and tDCS in neuropsychiatric patients and healthy subjects have found promising results.
By combining neuroimaging and NIBS new functional models can be developed and compared in different health and pathology states, e.g. in the development of any given psychiatric disorder.
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S086

Cognitive enhancement in young healthy subjects using non-invasive brain stimulation and cognitive training

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Transcranial electrical stimulation (tES) is being widely investigated to understand and modulate human brain function. The interest in using tES to enhance cognitive abilities not only in patient populations but also in healthy individuals has grown in recent years. Specifically in combination with cognitive training tES has shown success in enhancing cognition. However, to date, we still know little about the impact of interindividual differences on intervention outcomes. A variety of tES techniques and their effects in combination with cognitive training, interactive effects of tES with baseline cognitive abilities and neurophysiological traits will be presented and following ramifications with regards to the development of individualised stimulation protocols will be discussed.
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S087

Corticospinal excitability predicts antidepressant response to rTMS

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Repetitive transcranial magnetic stimulation (rTMS) targeting the left dorsolateral prefrontal cortex (DLPFC) is a treatment option for patients with medication-resistant major depressive disorder (MDD). However, antidepressant response is variable and there are currently no response predictors with sufficient accuracy for clinical use. Here we report on results of an observational open-label study to determine whether the modulatory effect of 10 Hz motor cortex (MC) rTMS is predictive of the antidepressant effect of 10 Hz DLPFC rTMS. Fifty-one medication-resistant MDD patients were enrolled for a 10-day treatment course of DLPFC rTMS and antidepressant response was assessed according to post-treatment reduction of the 17-item Hamilton Rating Scale for Depression score. Prior to treatment, we assessed the modulation of motor evoked potential (MEP) amplitude by MC rTMS. We measured MEP's to single pulse TMS using surface electromyography, before and after MC rTMS, and calculated MEP modulation as the change of mean MEP amplitude after MC rTMS. MEP modulation proved to be a robust predictor of reduction of clinician-rated depression severity following the course of DLPFC rTMS: larger MC rTMS-induced increase of corticospinal excitability anticipated a better antidepressant response. These findings suggest that MC rTMS-induced modulation of corticospinal excitability warrants further evaluation as a potential predictive biomarker of antidepressant response to left DLPFC 10 Hz rTMS, and could inform future developments of rTMS to treat depression.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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Symposium: Staging of psychiatric disorders: Integrating neurobiological findings

S088

Staging in bipolar disorder: Clinical, biochemical, and functional correlates

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In the field of bipolar disorder, some proposals of a staging model have been suggested considering the progressive features of the disorder. The staging model regards special features of the patients and further draws a route to define the prognosis and treatment as well as the neurobiological background of the disorder. The aim of this model is to identify rational therapeutic targets and provide the most effective and less toxic intervention in a time-sensitive manner. Advocating for a model of staging in bipolar disorder that can group the patients according to quantitative cut-offs of common practice clinical variables as well as defining a biochemical correlation seems to be a further step towards an operative and valid model of staging in bipolar disorder.
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S089

Staging & profiling in addiction, can we cross the gap from bench to bedside?

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Addictive behaviours are highly common (prevalence worldwide about 10%), with major impact on the individual and society (contributing to 5% of overall DALYs and mortality) [1,2]. Though a number of evidence-based treatments are available, relapse rates remain high, up to 50% within one year of treatment [3,4]. Staging of addictive behaviors might contribute to improve this prognosis by indicating which patient could benefit most from which treatment modality.
In DSM-5 clinical staging of addictive disorders is limited to grading the severity of the disorder, based on criterion counts [5]. However, addictive disorders are highly heterogeneous, with distinct clinical profiles and neurobiological underpinnings of the disorder. Reward-processing deficits are considered a hallmark of addiction. Several additional neurobiological deficits have been identified in addicted individuals, such as dysfunction of brain stress systems, anterior cingulate cortex and habenula.
These neurobiological deficits may identify clinical subgroups of patients with distinct pathophysiology (profiling), or be related to progression of the disorder (staging). This presentation will focus

on clinical staging and profiling of addictive behaviors combining neurobiological findings and clinical practice [6].

Disclosure of interest The author has not supplied his declaration of competing interest.

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S090

Clinical staging of psychotic disorders: From dimensions to neurobiology

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The clinical staging model is an approach used in medicine to define the extent of disease. In psychiatry, this model has recently been applied to psychotic disorders to distinguish the earlier, non-specific features of illness (e.g. ultra-high risk [UHR]; at-risk mental state [ARMS]), from later, more severe features associated with chronic illness. A key element of the staging model is to identify and classify the neurobiological processes underlying the disorder and to define potential interventions in the different stages. With the premise that dysfunctional neural mechanisms underlie symptomatology, the integration of categorical phenotypic classifications (class of disorder) with dimensional criteria (domains of dysfunction) becomes crucial. This approach aims to better classify trans-diagnostic dimensions of disease and discrete symptom-specific subgroup populations within biological frameworks, which may lead to the detection of new biomarkers and the development of more effective treatment and prevention strategies.

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Symposium: Mental health care in refugees and asylum seekers

S091

Providing care for migrants and refugees

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With growing globalisation and an increasing number of people on the move across boundaries, it has become vital that service providers, policy makers and mental health professionals are aware of the different needs of the patients they are responsible. One of the most fundamental barriers for migrants, refugees and asylum seekers in accessing health services are inadequate legal entitlement and, mechanisms for ensuring that they are well known and respected in practice. Access to the healthcare system is impeded by language and cultural communication problems. Qualified language and cultural mediators are not widely available, and moreover, are not regularly asked to attend. This can lead to misunderstandings, misdiagnosis and incorrect treatment, with serious consequences for the afflicted. The language barrier represents one of the main barriers to access to the healthcare system for people who do not speak the local language; indeed, language is the main working tool of psychiatry and psychotherapy, without which successful communication is impossible. Additionally, the lack of health literacy among the staff of institutions, which provide care for refugees and asylum seekers means that there is a lack of knowledge about the main symptoms of common mental health problems among these groups. The healthcare services, which are currently available, are not well prepared for these increasing specific groups. In dealing with ethnic minorities, including asylum seekers and refugees, mental healthcare professionals need to be culturally competent.

In this talk, main models for providing mental health care for migrants and refugees will be presented and discussed.

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S092

Cultural competence training and mental health care in refugees and asylum seekers

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Recent mass movement of human beings in various parts of the world has brought several challenges. Not only refugees from Syria and Libya to Europe but also refugees, migrants and asylum seekers in Latin America bring specific set of issues with them. It is critical that clinicians are aware of both the vulnerability of individuals to mental ill health as a result of migratory experiences but equally importantly their resilience. The impact on the mental health of those who may be involved directly or indirectly in delivering care along with those new communities who receive these groups need to be taken into account when planning and delivering psychiatric services. It is essential to recognise that experiences of being a refugee or asylum seeker are heterogeneous. Being an asylum seeker carries with it legal definitions and legal imperatives agreed at international levels.

Policymakers and clinicians need to be aware of differential rates of psychiatric disorders in these vulnerable individuals and specific needs related to language, religious values and other cultural factors. Mental health problems may be related to experiencing cultural bereavement where individuals feel that they have lost their cultures, relationships and cultural values. Judicious and careful use of trained culture brokers and mediators should be encouraged as these individuals can inform the team about community needs and inform the community about the team functioning and its principles so that community expectations can be managed appropriately. Such approaches may also help reduce stigma against mental illness.

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S093

Suicide risk in refugees and asylum seekers

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Increasing numbers of individuals forced to leave their home countries in areas of war, conflict, human rights violations and persecution pose a challenge for host countries to meet the mental-health care needs of these individuals. Refugees and asylum-seekers may face unique risk factors for mental disorder before, during, and after their migration leading to suicidality.