Eötvös Loránd University, Institute of Psychology, Budapest, Hungary;* [2] *Saint John Hospital, Pscychiatry, Budapest, Hungary*
[*] Corresponding author.

The aim of the presentation is to discuss the motivational background of different substance use and other addictive behaviors. Drinking motives were found to be proximate predictors of alcohol consumption and the development of the Drinking Motives Questionnaire (DMQ) opened the door to examine the motivational background of other substance use behaviors as well as behavioral addictions. The paper summarizes results of the past ten years aiming to understand the motivational background of alcohol and cannabis use and presents more recent findings regarding the motives behind gambling and video gaming. Studies revealed that people have similar motives to gamble and to play video games than they have to drink alcohol or to use cannabis, however, relevant differences were also identified. Findings support the assumption that motives play an important role in behavioral addictions as well as in substance-related addictions, and that they play a significant role in mediating psychiatric symptoms and personality characteristics.
The paper was supported by the Hungarian National Research, Development and Innovation Office (Grant Numbers: K111938, KKP126835).
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0085

Physical exercise, motivation, exercise addiction

T. Kurimay[1,*], Z. Demetrovics[2]
[1] *Saint John Hospital, Psychiatry and Psychiatry Rehabilitation, Budapest, Hungary;* [2] *ELTE Eötvös Lóránd University, Department of Clinical Psychology and Addiction Institute of Psychology, Budapest, Hungary*
[*] Corresponding author.

A motivational understanding of addiction, including behavioural addictions helps us to puzzle both the reinforcing and conditioned motivational effects of different forms of addictive cycles. An optimal level of regular physical activity is one of the most important factors of the maintenance of physical and mental health. Too much exercise however can sometimes have adverse effects. Similarly to other addictive behaviors, exercise addiction (EA) can also be described by mood modification, salience, tolerance, withdrawal symptoms, personal conflict, and relapse. EA as all addictions, has a negative interference with social life, which is getting more attention both in the scientific and in the public literature. The prevalence of risk for exercise addiction is approximately 3% among the exercising population. Exercise addiction has not yet been classified in any diagnostic systems, however exercise addiction is often categorized as a behavioural addiction. One of the reason would be the classification difficulties of EA, that research examining exercise addiction is primarily based on self-report questionnaire studies and interviews, while clinical studies are rarely available. Understanding the function of motivations in subjective experiences in salience, compulsion, an impaired control of EA potentially can help us revealing the cyclic nature of relapse. The presentation will review the current evidence and dilemmas for the motivational aspects of EA.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0086

Challenges in diagnosis and classification of gaming and gambling disorders

J.B. Saunders
University of Queensland, Centre for Youth Substance Abuse Research, Brisbane, Australia

With developments in the power and coverage of Internet (on-line) technologies, new forms of problematic gaming and gambling have emerged. Most notable of these have been role-playing games, multiplayer on-line games, and on-line betting. Concern has been expressed from members of the community, families, health professionals and those with problematic gaming and gambling themselves from countries around the world. This presentation focuses on the features of gaming and gambling when they become disorders and will review the central characteristics, which have seen them placed in the addictive disorders sections of DSM-5 and ICD-11, the latter being scheduled for publication in 2018. Gaming and gambling disorder share some features with addictive disorders from psychoactive substances. However some features such as “chasing” and immersion are unique, and whether physiological

https://doi.org/10.1016/j.eurpsy.2017.12.013 Published online by Cambridge University Press

features of gaming and gambling disorder such as tolerance and withdrawal (as are seen in substance dependence) exist are matters of continuing research. Gaming and gambling disorders in the draft ICD-11 are defined as comprising (i) impaired control over the activity, (ii) increasing priority in life, such as gaming or gambling take precedence over other interests and responsibilities, and (iii) their continuation or escalation despite negative consequences. The diagnosis also requires significant impairment in personal, family, social, educational, occupational or other important areas of functioning. The presentation will review the current evidence for the addictive nature of these two disorders.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0087
Behavioural addictions, the role of psychiatric comorbidity
K. Mann*, M. Fauth-Bühler, T. Leménager, F. Kiefer
Central Institute of Mental Health Mannheim-Heidelberg University, Central Institute of Mental Health Mannheim, Mannheim, Germany
* Corresponding author.

Background.– ICD-11 will most likely diagnose Gambling Disorders in the chapter on "Substance related Disorders and Disorders due to Addictive Behaviors" (Gambling and Gaming). Considerable rates of psychiatric comorbidities contributed to this decision. The presentation will contrast findings from an own study with literature reports.
Methods.– In the "Baden-Württemberg Study of Pathological Gambling" (Mann et al., 2017), we compared 515 male pathological gamblers receiving treatment with 269 matched healthy controls. We studied differences in sociodemographic characteristics, gambling-related variables, psychiatric comorbidity (lifetime) and family history of psychiatric conditions.
Results.– Notably, 88% of the gamblers in our sample had a comorbid diagnosis of substance dependence. The highest axis I comorbidity rate was for nicotine dependence (80%), followed by alcohol dependence (28%). 16% of the patient group suffered from depression, 3% from adjustment disorder, 3% from anxiety disorders and 2% from eating disorders. Compared to relatives of control subjects, first-degree relatives of pathological gamblers were more likely to suffer from alcohol dependence (27.0% vs. 7.4%), pathological gambling (8.3% vs. 0.7%) and suicide attempts (2.7% vs. 0.4%).
Conclusions.– Due to a selection bias in treatment seeking gamblers, comorbidity rates were lower than seen in population based samples.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Symposium: Suicidal Behavior in the Vulnerable Populations: Focus on Migrants

S0088
Migrant's suicidal behaviors: A transcultural perspective
C. Gramaglia
A. Avogadro University of Eastern Piedmont, Medicina Traslazionale, Novara, Italy

Immigration and related health policies are a very important issue in Europe. Because of its location, Italy has become a key destination for migrants from North Africa – they sail across the Mediterranean Sea – as well as people from Eastern Europe. The National Institute of Statistics (ISTAT) reported that between 2008 and 2015 Italy's migrant population increased by approximately 63%.
The process of migration includes three phases, pre-migration (the decision and preparation to migrate); migration (the actual transfer); post-migration (the process of integration of immigrants in the new social and cultural context of the hosting country). Each of these phases may represent a stressor leading to an increased risk of developing psychiatric symptoms or disorders, including depression, anxiety, post-traumatic stress disorder, addiction to alcohol and drugs, loneliness, hopelessness, and suicidal behaviors. Nonetheless, the current literature reports no generalizable pattern of suicide among immigrants. It has been suggested that immigrants 'bring along' their suicide risk, at least for the initial period they spend in the immigration country, likely due to cultural and/or genetic issues. Overall most immigrant groups do not have an increased suicide risk relative to the local-born population; some may even experience substantially lower risks. On the other hand, a relationship has been found between immigrant status and type of care recommended after assessment for a suicide attempt; clear disparities were identified in the care recommendation practices toward immigrants, compared with hosts, over and above differing policies by the European Centres.
The Emergency Department (ED) is the healthcare facility most frequently used by migrants; data will be presented form a study performed by the Psychiatry Institute, Department of Translational Medicine, Università del Piemonte Orientale, Novara, Italy, with the aim of assessing the possible differences between migrants and native Italians in the pathways and results of psychiatric consultation (PC) in the emergency department (ED). Briefly, the proportion of EDPC related to suicide attempts was higher in migrants than native Italians, which is consistent with earlier studies in the literature reporting that migrants showed more self-aggressive behaviours than non-migrants and that such behaviour was often a reaction to the stresses associated with migration. Nonetheless, there was no evidence that suicide risk was higher in migrants than residents born locally. Cultural differences should be taken into account when considering expressions of distress, and further research into perceptions of distress and stressful life-events, resilience and coping strategies as possible mediators of suicidal behaviours might be worthwhile.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0089
Suicide attempt rates and intervention effects in women of Turkish origin in Berlin
M. Schouler-Ocak[1,*], M.C. Aichberger[2]
[1] Psychiatric University Clinic of Charité at St. Hedwig Hospital, Psychiatry and Psychotherapy, Berlin, Germany; [2] Charité – Universitätsmedizin Berlin, Psychiatry and Psychotherapy, Berlin, Germany
* Corresponding author.

Studies demonstrate that suicidality in female immigrants in some European countries is higher. Particularly, similar findings were reported for girls and young women of Turkish origin compared to women of the same age in Germany. Therefore, an intervention study for the target group of young women of Turkish origin was conducted in Berlin. At the beginning of the study predictors of emotional (suicidal) crisis in women of Turkish origin were analyzed in focus groups. The findings of this approach guided the development of the intervention module. The intervention

https://doi.org/10.1016/j.eurpsy.2017.12.013 Published online by Cambridge University Press

consisted of a public awareness campaign, telephone hotline in Turkish language for women in emotional crisis, and the training of key persons. The core part of the intervention phase was the telephone hotline. Basic socio-demographic characteristics, suicide method used, psychiatric diagnosis, follow-up treatment and motives were also collected. All parts of the intervention were subsequently evaluated. Our findings show that particularly young second generation women of Turkish origin present at emergency department after suicide attempts. In this talk the main results will be presented and discussed.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

S0090

Social and ethno-cultural aspects of the dynamics of the rate of suicides in the CIS countries (1990–present time)

B. Polozhy
V.P. Serbsky National Medical Research Center For Psychiatry and Addiction, Division for Ecological and Social Problems of Mental Health, Moscow, Russia

Introduction.– Analyzed the dynamics of suicides rate in the CIS countries for the period from 1990 to the present time.
Methods.– Medical, statistical, culturological.
Results.– An analysis has made it possible to single out 2 groups among them. The first one includes Belarus, Kazakhstan, Russia and Ukraine. The population of these countries refers primarily to the Slavic ethnic group with high (or close to high) level of suicide rate. In this group, suicide rates are directly related to the nature of the social situation: rapid and pronounced growth of suicides is observed in conditions of radical socioeconomic reforms and crises against the background of insufficient anti-suicidal factors. Decrease in the rate of suicides occurs slowly enough with the stabilization of the social situation. The second group of countries comprises the Central Asian States (Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan) and countries of the Transcaucasia (Armenia, Azerbaijan). The population of Azerbaijan and the countries of Central Asia differs in orientation to the eastern model of culture, massively professes Islam and experiences its powerful anti-suicide effect. The culture of the Armenian population (Christians) included an unacceptable attitude towards suicide. In general, in this group of countries, the suicide rate practically does not react to changes in the social situation and remains stable at the inherent low level.
Conclusions.– Planning suicide prevention programs in the CIS countries should be differentiated and take into account not only their rate of suicide, but also the socio-economic situation and the ethno-cultural characteristics of the population.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

https://doi.org/10.1016/j.eurpsy.2017.12.013 Published online by Cambridge University Press