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Food matters: Anorexia nervosa and the microbiome: First findings of a European cooperation

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Anorexia nervosa (AN) is one of the most common chronic disorders in adolescence with still high mortality rates. Knowledge on gut-brain interaction might help to develop new treatments, as severe starvation-induced changes of the microbiome in AN-patients have been demonstrated, which do not alleviate with weight gain. In our own pilot study alpha-diversity was increased in patients with AN after short-term weight recovery, while beta diversity showed clear group differences with healthy controls before and after weight gain. A reduction of taxa belonging to Enterobacteriaceae at admission and discharge and an increase in taxa belonging to Lachnospiraceae at discharge were typically found in patients with AN. The work plan of our European project comprises an observational study and two phase II RCTs with the application of omega-3-PUFA and a multi-strain psychobiotic to both, humans and rodents. With the help of a well-established animal model for AN (activity-based anorexia, ABA), the effect of stool transplants from patients to rodents will be analysed. Longitudinal MRI will be conducted in rodents together with cellular and molecular brain analyses. In addition, immune response and circulating antibodies associated with the presence of certain bacterial strains and interaction with hunger and satiety hormones will be explored. We hope that by this translational research we may systematically investigate the role of an altered microbiome for the course of AN and to identify new therapeutic tools.

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Keywords: low grade inflammation; anorexia nervosa; Microbiome; body weight

Novel pharmacotherapeutic strategies for regaining control over alcohol intake in alcohol use disorder

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Baclofen approval in france: A balance between two conceptions of medicine

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In October 2018, France became the first country to officially approve baclofen for alcohol use disorder (AUD), even if the French Drug Agency (ANSM) officially stated that the efficacy of baclofen in AUD could be not established at this stage, in the light of the available evidence. The decision of the ANSM comprised obvious political aspects, as baclofen approval followed a decade-long practice of off-label prescription, where doses used could reach 300 mg per day or more. This situation led to a prolonged and ferocious debate between those who questioned such a widespread and unevidenced practice, and those who defended the place of an "common sense" empirical medicine. The French story of baclofen echoes other similar controversial off-label prescribing practices in the country, from the pioneer use buprenorphine for opioid use disorder in the 1990s, to the more recent off-label use of hydroxy-chloroquine during the COVID-19 outbreak. In each case, similar "pros" and "cons" arguments were opposed, highlighting the difficult interpenetration between evidence-based medicine on the one hand, and on-the-ground practice on the other hand.

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Keywords: baclofen; alcohol use disorder; drug labeling; pharmacotherapy

Suicidal risk in bipolar patients: Vulnerability and mediators?

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Prevalence and correlates of suicidal behaviour in adolescents with bipolar disorder

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Objective: To examine the prevalence and correlates of suicidal behavior among adolescents with bipolar disorder (BD).

Methods: 47 adolescents, ages 12 to 19 years (15.8 ± 2), meeting DSM-5 criteria for BD-I (n=40) and BD-II (n=7) were assessed using the KSADS-PL and tested with a battery of tests measuring mood, psychotic symptoms, life events and functioning. History of suicidal attempts (SA) was ascertained using the K-SADS-PL.

Results: One third (n=15, 32%) of the BD sample had a lifetime history of SA. There were no differences in socio-demographics factors between SA versus non- SA. BD adolescents with lifetime SA, were more likely to have lower weight at birth, a lifetime history of comorbid eating disorder, non-suicidal self-injurious behavior, 2nd degree family history of suicide attempt, and more stressful life events as compared with non-attempters. Adolescents with lifetime history of SA also showed statistically significant higher scores in depression, suicidal ideation and anxiety as compared with BD adolescents without lifetime SA. Logistic regression analysis found that the most robust correlates of SA in adolescents with BD were having 2nd degree family history of