suicidal behaviours. Despite this evidence, the predictive role of affective temperaments on suicide behaviours is still poorly studied. In this contribution, we will report results of a study aiming at assessing the relationship between affective temperaments and personal history of violent suicide attempts, in 74 patients with BD. Violent suicide attempts were positively associated with cyclothymic temperament and inversely to hyperthymic one. BD-I patients and patients with a clinical history of rapid cycling were significantly more represented in the group of patients with a history of violent suicide attempts. Our results suggest the role of affective temperaments in the suicidality of patients with BD.

Disclosure: No significant relationships.
Keywords: affective temperament; BIPOLAR; violent suicide; Suicide

Treatment-Resistant Depression: The Real World Evidence

S0088

Clinical characteristics of treatment-resistant depression in adults in Hungary: Real-world evidence from a 7-year-longz retrospective data analysis

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Treatment-resistant depression (TRD) is associated with poor quality of life, elevated morbidity and mortality and high economic burden.Our observational retrospective epidemiological study have estimated the rate of patients with TRD within a cohort of major depressive disorder (MDD) patients in Hungary and examine the comorbidities and mortality of patients with and without TRD.Our study included patients with MDD who experienced new onset of depressive episode and received antidepressant prescription between 01 January 2009 and 31 August 2015, using data from nationwide, longitudinal database. A patient was considered to have TRD if two different antidepressant treatments had failed during a given pharmacologically treated periode.Overall, 99,531 MDD patients were included, of which 8,268 (8,3%) met the criteria of TRD. Patients with TRD had significantly higher rate of having "Neurotic, stress-related and somatoform disorders", autoimmune disorders, cardio-or cerebrovascular diseases, thyroid disorders and suicide attempts than non-TRD patients (for all comparisons, $p < 0,005$).Ths first study to assess the frequency of TRD in Hungary have found that the proportion of TRD is in the same range as in studies with similar methodology reported form other countries. The majority of our other main findings are also in line with previous studies from other countries.

Disclosure: This study was founded by Janssen Pharmaceutical Companies of Johnsson and Johnsson. I, as scientific advisor/consultant have received honoraria as I have participated in conceptualization, investigation, validation and writing this lecture.
Keywords: Antidepressants; Hungary; Treatmen-resistant depression; Mortality

Pharmacology

Psychotropic Drug Approvals Were Not Based on ICD-11: How to Treat Disorders Newly Defined in ICD-11?

S0089

ICD-11 Primary Psychotic Disorders: What is New and May be Relevant for Treatment Selection and Outcome?

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ICD-11 was released by WHO in 2018 and approved by the World Health Assembly (WHA) in 2019. The revision for all chapters was guided by the principles of global applicability, scientific validity and clinical utility. The new chapter for mental health is termed 06 Mental, Behavioural or Neurodevelopmental Disorders (MBND). The ICD-11 with its chapter on Mental, Behavioural or Neurodevelopmental Disorders, its Mortality and Morbidity Statistics (MMS), Coding Tool and Reference Guide, Clinical Descriptions and Diagnostic Guidelines (CDDG), and other tools for translation and implementation offers an innovative approach for individualised diagnosis, treatment and care of people with mental disorders. For supporting the international process of implementation, WHO has installed an International Advisory Group for Training and Implementation of ICD-11 MBND. Development, Concept and Structure of ICD-11 will be presented. Selected changes from ICD-10 to ICD-11 like new diagnostic categories, revision of diagnostic criteria, introduction of dimensional symptom qualifiers or course descriptors, and options for complex coding with regard to their innovative strength, controversial potential and impact on diagnostics, treatment and care will be briefly discussed. National challenges for implementation - partly informed by international field trials, administrative, organisational, educational and training requirements - will be outlined. The new ICD-11 chapter on Schizophrenia or other primary psychotic disorders will serve as an example to discuss potential impact on treatment selection and outcome.

Disclosure: No significant relationships.
Keywords: ICD-11; psychotic disorders; treatment

S0090

Treating Catatonia: a Blind Spot of Psychiatry?

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Catatonia is a syndrome of primarily psychomotor disturbances associated with typical abnormalities of muscle tone. It is characterized by the co-occurrence of several symptoms of decreased, increased, or abnormal psychomotor activity. Catatonia is a neuropsychiatric syndrome, not an independent nosological entity.

Historically associated mainly with schizophrenia (e.g., catatonic subtype), ICD-11, similarly to DSM-5, now recognizes catatonia under a separate classification category, apart from psychotic disorders. In addition to schizophrenia and other primary psychotic disorders, it can occur in the context of other mental disorders, such as mood disorders, or neurodevelopmental disorders, especially autism spectrum disorder. Catatonia can also develop during or immediately after intoxication or withdrawal from psychoactive substances, including phencyclidine, cannabis, hallucinogens such as mescaline or LSD, cocaine and MDMA or related drugs, or during the use of some psychoactive and non-psychoactive medications (e.g. antipsychotic medications, benzodiazepines, steroids, disulfiram, ciprofloxacin). Moreover, catatonia can occur as a direct pathophysiological consequence of various nonpsychiatric medical conditions, e.g., diabetic ketoacidosis, hypercalcemia, hepatic encephalopathy, homocystinuria, neoplasms head trauma, cerebrovascular disease, or encephalitis. Due to the fact that catatonia was mostly associated witch schizophrenia, many cases were not diagnosed and thus did not receive indicated treatment. There are no specific "anti-catatonic" drugs, first-line treatment are benzodiazepines and ECT, in addition to the symptomatic and supportive therapy. The recognition of catatonia as an independent category in ICD-11 can improve medical care for catatonic patients in clinical practice.

Disclosure: No significant relationships.
Keywords: ICD-11; Treatment; Catatonia

Substitution Therapy beyond Methadone!

S0091

Sodium Oxybate: a Substitute for Alcohol?

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Gamma-hydroxybutyrate (GHB) is a neurotransmitter found naturally in the human brain. Sodium oxybate (SO) is the sodium salt of GHB. In 2000 GHB was classified a Schedule I controlled substance, while SO became a Schedule III controlled substance for medicinal use under the Controlled Substances Act. SO and alcohol share a similar pharmacological profile. GHB acts on $GABA_B$ receptors and extrasynaptic $GABA_A$ receptors resulting in alcohol-mimetic effects in several CNS actions. It substitutes the discriminative stimulus effects of alcohol in rats, and has cross tolerance with alcohol. All together, this leads to think of SO as a substitution therapy for alcohol use disorders. SO was initially studied in the prevention of alcohol withdrawal, and it showed similar efficacy to benzodiacepines. The studies on relapse prevention were developed later and the results are mixed and more complex to understand. While open label studies show a positive effect, RCTs have not been able to show a significant effect for the whole sample. Nevertheless, post-hoc analysis show a robust effect in the subsample of patients with high risk drinking levels, that would be the preferred target for a substitution treatment. The potential for abuse of GHB is well documented, which should be no surprise for a substitution treatment. Nevertheless, when correctly prescribed the risk of abuse of SO remains very low, as shown both in clinical trials and in the pharmacovigilance database, with more than 260000 cases documented. SO can be considered a substitution treatment, effective in patients with high risk drinking levels.

Disclosure: I was investigator in the SMO study on sodium oxybate, funded by D&A Pharma.
Keywords: sodium oxybate; relapse prevention; Alcohol Treatment

S0092

Can Prescribed Cannabinoids Substitute Cannabis?

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Legislative changes in the last years have made possible the prescription of medical cannabis in several countries, often following a growing public demand. However, the medical indications for use and the access to prescribed cannabis are still limited. Prescribers face several challenges in the form of barriers and dilemmas, often related to stigma, and deficient information and training. As a result, many people keep on using illicit cannabis for medical problems. In this session we will outline the most common controversies of cannabis prescription, particularly in psychiatry. We will discuss the ethical considerations regarding prescription practices, the benefit-risk assessment, the limitations of the current knowledge, and some potential solutions to respond to the strong demand from patients and families.

Disclosure: No significant relationships.
Keywords: medical cannabis; harm reduction; stigma; Cannabis

S0093

Opioid Substitution: More than Only Methadone!

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Opioid misuse and its rising rates of morbidity and associated mortality is an increasing area of concern worldwide. The licit/illicit consumption of opioids ranging from plant-based substances and pharmaceutical drugs (particularly analgesia) to the new synthetic opioids, has brought opioid use disorder (OUD) back to the public health concerns, including not only prevention but also availability of evidence-based treatments. Agonist opioids have demonstrated by long high efficacy and effectiveness for OUD treatment. Although methadone has been the more prescribed drug in most of the countries where opioid agonist treatment is available, other agonist opioids can be prescribed. We will present a start of the art of other agonist opioids available for the treatment of OUD, emphasizing in the differences among them, in line with of personalizing treatment in addiction. We will focus on morphine slow release, buprenorphine (with or without naloxone, sublingual or long-lasting) and diacetylmorphine.

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Keywords: buprenorphine; opioid addiction; new synthetic opioids; methadone