

S0013

Neurobiological effects of early trauma exposure in people with eating disorders: implications for treatment

G. Cascino

Medicine, Surgery and Dentistry 'Scuola Medica Salernitana', University of Salerno, Baronissi, Italy
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Abstract: People with eating disorders (EDs) exhibit a prevalence of childhood maltreatment higher than general population and, as for other psychiatric conditions, a history of childhood maltreatment in the context of EDs has been found associated with an earlier age at onset, a greater clinical severity, a more frequent comorbidity with other psychiatric conditions and a poorer treatment response. Neuroendocrine modifications as well as a heightened biological and emotional vulnerability to acute social stressor exposure and cortical measures alterations have been reported in people with EDs and history of childhood maltreatment. This evidence suggests the possibility to identify a "maltreated ecophenotype" also in people affected by EDs which recommends grouping individuals affected by the same psychiatric condition into subgroups characterized by different clinical and biological correlates in order to tailor treatments.

Disclosure of Interest: None Declared

S0014

Immunometabolic depression: from conceptualization towards implementation

B. Penninx* and

Immunometabolic depression: from conceptualization towards implementation

Amsterdam UMC, Amsterdam, Netherlands

*Corresponding author.

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Abstract: The burden on society by depression is undisputable, partly due to a chronic course pattern and depression's large heterogeneity that contributes to non-response to standard treatments. Using data from the Netherlands Study of Depression and Anxiety (NESDA, www.nesda.nl), Penninx will illustrate both points. When examining the course of depression, especially when also considering the transitions into other affective disorders over time, chronicity is clearly more the rule than the exception (Verduijn et al. BMC Med 2017). Considering depression's heterogeneity could lead to precision psychiatry approaches that help reduce depression's chronicity. Immuno-metabolic dysregulations seem to vary as a function of depression heterogeneity: dysregulations map more consistently to "atypical" neurovegetative symptoms reflecting altered energy intake/expenditure balance (hyperphagia, weight gain, hypersomnia, fatigue and leaden paralysis). Findings are confirmed when utilizing genome-wide gene expression as well as DNA information (Milaneschi et al. Biol Psychiatry 2020). Preliminary treatment studies suggest that the presence of immuno-metabolic dysregulations in depression moderates antidepressant effects of standard or novel (immuno-modulatory) interventions. An immuno-metabolic depression

dimension could dissect depression's heterogeneity and potentially match depressed subgroups to treatments with higher likelihood of clinical success.

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S0015

On the screening, diagnosis, and treatment of adolescent and adult ADHD patients with comorbid substance use: international guidelines

C. L. Crunelle

Psychiatry, Vrije Universiteit Brussel, Brussels, Belgium

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Abstract: Attention deficit/hyperactivity disorder (ADHD) often co-occurs with substance use disorders (SUD). Together, these disorders are associated with significantly more burden for patients and society, than each alone. Patients with SUD and underlying ADHD have more complex SUD and have more poly-substance use compared with SUD patients without ADHD. A correct identification of ADHD in adult and adolescent individuals with SUD remains important regarding treatment, treatment effectiveness, and treatment retention.

Several screening tools are available and have been validated in individuals with ADHD and comorbid SUD. It is highly recommended that these are used routinely, followed by an ADHD diagnostic process initiated as soon as possible. While several treatment options are accessible, randomized controlled trials show only limited effect sizes of standard pharmacotherapy in adult and adolescent ADHD patients with comorbid SUD. Simultaneous and integrated treatment, with a combination of pharmacotherapy and psychotherapy and for both ADHD and SUD, should preferably be initiated.

We present an overview of the current international guidelines on screening, diagnosis and treatment of ADHD adults and adolescents with comorbid substance use disorders.

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S0016

Cerebral networks of apathy and goal-oriented patterns of actimetry in late-life depressionG. Robert^{1,2}

¹Academic old-age psychiatry, Centre Hospitalier Guillaume R gnier and ²Empenn, Institut de Recherche en Informatique et Syst mes al atoires (IRISA), Rennes, France

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Abstract: Apathy and goal-oriented behaviors are key dimensions of late-life depression (LLD) and are iteratively associated with cognitive decline in most neuropsychiatric disorders. However, scales and criteria remains insufficient to provide robust individual biomarkers that could foster personalized therapeutic approaches. Therefore, dimensional and digital phenotyping offer new possibilities of stratifying LLD population. This presentation will show our recent results of functional connectivity cerebral networks