Symposium: Early detection and early intervention for psychosis–the European status and perspectives

S064

The current European status

N. Maric [1,*], S. Andric [2], A. Raballo [3], M. Rojnic Kuzman [4], J. Klosterkötter [5], A. Riecher-Rössler [6]

[1] School of medicine- university of Belgrade, clinic for psychiatry- clinical centre of Serbia- Belgrade, Beograd, Serbia
[2] Belgrade, clinic for psychiatry- clinical centre of Serbia- Belgrade, Belgrade, Serbia
[3] Norwegian centre for mental disorders research Norment, university of Oslo, Oslo, Norway
[4] Zagreb school of medicine, Zagreb university hospital centre, Zagreb, Croatia
[5] University of Cologne, department of psychiatry and psychotherapy, Cologne, Germany
[6] University of Basel, psychiatric university outpatient department- psychiatric university clinics Basel, Basel, Switzerland
* Corresponding author.

In the last two decades, both early detection (ED) and early intervention (EI) programs and services have gradually become important and innovative components of contemporary mental health care. However, it is unclear whether ED/EI programs have consistently been implemented throughout Europe.

Here, we report results of the EPA Survey on ED/EI Programs in Europe in 2016.

A 16 item questionnaire was sent to representatives (presidents and secretariats) of 40 EPA National Societies/Associations (NPAs), representing 37 countries. The representatives were also invited to recommend a person for additional information about ED/EI services/programs in the country.

The response rate was 59.4% (22 NPAs). Fifteen out of 28 NPAs were from developed, and 7 out of 8 from economies in transition. ED/EI services have been implemented in 54.5% of the included countries, mean duration 10.0 ± 4.9 yrs. Mostly, neither ED were separated from EI, not the adults from adolescents. National plans to develop ED/EI were reported in four countries. Although national guidelines for schizophrenia exist in most of the countries (73.9%), specific chapters focusing on ED/EI and/or at-risk mental states were not included in the majority of them. Duration of untreated psychosis was unknown in 63.6%. In those who gave the estimation it was 12–100 weeks (median in weeks: 33 developed economies; 44 economies in transition).

The fields of ED/EI have been unequally developed across Europe. Still, many NPAs are without the development plans. EPA and its Sections should address the identified gaps and suggest how to harmonize services for the full range of assessments and interventions.

S065

Diagnostic procedures for prediction of psychosis - Achievements and challenges

A. Raballo
University of Oslo, Norwegian centre for mental disorder research Norment, Oslo, Norway

Individualized prognostic predictions in people at clinical high risk are crucial to tailor suitable interventions and personalized prevention. Furthermore, in recent years, the synergy between fast-pace technical sophistication in neuroscience (e.g. neuroimaging and neurophysiological) and novel bio-statistical tools (e.g. machine learning algorithms) has accelerated the development of more inclusive predictive models and magnified the potential for such individualized risk stratification enriching classical psychopathological tools. However, the clinical translation of such research insights is still circumscribed and, despite incremental optimization of assessment tools, increasingly accepted criteria to characterize at risk mental states and tumultuous advance in the field, the prediction of psychosis at such individual level remains a not fully accomplished target.

S066

Intervention in clinical high risk states - Current status and future perspectives

S. Ruhrmann
University of Cologne, department of psychiatry and psychotherapy, Cologne, Germany

Introduction　During the last twenty years, international efforts advanced the prevention of psychosis considerably. However, improved predictions as well as well-tolerated and needs-tailored interventions are still required.

Objectives　Prediction and Prevention of Psychosis

Aims Presenting the current state and new developments, including the European Union funded multi-center project PRONIA with regard to prediction (www.pronia.eu, 7th Framework Programme grant agreement n° 602152) and the German multi-center trial ESPRIT funded by the Federal Ministry of Education and Research (BMBF grants 01EE1407 C and 01EE1407I) with regard to prevention.

Methods　Results of meta-analyses will be presented and discussed with regard to achievements and challenges. Possible advances by current projects will be discussed.

Results　Pharmacological as well as psychological prevention has been shown to reduce the incidence rate of psychosis in the respective samples considerably. However, particularly social and role functioning, which are prognostically most important, are still an unsolved challenge. Furthermore, new interventions providing an improved tolerability and acceptance by the patients are required. On the level of prediction, a further improvement of predictive validity, particularly with regard to individualized risk estimation is desired.

Conclusions　The achievements in the field of prevention of psychosis are impressive, but further progress is needed. This should be achieved by studies like PRONIA, which aims at improving risk estimation by an advanced assessment concept as well as a sophisticated data analysis, and ESPRIT, which compares the effects of N-Acetylcysteine with an innovative, modular psychological

prevention program focusing not only stress and symptom management, but also social cognitive domains.

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S067

Intervention in early psychosis - Current status and future perspectives

S. Galderisi*, D. Pietrafesa, D. Palumbo
University of Campania "Luigi Vanvitelli", department of psychiatry, Naples, Italy
Corresponding author.

Introduction The delay between psychosis onset and initiation of treatment (duration of untreated psychosis, DUP) is associated with a poorer treatment response and overall functional outcome. In Europe several early detection and intervention programs have been developed to reduce the DUP and promote Phase-specific Treatments (PsTs).
Aims To review the evidence of a) the effectiveness of European Early Interventions (EEIs) in reducing DUP; b) an impact of PsTs on clinical and social outcomes; and c) EEIs cost-effectiveness.
Methods A literature search in PubMed, PsychInfo, Cochrane and individual journals through cross-referencing was performed. All European Randomized Controlled Trials (RCTs) designed to reduce DUP and/or to implement PsTs for people with first-episode psychosis were included in the review.
Results Studies examining early detection programs compared with Standard Care (SC) reported discrepant findings as to their impact on the DUP. PsTs generally reduce hospitalizations and improve service engagement when compared with SC; their impact on other clinical variables, e.g. symptomatology and social functioning, is unclear. Studies assessing EEIs cost-effectiveness in comparison with SC consistently report an advantage for EEIs in the long run.
Conclusions EEIs, as compared to SC, show several advantages that seem to result in an overall reduction in the cost of care. Therefore, the development of EEI is recommended.
On the other hand, some inconsistencies in the reported results suggest that EEIs should include psychosocial interventions targeting unmet needs of schizophrenia patients, such as cognitive dysfunction and negative symptoms.
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Symposium: Childhood trauma across psychopathology: mediators and outcome in clinical samples and molecular mechanistic correlates

S068

Childhood trauma in bipolar disorders: Familial and individual mediators for predicting occurrence and outcome

B. Etain
University Paris Diderot, psychiatry and addictology, Paris, France

Childhood trauma is highly prevalent in patients with bipolar disorder (BD) and has been associated to a more severe/complex expression of the disorder. Little is known about the familial and individual factors that can mediate the occurrence of trauma within families but also influence the outcomes of BD. We will present data from two independent samples of patients with BD in order to identify the potential mediators for occurrence and severity/complexity. In a first sample of 371 patients with BD, 256 relatives and 157 healthy controls, we will show that there is a familial resemblance for emotional and physical abuses. Patients' level of physical abuse was associated with their parental levels of physical abuse, but also with their father's history of alcohol misuse ($p < 0.05$). Second, in a sub-sample of 270 normothymic patients, we have performed a path-analysis to demonstrate that emotional and physical abuses interacted with cannabis misuse to increase the frequency of psychotic features and delusional beliefs. Finally, in an independent sample of 485 euthymic patients from the FACE-BD cohort we used path-analytic models to show that emotional abuse increased all the assessed affective/impulsive dimensions ($p < 0.001$). In turn, affect intensity and attitudinal hostility were associated with high risk for suicide attempts ($p < 0.001$), whereas impulsivity was associated with a higher risk for presence of substance misuse ($p < 0.001$). These results illustrate that childhood trauma might derive from parental characteristics (own childhood trauma and psychopathology) and increase the severity/complexity of BD through individual dimensions of psychopathology.

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S069

Childhood trauma and structural and functional brain mechanisms linked to psychopathology

M. Aas
Oslo university hospital, Norment- KG Jebsen center for psychosis research- division of mental health and addiction, Oslo, Norway

Background Childhood trauma increases the risk of a range of mental disorders including psychosis. Whereas the mechanisms are unclear, previous evidence has implicated atypical processing of emotions among the core cognitive models, in particular suggesting altered attentional allocation towards negative stimuli and an increased negativity bias. Here we tested if childhood trauma was associated with differentiation in brain responses to negative and positive stimuli. We also tested if trauma was associated with emotional ratings of negative and positive faces.
Methods We included 101 patients with a DSM schizophrenia spectrum or bipolar spectrum diagnosis. History of childhood trauma was obtained using the Childhood Trauma Questionnaire (CTQ). Brain activation was measured with functional MRI during presentation of faces with negative or positive emotional expressions. After the scanner session, patients performed emotional ratings of the same faces. Structural MRI was also measured.
Results Higher levels of childhood trauma were associated with stronger differentiation in brain responses to negative compared to positive faces in clusters comprising the right angular gyrus, supramarginal gyrus, middle temporal gyrus, and the lateral occipital cortex (Cohen's d = 0.72-0.77). In patients with schizophrenia, childhood trauma was associated with reporting negative faces as more negative, and positive faces as less positive (Cohen's d > 0.8).
Conclusions Along with the observed negativity bias in the assessment of emotional valence of faces, our data suggest stronger differentiation in brain responses between negative and positive faces in patients with childhood trauma.