Over the last decade, the "traditional" drug scene has been supplemented – but not replaced – by the emergence of a range of novel psychoactive substances (NPS), which are either newly created or existing drugs, including medications, now being used in novel ways. By the end of 2015, in excess of 700 NPS had been reported by a large number of countries in the world. Most recent data show however that synthetic cathinones; synthetic cannabinoids; and psychedelics/phenethylamines; account for the largest number of NPS. Given the vast range of medical and psychopathological issues associated with the molecules here described, it is crucial for health professionals to be aware of the effects and toxicity of NPS. The "Drugs 2.0." revolution facilitated the birth and growth of an "Online Drug Culture" which finds its main expression in chats/fora/blogs as well as the diffusion of online drug marketplaces (both in the surface and deep web). The web has progressively modified the drug market from a "street" into a "virtual" one, so by increasing the availability of new drugs/NPS/"legal highs" ("legal alternatives" to the traditional illegal drugs). The rapid pace of change in the NPS online market constitutes a major challenge to the provision of current and reliable scientific knowledge on these substances. The present lecture aims at providing an overview of the NPS phenomenon, also giving an overview of the main clinical and pharmacological issues relating to these most popular NPS categories.

Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.945

W12

Translational perspectives in addiction psychiatry

A. Schellekens
Radboud University Medical Centre, Donders Centre for Neuroscience, department of Psychiatry, Nijmegen Institute for Scientist Practitioners in Addiction, Nijmegen, Netherlands

Background Heritable factors account for approximately 50–60% of the risk for alcohol dependence. However, which genes confer this risk remains to elucidate. Moreover, genetic association studies are hampered by non-replication. Several strategies can be applied to approach this issue. One option is the application of intermediate phenotypes. Neurobiological measures that are closely related to the addiction phenotype may be more directly related to genetic variation. Intermediate phenotypes related to dopamine function seem particularly suitable, given the strong dopamine hypothesis in addiction. Another strategy is to include environmental factors, such as childhood adverse experience, in genetic association studies. We tested the effect of *COMT* Val158Met and *DRD2* Taq1A genotypes, as modulators of brain dopamine function in the context of self-reported environmental factors, like childhood adverse experience.

Methods Alcohol-dependent patients ($n = 110$) and healthy controls ($n = 99$) were genotyped for the *COMT* Val158Met and *DRD2* Taq1A genotypes. Childhood adversity was measured using self-report questionnaires. Dopamine sensitivity was assessed using an apomorphine challenge with cognitive performance and plasma growth hormone levels as main outcome measures.

Results *COMT* genotype modulated the effect of apomorphine on cognitive performance, but was not directly associated with alcohol dependence. Yet, the interaction between childhood adversity and *COMT* genotype did predict alcohol dependence. *DRD2* genotype modulated the effect of apomorphine on plasma growth hormone levels and was also not directly associated with alcohol dependence. Yet, the interaction between parental rule setting and *DRD2* genotype did predict alcohol use in a separate population-based sample of adolescents.

Conclusion This study provides evidence for a role of *COMT* and *DRD2* genotypes in alcohol dependence using both the GxE and intermediate phenotype approach. This confirms that both an intermediate phenotype approach and GxE interaction analyses can be useful tools in understanding mechanisms mediating addiction vulnerability. The clinical relevance of dopamine genes and intermediate phenotypes for staging and profiling of alcohol use disorders remains to be investigated.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.946

Getting started: The first steps in psychiatric consultations

W13

Short-term psychotherapeutic interventions in consultation-liaison psychiatry

A. Diefenbacher*, R. Burian
Ev. Krankenhaus-Königin Elisabeth Herzberge gGmbH, Psychiatry, Psychotherapy and Psychosomatic, Berlin, Germany
* *Corresponding author.*

Due to a reduction in length of hospital stay of general hospital inpatients, CL-psychiatrists find themselves confronted with the problem of "less time to do more". This presentation will first outline procedural aspects of CL-psychiatry, delineating its development from the "situational approach" do becoming case managers. Then, short-term supportive interventions will be discussed with regard to their applicability and newer disorder specific techniques, such as ACT and DBT will be demonstrated in their usefulness for the medically ill.

Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.947

W14

The magic list of everyday problems in consultation-liaison psychiatry (and hints for solving them)

S. Ferrari*, G. Mattei, G.M. Galeazzi, M. Rigatelli
University of Modena & Reggio Emilia, Department of Diagnostic-Clinical Medicine and Public Health, Modena, Italy
* *Corresponding author.*

Introduction Consultation-liaison psychiatry (CLP) deals with clinical, research and training activities at the interface between psychiatry and the rest of medicine. The main clinical competencies of CLP include medical-psychiatric comorbidity (co-existing psychiatric and non-psychiatric disorders affecting reciprocally); medically unexplained physical symptoms, "somatization" and functional disorders; and liaison activities, addressed to medical workers and teams.

Objectives/aims To describe and discuss typical clinical scenarios that CL psychiatrists have to work in, and suggest effective, evidence-based solutions.

Methods Long-standing everyday clinical experience of the authors combined to evidence derived from international literature consented to create a list of the most common and complex problems or difficulties typical of the CLP clinical context, and related possible solutions.

Results Most common/complex problems include the following: stigma and prejudice (of patients, relatives, colleagues, and own); excessive technicality of language; short/unpredictable duration of hospital stay of patients, and more in general pressure in clinical