with mental illness are disadvantaged in receiving intervention and support for their tobacco dependence, which is often overlooked or even tolerated. This statement from the European Psychiatric Association (EPA) systematically reviews the current evidence on tobacco dependence and withdrawal in patients with mental illness and their treatment. It provides seven recommendations for the core components of diagnostics and treatment in this patient group. These recommendations concern: (1) the recording process, (2) the timing of the intervention, (3) counselling specificities, (4) proposed treatments, (5) frequency of contact after stopping, (6) follow-up visits and (7) relapse prevention. They aim to help clinicians improve the care, health and well being of patients suffering from mental illness.

Disclosure of interest In the last three years, HJM received honoraria for lectures or for advisory activities by the following pharmaceutical companies: Lilly, Lundbeck, Servier, Schwabe and Bayer.

He was president or in the Executive Board of the following organisations: CINP, ECNP, WFSBP, EPA and chairman of the WPA-section on Pharmacopsychiatry.

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S079

Smoking cessation and soft signs of mental disorders

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Smoking is associated with major depression, schizophrenia, anxiety and compulsive disorders, personality disorders, or substance abuse disorders [1,2]. More than that, smokers often report higher levels of novelty seeking, anxiety or depressive symptoms without fulfilling full diagnostic criteria for a psychiatric disorder.

In a former study, Batra et al. [3] had shown that smokers reporting higher levels of novelty seeking/hyperactivity, depressivity, and nicotine dependence evince higher relapse rates after completion of a six-weeks behavioural treatment program than smokers reporting low scores on self-report psychological symptom measures.

Another study [4] showed that a modified smoking cessation program matched to at-risk smokers' needs with $n = 268$ adult smokers leads to higher long-term abstinence rates.

All at-risk smokers had been randomly assigned to receive either a standard or modified treatment. Best results were shown for smokers with mild depressive symptoms. The talk reports results of former and recent studies and focuses on the German treatment guidelines for tobacco related disorders.

These [5] recommend to assess tobacco use among patients with mental disorders and should be offered smoking cessation support under consideration of the acuteness and the particularities of the mental disorder using the same psychotherapeutic and pharmaceutical measures as for smokers without additional mental disorders.

Disclosure of interest Financial support by Pfizer, Parexel, SKB, Novartis for smoking cessation studies.

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S080

Smoking: A risk factor for suicide

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First demonstrated in 1976, the robust association between smoking and suicide mortality has been established and is dose-dependent, with an estimated increase in suicidal deaths risk of 24% for each increment of 10 cigarettes smoked per day. The statistical association has been shown to exist very soon after smoking initiation, during adolescence, and to withstand adjustments for confounding factors, such as demographics, socio-economic status, somatic and psychiatric comorbidity, and substance use. As the underlying mechanism of the greater suicide risk in smokers is not currently elucidated, we will briefly recapitulate the main hypotheses proposed to date: the toxic effects of nicotine, hypoxemia, monoamine oxidase activity inhibition, the high prevalence of psychiatric comorbidity and consequent suicide risk, and smoking-induced serious physical illness with pain and disability resulting in negative mood response. Smoking could also be an inadequate self-medication for psychological symptoms, themselves causing suicide, and finally the association could be due to a third underlying factor associated with both smoking and suicide.

Disclosure of interest Henri-Jean Aubin was member of advisory boards for Pfizer, D&A Pharma, Ethypharm, and Lundbeck, and has received sponsorship to attend scientific meetings, speaker honoraria and consultancy fees from Bioprojet, D&A Pharma, Ethypharm, Lundbeck, Merck-Serono, Novartis, and Pfizer.

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S081

Is it feasible and effective to help patients with severe mental disorders to quit smoking?

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Despite the proven association between smoking and high rates of medical morbidity and reduced life expectancy in people with severe mental disorders (SMD), their smoking rates do not decline as they do in the general population. We carried out a non-randomized, open-label, prospective, 9-month follow-up multicentre trial to investigate the clinical efficacy, safety and tolerability of a smoking cessation programme designed for the treatment of patients with SMD in the community under real-world clinical conditions. A total of 82 patients were enrolled. Short-term efficacy: The 12-week 7-day smoking cessation (self-reported cigarettes per day =0 and breath CO levels $\leq$9 ppm) prevalence was 49.3%, with no statistically significant differences between medications (transdermal nicotine patches 50.0% vs. varenicline 48.6%, chi-square =0.015, $P = 1.000$). Long-term efficacy: At weeks, 24 and 36, 41.3 and 37.3% of patients were abstinent, with no statistically significant differences between treatments. Safety and tolerability: No patients made suicide attempts or required hospitalization. There was no worsening of the scores on the psychometric scales. In both groups, patients significantly increased weight, without significant changes in vital signs or laboratory results, with the exception of significant decreases in ALP y LDL-cholesterol levels in the varenicline group. Patients under varenicline more frequently presented nausea/vomiting ($P < 0.0005$), patients under TNP experienced skin reactions more frequently ($P = 0.002$). Three patients under varenicline had elevated liver enzymes. In conclusion, we have demonstrated that in real-world clinical settings it is feasible and safe to help patients with stabilized severe mental disorders to quit smoking.

Disclosure of interest This work was partly supported by the Spanish Ministry of Science and Innovation, Instituto de Salud Carlos III (FIS PI10/01758) and Fondos Europeos de Desarrollo Regional

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Symposium: Modifying outcomes of ADHD across the lifespan

S082

Continuity of ADHD across the lifespan

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Introduction For many years ADHD was thought to be a childhood onset disorder that has limited impact on adult psychopathology. However, the symptoms and impairments that define ADHD often affect the adult population, with similar responses to drugs such as methylphenidate, dexamphetamine and atomoxetine to those seen in children and adolescents. As a result, there has been a rapidly increasing awareness of ADHD in adults and an emergence of new clinical practice across the world. Despite this, treatment of adult ADHD in Europe and many other regions of the world is not yet common practice and diagnostic services are often unavailable or restricted to a few specialist centres.
Objective Here we address some of the key conceptual issues surrounding the continuity of ADHD across the lifespan, with a focus relevant to practicing health care professionals working with adult populations.
Conclusions We conclude that ADHD should be recognised within adult mental health in the same way as other common adult mental health disorders. Failure to recognise and treat ADHD will be detrimental to the well being of many patients seeking help for common mental health problems.
Disclosure of interest The author declares that he has no competing interest.

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S083

Non-Pharmacological treatment of ADHD across the lifespan

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Attention Deficit Hyperactivity Disorder (ADHD) is a serious risk factor for co-occurring psychiatric disorders and negative psychosocial consequences over the lifespan. Given this background, there is a need for an effective treatment of ADHD patients.
In the lecture, evidence-based psychosocial interventions for ADHD will be presented.
Disclosure of interest Books and articles on ADHD.
Ad Boards, Phase-III Studies on ADHD in the last five years.

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Symposium: Non-Invasive brain stimulation: From mechanisms to applications

S084

Does transcranial electrical stimulation induce changes in peripheral physiology?

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Transcranial electrical stimulation (tES) is a non-invasive brain stimulation method that has evoked increasing interest during the past years. The most common form of tES, transcranial direct current stimulation (tDCS), is considered to modulate neuronal resting potentials. For example, anodal stimulation over motor cortex appears to lead to increased neuronal excitability under the stimulation electrodes. However, some recent findings suggest that the effects of tDCS extend beyond the cortical areas under the electrodes, to deeper brain structures such as the midbrain. The brain also actively regulates peripheral physiology. Thus, changes in brain activity following tES may lead to modulation of peripheral physiology. For example, tDCS targeting primary motor cortex has been observed to induce changes in peripheral glucose metabolism. Furthermore, stimulation of dorsolateral prefrontal cortex has been shown to lead to alterations in cortisol secretion and the activity of the autonomic nervous system. Unpublished findings from our group corroborate with the above observations. Nevertheless, the evidence regarding peripheral effects of tES remains limited. Investigating such possible effects may be relevant especially from the point of view of tES safety and potential therapeutic discoveries.
Disclosure of interest The author has not supplied his declaration of competing interest.

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S085

The effect of prefrontal transcranial direct current stimulation on resting state functional connectivity

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Transcranial direct current stimulation (tDCS) of the prefrontal cortex (PFC) is currently investigated as therapeutic non-invasive brain stimulation (NIBS) approach in major depressive (MDD) and other neuropsychiatric disorders. In both conditions, different sub regions of the PFC (e.g. the dorsolateral prefrontal cortex, the dorsomedial prefrontal cortex and others) are critically involved in their respective pathophysiology. Although the neurophysiological properties of tDCS have been extensively investigated at the motor cortex level, the action of PFC tDCS on resting state and functional MRI connectivity of neural networks is largely unexplored. Beyond motor cortex paradigms, we aim to establish a model for PFC tDCS modulating functional connectivity in different conditions to provide tailored tDCS protocols for clinical efficacy studies in major psychiatric disorders such as MDD and schizophrenia. One major obstacle in brain research is that patients represent themselves as individuals not as groups. Recent research has shown that the individual human brain functional MRI connectivity shows different within-variability than the variability found between subjects. Several neuroimaging methods may be useful to find a classifier that can be reliable used to predict NIBS effects. These neuroimaging methods include individual brain properties as well as the evaluation of state-dependency. Anatomical targeted analyses of rTMS