use of this substance in alcohol-dependent individuals and higher biomarkers of alcohol use.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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S06

Potential relationship between inflammatory markers, neuroimaging findings and treatment response in depression

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

Pharmacological therapy in mental disorders is usually effective in 60–70%, the treatment reaction is worsening with the disease progression, and proper medication and early treatment regimen choice is crucial. Research showed that specific brain changes (structural and functional) are present in depressed patients. These abnormalities are probably linked to neurodegeneration. There is also an evidence that inflammation contributes to the depression pathophysiology, and both these processes – neurodegeneration and inflammation are related.
Novel biological markers allow us to better understand the individual mechanisms of treatment response in depression. Recently, several biological measures have been proposed, amongst them – neuropsychological dysfunction, decreased GABA level in proton magnetic resonance spectroscopy (^{1}H MRS), body weight, genetic factors and peripheral inflammatory markers. Latest research found that brain changes assessed with neuroimaging methods (including ^{1}H MRS, e.g. glutamatergic system abnormalities), correlate with peripheral inflammatory markers. Furthermore, both these factors taken together may serve as one integrated treatment prediction marker in depressed patients.
Disclosure of interest The author has not supplied his declaration of competing interest.

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Bipolar disorders: From detection to intervention

S07

Developmental trajectories to bipolar disorder

S. Frangou
Icahn School of Medicine at Mount Sinai, Psychiatry, New York, USA

Background Childhood subclinical phenotypes have been informative for etiological research and as a target for preventative interventions. Using a prospective longitudinal general population cohort we investigated whether childhood manic symptoms predicted a diagnosis of bipolar disorder (BD) or other psychiatric disorders by early adulthood.
Methods Subthreshold manic symptoms at age 11 years (n = 1907) and clinical outcomes by age 19 years (n = 1584) were ascertained in the TRacking Adolescents' Individual Lives Survey (TRAILS), a prospective Dutch community cohort. We used latent class analysis to stratify TRAILS participants at age 11 years into distinct classes based on the pattern and severity of childhood manic symptoms. We then determined the association between class membership and clinical diagnoses by age 19 years.
Results At age 11 years, we identified a normative class with negligible symptoms (n = 862), a mildly symptomatic (n = 846) and a highly symptomatic class (n = 199). The risk of BD was moderately increased in individuals in the mildly symptomatic class (OR = 2.65, 95% CI 1.41–5.01), and substantially increased in the highly symptomatic class (OR = 7.08, 95% CI = 3.32–15.11). Children in the highly symptomatic class were additionally characterized by lower IQ and socioeconomic status, greater family dysfunction and increased rates of parental psychiatric morbidity. Class membership did not show significant associations with depressive, anxiety and substance abuse disorders by age 19 years.
Conclusions The results provide support to developmental models of BD, and suggest that manic symptoms in childhood may be a marker for adult disorders and therefore potentially useful for early identification of at risk individuals.
Disclosure of interest The author has not supplied his declaration of competing interest.

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S08

Protecting the cardiometabolic health of young people experiencing psychosis

D. Shiers (Honorary Reader in Early Psychosis)
School of Psychological Sciences, University of Manchester, United Kingdom

This presentation will highlight how the early phase of major mental illness may provide a critical window of opportunity in which to prevent future life-restricting and life-shortening physical comorbidities.
Despite many recent advances in our understanding of severe mental illnesses, those affected still lose 15–20 years of life on average compared to the general population. Most premature deaths arise from the same common disorders that affect the general population such as cardiovascular disease, infections and cancers. Of these cardiovascular diseases is now the single biggest cause, far greater than suicide. Shockingly the mortality gap is still widening as the reduction in CVD morbidity and mortality seen in the general population over the last three decades continues to elude people with severe mental illnesses, for whom the prevalence of CVD, obesity and diabetes are now of epidemic proportion.
And yet, much of this epidemic can be predicted. High rates of tobacco use, physical inactivity and poor nutrition point to underlying health inequalities. Furthermore, initiation of antipsychotic treatment is associated with aggressive weight gain and metabolic disturbance from the early phase of psychosis, and yet often these adverse effects remain unmonitored and untreated.
This presentation will argue that these potentially modifiable risk factors provide natural targets for prevention from the onset of psychosis and its treatment. Extending the early intervention paradigm to embrace a far more holistic body & mind approach is overdue.
Disclosure of interest The author has not supplied his declaration of competing interest.

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S09

Implementing the clinical standards of the National Institute for Health and Care Excellence (NICE) bipolar clinical guideline

M. Tremblay[1,2,*], S. Palin[1]
[1] *Cheshire and Wirral Partnership NHS Foundation Trust, Mental Health, Winsford, United Kingdom*
[2] *Fellow of NICE (2012–2015)*
[*] *Corresponding author.*

In the UK, the National Institute for Health and Care Excellence (NICE) sets standards for interventions to drive improvement in the quality of services delivered. The actual update of clinical guidelines remains patchy and difficult to ascertain.