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Workshop

Clinical/Therapeutic: Workshop: A Quickstart Guide to Set Up a Team in Early Intervention/Detection of Psychosis

W001

Setting up an early detection/intervention team in Paris: resisting and facilitating factors

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Objective.– To review of bottlenecks and levers encountered by the CJAAD (Centre d'Evaluation pour Jeunes Adultes et Adolescents), the first French Early Detection/Early Intervention (ED/EI) in France.
Methods.– Data from research programs, including the ICAAR study (310 patients), gathering the first prospective data on at-risk mental states in France and from a survey conducted in General Practitioners (GP).
Results.– The CJAAD is located since 2003 in a department with both academic and community clinics in Paris. Duration of untreated psychosis was 13.5 (19.8) months, much higher than the target delay in ED/EI services, but lower than in standard care. So most patients are seen when they reach the criteria for categorical diagnosis. Patients are mainly self-referred or referred by psychiatrists in an informal network. Awareness in GP is still insufficient and should be improved. Our actions include conferences in schools and a specific University Diploma. Better criteria for facilitating access to care are needed and a self-rated questionnaire is currently being validated. Case-management is difficult to organize without the resources of classical community clinics and stabilisation of trained staff is an issue in absence of dedicated funding.
Conclusion.– The main bottleneck remains the late access to care of patients with (not so) early psychosis. Within the frame of the French-speaking branch of IEPA, the 'Transition Network' has launched a taskforce to provide French-speaking tool-kits and guidelines for ED/EI adapted to our national organization of mental health care, based on catchment-areas of, as a mean, 60 000 adults inhabitants.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

W002

Barriers to implementing an early intervention program in limited resources settings, and possible solutions

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Introduction.– The worldwide tendency is to include first episode psychosis patients in early intervention programmes/services for effective treatment. There is plenty of evidence on the efficacy of early intervention and intervention service networks in Europe, however these are only partially existing in Eastern Europe and poorly developed in the Baltic countries.
Objectives.– To introduce a practical concept how to start an intervention programme in an environment with limited resources, including how to raise awareness during early intervention in patients, relatives, colleagues and find compromises with administrative and academic authorities.
Methods.– Interactive lecture with evidence-based approaches being brought into every day psychiatric reality (practical experience and examples) in a challenging environment.
Results.– After the lecture the audience should receive encouragement and practical advice on how to overcome barriers for implementing early intervention programmes.
Conclusions.– Every first episode psychosis patient, independently of his geographical localizations should have the possibility to receive comprehensive treatment in the frame of early intervention. There are certain obstacles when starting an early intervention programme, but as psychiatrists we stand together and defend early intervention in all environments.
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W003

Leadership skills useful to set up a new early detection team

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Setting up a new service is always a challenge. From engaging the team, defining an aim and a vision for the service, to delivering high quality care, this presentation will focus on the leadership skills necessary to setting up an Early Detection in Psychosis Service.
The session will use interactive techniques with the audience in order to maximise learning outcomes.
The session is inspired by the presenter's own experience as:
- clinical lead of an early detection service
- director of a leadership and management course
- adviser to international projects aimed at setting up early detection and intervention teams

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

W004

Recovery for all in the community; principles and key elements of community-based mental health care. The European Community Mental Health Services network (EuCoMS)

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Introduction.– Service providers throughout Europe have identified the need to define how high quality community-based mental health care looks to organize their own services and to inform governments, commissioners and funders. In 2016, representatives of mental health care service providers, networks, umbrella organizations and knowledge institutes in Europe came together to establish the European Community Mental Health Services Provider (EUCOMS) Network. This network developed a shared vision on the principles and key elements of community mental health care in different contexts.
Objectives.– This network aimed to define a shared vision on the principles and key elements of community mental health care in different contexts.
Methods.– The development of the consensus paper started with an expert workshop in April 2016. An assigned writing group representing the workshop participants built upon the outcomes of this meeting and developed the consensus paper with the input from 100 European counterparts through two additional work groups, and two structured feedback rounds via email.
Results.– High quality community-based mental health care (1) protects human rights; (2) has a public health focus; (3) support service users in their recovery journey; (4) makes use of effective interventions based on evidence and client goals; (5) promotes a wide network of support in the community and; (6) makes use of peer expertise in service design and delivery.
Conclusions.– Discussion among EUCOMS network members resulted in a value based foundation for a regional model of integrated mental health care.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Clinical/Therapeutic: Workshop: Autism in Women – Diagnostic Challenges and Management Strategies

W005

Camouflage autism: diagnostic challenges in women with autism

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Introduction.– Women with Autism can present with diagnostic challenges when considering factors assessed in the diagnosis of the social communication disorder. They can learn to 'mask' or 'camouflage' their behaviour cloaking their innate behavioural style in patterns that are more socially acceptable. Social behaviours that cause difficulties for people with Autism are awkward social styles, inappropriate comments, insensitivity to the needs and emotional states of other people. Camouflaging is a colloquial term describing the behaviours and efforts that people with Autism adopt in order to function in more socially acceptable ways. They include making eye contact, using appropriate phrases, facial gestures, and respecting personal space. Camouflaging can belie the signs of Autism resulting misdiagnosis where the diagnostic criteria of classification systems and assessment tools are not met potentially affecting the prevalence of Autism in women.
Method.– A narrative review of camouflaging in women with Autism.
Results.– Women use more camouflaging behaviours than men that may be related to their enhanced verbal skills. Coaching and learning skills can be gained that can have adverse impacts on the person where sustained effort is required to be vigilant in each social situation to maintain a façade of appropriate social functioning.
Conclusion.– Camouflaging can have positive aspects in helping a person with Autism to function effectively in a range of social situations. Gaining a diagnosis can help the person to develop useful social skills.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

W006

Autism in Women with Intellectual Disability: Assessment and Management

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Introduction.– Women with intellectual disabilities (ID) represent a minority in the spectrum of autistic disorders (ASD). Internationally, the ratio of autistic women to men is between 1:3 and 1:5. The vast majority of patients with ASD has average or high intelligence. In contrast to these patients, the population of people with ID and ASD is smaller, but show a particular vulnerability as regards sexualised attacks and threats. Appropriate therapeutic assessment and management of sexual abuse of women with ID and ADS are exemplified here.
Objective.– The aim is to describe risk factors and possible protective interventions for women with ID and ASD regarding their particular vulnerability to sexual abuse.
Methods.– Comprehensive literature search in medical data bases was conducted using the keywords: women, autism, intellectual disabilities and sexual abuse. Case reports of women with ID and

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ASD who suffered from sexual abuse illustrate a possible approach in the therapeutic assessment and management.
Results.– Women with ID and ASD seem to be more likely to be sexual abused than other patients in the autistic spectrum, especially due to the multiplier effects of ID, autism, other comorbid psychiatric disorders and gender.
Conclusion.– For sustainable promotion and adequate protection of women with ID and ASD in terms of sexual vulnerability and abuse, a multi-modal approach through interdisciplinary and multi-professional teams (e.g. psychologists, psychiatrists, educators), other supporting systems (e.g. care givers in institutions and sheltered workshops, families) and close consultation and supervision are indispensable.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

W007

Management approaches in women with autism: are they different?

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Autism in women is more likely to be mislabelled or missed altogether than in their male counterparts, potentially because of difference in the phenotype. Management strategies and post-diagnostic support need to address the differing experiences and profile of presenting problems in women with autism. In this presentation I will discuss approaches to management of autism in women with reference to current literature and clinical best practice. The particular needs of women with autism and how these can be addressed will be explored, with an emphasis on what is necessary to achieve optimal outcomes.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

W008

Increased Risk for Autism Spectrum Disorders (ASD) in children of mothers suffering from Polycystic Ovary Syndrome (PCOS)

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Reports from literature postulate the increased risk of the development of autism spectrum disorders (ASD) in children of mothers suffering from polycystic ovary syndrome (PCOS). The probable mechanism underlying this phenomenon can be the elevated level of testosterone an its precursors in the prenatal period. This risk is especially increased in obese women with PCOS. Some studies report also a higher risk of other neurodevelopmental disorders like ADHD. Other conditions associated with prenatal hyperandrogenism like hirsutism can also be responsible for a higher incidence of ASD in children. A case of a woman with PCOS, who has a son with suffering from autism is presented. Her first two pregnancies ended with miscarriages, the third one led to a birth of a son, who was diagnosed with ASD. Currently, at the age of 7 he undergoes specialist treatment and rehabilitation. Possible connections with of the mother's clinical features and her son's diagnose are discussed.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

W009

Developing services for people with autism: overcoming barriers

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Introduction.– Autism belongs to the pervasive developmental disorders generally described as an "autism spectrum disorder" (ASD). ASD-patients face many barriers when trying to access the health system. Widespread clinical knowledge about ASD, particularly concerning women, as well as specialized care institutions are still lacking. In Germany a new specialized care form, i.e. "medical treatment centres for adults with intellectual disabilities (ID) or severe multiple disabilities" (MZEB) has been established. The (dis)advantages of MZEB in relation to "autism therapy centres" (ATZ) focussing on the barriers are presented here.
Objective.– The aim is to demonstrate supply structures necessary for a sufficient autism related health care.
Methods.– Comprehensive literature search in medical data bases was conducted using the keywords: autism, health care delivery, health care services and female health care utilization. Data of 589 patients, treated during a one-year period at the MZEB-Brunswick, were analyzed by descriptive statistics.
Results.– MZEB work in an interdisciplinary and multi-professional way, focusing on clinical diagnostic, treatment-planning and acute-treatment. ATZ concentrate on long-term educational-therapeutic care, such as behavioural modifications, parenting instructions and social training. Individual cases benefitted considerably from the cooperation of MZEB and ATZ.
Conclusion.– MZEB have a valuable contribution overcoming barriers in the health care for people with autism, especially women. The diagnostic resolution is usually improved by the expertise in MZEB. An intensified cooperation between MZEB and ATZ could offer advantages in the health care of ASD-patients. Due to the novelty of the MZEB a systematic investigation is needed to describe these synergies.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Clinical/Therapeutic: Workshop: Divergent Perspectives on the Psychopathology and Management of Borderline Personality Disorder

W010

Comorbid personality disorders in patients with first episode psychosis

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Introduction.– Personality Disorders (PD) often share clinical and phenomenological overlap with psychosis, especially at onset. However, there is little research on the level of PD comorbidity among people experiencing first episode psychosis.
Objectives.– We aimed to examine the social and clinical characteristics of patients with comorbid PD referred to Early Intervention in Psychosis (EIP) using data from a large, epidemiological study in England.
Methods.– All participants, aged 16–36, who were accepted to 6 EIP services for suspected psychosis as part of the Social Epidemiology of Psychoses in East Anglia (SEPEA) study cohort were included.

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PD was assessed by clinicians according to the ICD-10. Multi-level logistic regression was performed.
Results.– Of 798 participants, 76 people (9.52%) received a clinical diagnosis of PD, with emotionally unstable PD (75%, $N = 57$) the most common subtype. In multivariable analysis, risk factors for PD were female sex (odds ratio [OR]: 3.36; 95% CI: 1.97–5.73), absence of psychotic disorder after acceptance to EIP (OR: 2.99; 95% CI: 1.61–5.52), more severe hallucinations symptoms (OR: 1.61; 95% CI: 1.23–2.12), and lower parental SES (OR: 1.43; 95% CI: 1.12–1.84). Compared with the white British group, non-British white groups were less likely to receive a PD diagnosis (OR: 0.27; 95% CI: 0.11–0.71). There was no association between PD and neighbourhood-level deprivation or population-density.
Conclusions.– Our findings suggest that one in ten participants presenting to EIP services for suspected psychosis may meet diagnostic criteria for comorbid PD and that PD was three times more common amongst participants later found not to meet threshold criteria for psychotic disorder.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

W011

Examination of anamolous self-experience in borderline personality disorder

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The status of borderline personality disorder (BPD) as a diagnostic category, including its differentiation from the schizophrenia spectrum disorders, is a matter of continuing controversy.
In this study, we carefully examined the psychopathology of 30 patients diagnosed with BPD by treating psychiatrists using a comprehensive battery of psychopathological scales. Since disturbance of identity or sense of self is a central feature of both BPD and schizophrenia spectrum disorders, we used the EASE (Examination of Anomalous Self-Experiences Scale) to examine possible structural changes of the patient's self ("self-disorders"), operating at a non-thematic level of consciousness (the "ipseity disturbance model") and found to hyper-aggregate in schizophrenia spectrum conditions.
We found that more than 2/3 of patients in fact met the criteria for a schizophrenia spectrum disorder. The schizophrenia spectrum group had significantly ($p < 0.01$) higher levels of self-disorders than the non-spectrum group. The BPD criteria of "identity disturbance" and "chronic feelings of emptiness" were significantly correlated with the mean total score of self-disorders.
We conclude that the differential diagnostic disarray is caused partly by the polythetic-categorical taxonomy of DSM and ICD where criteria are formulated as brief, lay language descriptions open to multiple interpretations and without differential diagnostic guidelines. In order to differentiate identity disturbance and feelings of emptiness in BPD from self-disorders in the schizophrenia spectrum, we need to qualify our concepts of self and identity as we apply them in a psychopathological as well as a nosological context.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Clinical/Therapeutic: Workshop: Psychosis Across Life Span

W012

A gap between meta-analyses results and real clinical practice psychopharmacology in older adults with schizophrenia treated with antipsychotics

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Introduction.– Elderly patients with schizophrenia are frequently treated with many medications concomitantly, including antipsychotics, which can lead to increased morbidity and treatment failures. Although there is some available data on this topic in this population, these patients are excluded from existing treatment guidelines, clinical trials and well-designed meta-analyses. There is often a gap between evidence-based medicine and clinical psychopharmacology on the question which evidence is the most representative for this population. In addition, there is little data on the treatment efficacy differences in this population and therefore a clinical psychopharmacology should be used in antipsychotic selection. Most antipsychotic-related problems could be avoided by adopting appropriate treatment strategies.
Aim.– This talk will firstly address a gap between evidence-based medicine and clinical psychopharmacology concerning the treatment of older adults with schizophrenia. Secondly, we will present the most important differences between elderly patients treated with different antipsychotics. The main focus of this workshop will be treatment alternatives, which could be used in clinical practice to reduce drug-related problems and their clinical consequences in this population.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

W013

Course of Clinical High Risk (CHR) criteria in children and adolescents

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Introduction.– Psychoses cause great burden, already in children and adolescents, and early-onset psychoses show some distinct features compared to adult-onset psychoses. Further, clinical high risk (CHR) criteria were associated with significantly lower conversion rates in children and young adolescents, and preventive interventions had lesser effect in this age group.
Objective.– The multicenter naturalistic Bi-national Evaluation of At-Risk Symptoms in children and adolescents (BEARS-Kid) study was conducted to examine how well current CHR criteria predict psychosis in 8- to 17-year-olds ($N = 176$).
Methods.– Naturalistic longitudinal study with one- and two-year follow-ups.
Results.– Altogether 10 conversions to psychosis occurred during the follow-up, eight within the first and two within the second year past baseline. Thus, the conversion rate was 5.7% in relation

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to the number of baseline interviews and was 8.5% and 14.5% in relation to the 1- and 2-year follow-up. Six converters had been 16–17 years old at baseline, three 14–15 years and one had turned 12 years within the time of the baseline assessment; 70% were male. At baseline, $n = 6$ had met both ultra-high risk (UHR) and basic symptom criteria, and $n = 2$ each only UHR and only basic symptom criteria. One converter each had initially been assessed as part of a community control and an inpatient control sample.
Conclusion.– In line with earlier reports, our findings confirm that the psychosis-predictive value of current CHR criteria is age-dependent and lower in children and adolescent. This highlights the need for more early detection studies in children and adolescents.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

W014

Evaluation of the Smartphone App "Robin" for supporting the treatment of adolescents with attenuated and frank psychotic symptoms

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Background.– There is increasing interest in using mobile technologies such as smartphones application in mental health care. Previous analyses showed a high acceptance and subjective satisfaction with mobile interventions especially in young people with psychiatric problems. In the treatment of psychotic disorders, the first research results from the use of smartphone applications are promising, however, there is little known about mobile technologies addressing attenuated psychotic symptoms. Despite current analysis demonstrating young people would be interested in using mobile technologies; there is a lack of investigations with this population. To fill this gap, the experts from the specialized outpatient care unit for early intervention in psychosis at the Department of Child and Adolescent Psychiatry and Psychotherapy, Psychiatric University Hospital, of the University Zürich (CAPS), have developed a specific smartphone application "Robin" to support the therapy of adolescents with attenuated symptoms or full-blown psychotic symptoms. The application is an add-on treatment tool and part of newly developed treatment approach for adolescents at high risk of developing a psychotic disorder. The smartphone application targets medication adherence, real-time symptom assessment and provides help coping with symptoms and stressful situations in daily life. In September 2017, the development of "Robin" has been finalized and published on iTunes and Google Play.
Methods.– A modular version of the app was developed and adapted after first pilot investigations with patients ($N = 7$, Age 14–18) and clinicians ($N = 10$). All clinicians said they would like to use the app "Robin" to enrich their therapeutic approaches. All patients in the pilot project used the app in their daily life. Especially modules with information about symptoms and coping strategies were frequently clicked on by patients. The findings were used to improve and adapt the application. In September 2017, the development of "Robin Z" has been finalized and published on iTunes and Google Play. In February 2018, we started a users-survey in a patients group ($N = 15$, 9 female, mean age 16.06). All participants were patients with (attenuated-) psychotic symptoms and using the app at least over a treatment period of one month. They completed a questionnaire regarding usability and subjective satisfaction with the app.
Results.– The data from our user-survey showed that "Robin" was accepted and used by patients. All patients said they would recommend the app to others.
Discussion.– Since September 2017, the application is used in combination with psychotherapy in the CAPS. The clinical experience with it is encouraging and a prospective follow up study to test the efficacy of the app Robin in combination with the specific treatment program for adolescents with attenuated psychotic symptoms has been started. To the best of the authors' knowledge, this is the first controlled trial to test the efficacy of a specific early psychosis treatment in combination with a smartphone application for adolescents with attenuated psychotic symptoms.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Clinical/Therapeutic: Workshop: Treatment of Comorbid Psychiatric Disorders: How Do We Deal With Addiction?

W015

Treating comorbid depression and alcohol use disorder – do we know how and when to start?

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Epidemiological studies as well as clinical practice show that symptoms of depressive and alcohol use disorder (AUD) commonly co-occur. Different typologies of alcohol dependence point for lower mood and higher anxiety as important risk factors of alcohol abuse. On the other hand, ICD-11 distinguishes alcohol-induced mood disorder, suggesting that depressive symptoms may be both a cause and an effect of problematic alcohol drinking. However, most of the studies show that antidepressant treatment does not clearly influence the severity of AUD symptoms.
In this part of the session possible efficiency of antidepressant pharmacological treatment in individuals with AUD will be discussed, taking into specific consideration heterogenous course and clinical manifestations of alcohol use disorder. Specific clinical cases will be presented to discuss the decision and the moment to initiate the antidepressant treatment. Particularly, the objective of the workshop will be to characterize psychopathological symptoms and symptomatology of AUD in these individuals, who are most likely to benefit from treatment with antidepressant medication.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

W016

Substance use disorders and PTSD

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Trauma-related consequences and posttraumatic stress disorders (PTSD) are a frequent co-morbidity within individuals with substance use disorders (SUD). Substance use and abuse can be viewed both as self-medication for PTSD symptoms and as causal in continuing traumatization. This both on a behavioral-phenotypical level and reflective of underlying neurobiological vulnerabilities. In this workshop, these aspects will be highlighted, next to an overview of recent epidemiological data, screening and treatment guidelines, i.e. psychosocial and pharmacological interventions. Finally, strategies to prevent re-traumatization for these vulnerable patient group will be discussed.
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W017

ADHD and comorbid substance use disorders: mechanisms and clinical implications

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Almost one in four patients in addiction care have comorbidity ADHD. Shared genetics and neurobiology is likely to mediate this frequent comorbidity. Importantly, this comorbidity complicates assessment and diagnosis. Symptomatology of both conditions may overlap, periods of intoxication and withdrawal complicate proper assessment, and the response to treatment of both disorders is reduced when these two conditions co-occur. Moreover, prescribing stimulants to patients with addiction seems counter-intuitive for some.
In this workshop recent international consensus on the assessment and treatment of ADHD in patients with an addiction will be presented and discussed. The evidence for prescription of robust dosages of stimulants and integrated psychological treatment will be presented and linked to a clinical case description. This workshop aims to connect recent evidence with clinical practice, and provide clinicians with practical advice for their daily practice.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

W018

Comorbid psychosis and addiction: practical and novel approaches

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Psychosis and addiction are common psychiatric disorders that sometimes are associated with poor outcomes, especially when both disorders are comorbid. Cannabis use is able to trigger both disorders, and parameters of use (e.g. age of onset, potency, exposure) play a crucial role. On the other hand, persistent cannabis use may worsen the course of both disorders. These negative effects are probably related to disturbances of the endocannabinoid system, which has been found to be altered in several psychiatric disorders. The endocannabinoid system is involved in several biological processes, including brain development during the adolescence. In addition, this system modulates important networks (e.g. salience, reward) involved in the emergence of core symptoms of psychosis and addiction. This suggests that drugs targeting this system might be of therapeutic value. Research into different cannabinoids (e.g. cannabidiol) and medicinal cannabis have shown promising results. In this workshop we will discuss the most recent findings from studies on cannabinergic drugs for addiction, psychosis and their comorbidity. In addition, practical and future treatment strategies will be discussed.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Educational: Workshop: Clinically Important Sexual Dysfunctions for the Psychiatrist

W019

Medication, psychopathology and sexual problems: who is to blame and why?

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Psychotropic medications are among those drugs most frequently (40–60% of patients) associated with sexual dysfunctions. Especially antipsychotics and antidepressants are thought to cause diminished sexual performance, including reduction of sexual desire, excitation or orgasm. Pharmacodynamic properties (receptor affinity and occupation) of the psychotropic medications are mediating sexual dysfunctions or, in contrast, may also be beneficial for sexual performance. Recent studies by our group and other groups, allow a more or less consistent picture on what pharmacological properties may be influencing sexual performance and how this knowledge may be translated to clinical practice. The interaction between psychiatric problems and pharmacological influence are difficult to disentangle in most studies. Our group recently completed a study in the influence of long-term antipsychotic use on sexual performance. We performed a literature study on the influence of psychiatric symptomatology on sexual problems. We will present an overview of the influence of psychiatric disorders and psychotropic medication related effects on sexual performance. Pharmacodynamic properties like dopamine antagonism and agonism, serotonergic mechanism and the influence of prolactin on sexual behavior will be discussed. In addition, recent data on long-term anti-psychotic use and sexual performance will be presented. We will conclude with clinical consequences and ideas for future research.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

W020

Sexual medicine: the relevance to psychiatry

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Sexual behavior and functioning represents a complex interaction of biological, psychological and social factors. Impairment of sexual functioning can have a profound impact on quality of life and on maintaining a satisfying intimate relationship. However, sexual dysfunctions are common in the general population, affecting an estimated 43% of women and 31% of men in the US, but are much more prevalent among psychiatric patients. Sexual dysfunction has been reported in as many as 60% of patients with schizophrenia treated with antipsychotic medications, up to 78% of individuals with depression treated with antidepressants, and up to 80% in patients suffering from anxiety disorders. These dysfunctions are due to the psychiatric disorders but are often also exacerbated by the psychotropic medications used for treatment of these disorders (antipsychotics, SSRIs), leading to non-compliance with treatment. The therapeutic approach to these dysfunctions is based on clinical knowledge of psychiatric disorders, evidence-based psychophar-

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macological research and psychotherapeutic- skills that psychiatrists are more familiar with, than other medical disciplines. Awareness to the prevalence and mechanisms of sexual dysfunctions in psychiatric patients would improve the attitude of the treating psychiatrist towards sexual difficulties in those patients and may result in increased compliance with treatment and increased quality of life on the patients' part. However, psychiatrists also need the skills to start talking about such intimate items as sexual functioning.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

W021

Common and rare SSRI sexual side effects

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For more than three decades it has been known that SSRIs may exert sexual side effects but it was also established that these sexual side effects disappeared soon after cessation of drug treatment (e.g. reversible sexual side effects). Strangely and remarkably, in the last few years a very small number of patients reported that sexual side effects aggravate or start to occur after SSRI discontinuation (e.g. irreversible sexual side effects). In our studies we have found two major types of irreversible sexual side effect: Restless Genital Syndrome (ReGS) which mainly affects females, and is caused by a small fiber sensoric neuropathy of the dorsal nerve of the clitoris, an endbranch of the pudendal nerve and Post SSRI Sexual Dysfunction (PSSD), which mainly affects males. Despite continuing research the cause of PSSD remains unknown. There are 2 subtypes of PSSD. The first type occurs rather immediately after the start of treatment by a sudden severe fall-out of all sexual functions resembling the effects of total castration. The other subtype occurs during SSRI treatment and severely aggravates after SSRI discontinuation and continues after SSRI discontinuation. For both types of irreversible SSRI-induced sexual side effects there still is no effective treatment. Both syndromes not only affect live very seriously but are also associated with suicidality. An overview of both disorders will be presented with a focus on the role of serotonin in functioning of transient receptor potential (TRP) ion-channels of mechano-, thermo- and chemosensitive nerve endings resulting in disturbances of the various senses.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

W022

Application of mathematics on the ejaculation time. a new method in the genetic research of ejaculation disturbances

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The scientific measure of the ejaculation time in men is called the Intravaginal Ejaculation Time Latency (IELT) and is measured by a stopwatch. The stopwatch-measured IELT distribution of a large cohort of men can be represented by a mathematical probability density distribution with an associated mathematical formula. Recently, we have shown that the IELT distribution of two random samples of males in the general population of five countries, and of a large USA and European general male population were Lognormal distributions. However, the IELT distribution of Dutch Caucasian males with Lifelong premature ejaculation (PE) was a Gumbel Max distribution. The associated formulas will be shown. Males with Lifelong PE always ejaculate within seconds, but males with Subjective PE have normal IELT durations. The accuracy of fitness is expressed by the Goodnes of Fit (GOF). The cut-off point, at which the area under the curve (AUC) equals 10% on the overlap of the AUC of the IELT distribution of Subjective PE with that of Lifelong PE, is 1.5 min. In other words, the IELT distribution of Lifelong PE and the IELT distribution of men with Subjective PE belong to two independent populations, e.g., Subjective PE starts after an IELT of 1.5 min and encompasses all higher IELT values. It may imply that the current IELT cut-off point in Lifelong PE should be 1.5 min instead of the approximate 1 min cut-off point, as has previously been stated by ISSM and DSM-5.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Educational: Workshop: Drug-Drug Interactions in Real Clinical Practice in Elderly Patients with Mental Disorders: How to Avoid?

W023

A pharmacokinetic and pharmacodynamic overview of potential and clinically important drug-drug interactions\r

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Introduction.– Most elderly patients with mental disorders are treated with polypharmacy, which also increases the risk of drug-drug interactions (DDIs) and can lead to increased mortality and morbidity. Though very important for optimizing pharmacotherapy, the impact of DDIs is often excluded from well-designed clinical trials, treatment guidelines and meta-analyses. DDIs are most often divided into pharmacokinetic and pharmacodynamic DDIs. Different tools are available in clinical practice to reduce DDIs, such as DDIs checkers, collaborative care including a clinical pharmacist, therapeutic drug monitoring, and various medication lists.
Aim.– The focus of this talk will be the on the differences between pharmacodynamic and pharmacokinetic DDIs and various available tools, which could be used in real clinical practice to reduce the total number of DDIs and their clinical consequences. The participants will learn how to minimize DDIs in patients who need psychopharmacological treatment by using a wide array of tools.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

W024

How to recognize drug-drug interactions with therapeutic drug monitoring

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Introduction.– Drug-drug interactions represent a risk for the occurrence of adverse effects or for a loss of clinical efficacy. In situations, where a drug-drug interaction is suspected, the simple clinical

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exam does not allow to decide whether it is of the pharmacodynamics and/or pharmacokinetic type.
Objectives.– Therapeutic drug monitoring (TDM), i.e. the quantitative assay of drug blood concentrations in medicated patients helps to characterize the interaction and to initiate steps for treatment optimization.
Results.– Recently, an update of the AGNP-TDM consensus guideline about therapeutic drug monitoring of neuropsychiatric drugs (Hiemke et al., Pharmacopsychiatry 51 (1/2) (2018) 9–62) was published, which does not only present therapeutic reference ranges of drug plasma concentrations but also tables on the metabolism of psychotropic drugs by different forms of cytochrome P-450.
Conclusion.– TDM and a comprehensive knowledge about the possible role of metabolizing enzymes in drug-drug interaction is necessary for the correct interpretation of the latter.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

W024A

Important drug-drug interactions of antipsychotics

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The aim of this presentation is to get an approach to epidemiology of polypharmacy use in elderly people, particularly in the case of psychosis. Data of the Prescribing Observatory for Mental Health (POMH) will be taken into account in relation to prescriptions in the real world.
The classical academic paradigm in this field promotes monotherapy versus politherapy. Eventhough this fact, during these last decades, polipharmacy has experienced an exponential growth. It is essential to determine which patients are suitable of receiving polipharmacy or combination of different psychotropic drugs in order to avoid fatal outcomes, death or undesirable increase of side effects.
Many authors consider of great importance to develop and elaborate consensus and clinical guidelines to special populations such as the elderly, who suffer the lack of evidence from clinical trials and preclinical studies.
This presentation will review main difficulties when using high drug dosis or combination of different compounds. On another hand, inconvenients of combining antipsychotic drugs will be exposed. Regarding this issue, calculation of the Equivalent Daily Dose (EDD) and actions of antipsychotics over isoenzymes CIP-450 and clinical translation of different receptor affinities, compounds and side effects - cognitive, cardiovascular, metabolic, neuroendocrine - will be discussed.
Finally the need of appropriate clinical guidance and declaration of principles for combination of drugs in elderly people.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Educational: Workshop: Making Sense of Suicide Risk Prevention: From Childhood Adversities to Clinical Judgement

W025

Crisis intervention, suicide and childhood adversities

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Introduction.– Childhood adversities(CAs) are a risk factor for suicide attempts(SA) and play a predictive role in types of attachment.
Objective.– (1) To assess the frequency of CAs and their characteristics in a sample of patients who have been referred to an outpatient unit of crisis intervention and investigate their association with the presence of SA and their number. (2) To evaluate the presence of insecure attachment and their association with CAs.
Method.– For the first objective one-hundred-fifty patients ($n = 150$),CAs were evaluated through ETI-SF and, for the second, attachment style was evaluated through CAMIR-R in forty patients ($n = 40$) belonging to the sample mentioned above. Demographic and clinical variables were collected.
Results.– (1) The percentage for total CAs was 83%, and 48%, 58% and 37%, for physical (CPA), emotional (CEA) and sexual childhood abuse (CSA),respectively. Thirty-five per cent of the sample have attempted suicide. In the total sample, logistic regression identified that CPA (OR: 2.760; 95%CI: 1.247–6.108; $p = .012$) and family violence (FV) (OR: 2.343; 95%CI: 1-042–5.271; $p = .039$) were associated with a higher risk for the presence of SA. The presence of CSA ($\beta = .362$; $p = .002$) and FV were associated to the number of SA. Stratifying by gender, in women, CPA was associated to a higher risk to present SA (OR: 2.897 CI95% 1.079–7.777; $p = .035$), and, CSA ($\beta = .374$; $p = .000$) was associated to number of SA. In men, FV was associated to higher risk to present SA (OR: 4.167; CI95%: 1.154–15.040; $p = .029$) and to their number ($\beta = .297$; $p = .040$). 2-The percentage of the insecure attachment was 81% and only was significantly associated to total CAs ($p = .044$) and with the presence of SA ($p = .029$).
Conclusion.– Higher rates of SA in women might result from gender differences in the impact of (CAs). More research is needed on the specific interrelations between CAs, and attachment style.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

W026

Childhood trauma, dimensions of psychopathology and the clinical expression of bipolar disorders

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Childhood traumatic experiences are reported as frequent and severe by patients with bipolar disorders. Childhood trauma increases the severity of the clinical expression of bipolar disorders in terms of an earlier age at onset, a more unstable illness activity (mood episodes or rapid cycling) and more frequent life threatening associated conditions (such as substance use disorders or suicide attempts). Moreover, childhood trauma decrease the therapeutical response of bipolar disorders to some conventional mood stabilizers such as lithium. The effects of childhood trauma on the clinical expression of bipolar disorders are likely to be mediated by some dimensions of psychopathology such as affective lability/intensity or impulsivity/hostility. This has been demonstrated by recent studies using some path-analytic models. In turn, such dimensions, mainly affective lability, might predict the occurrence of suicidal ideation in patients with bipolar disorders in prospective studies. As such, identifying the psychopathological mediators of the deleterious effects of childhood trauma is crucial for targeting those affective consequences (ie affective lability) and thus may help reducing the risk of suicidal attempt in such a vulnerable population.

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W027

From patient suicide to suicide risk formulation

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Classical suicidology recognizes that a comprehensive approach to suicide involves the prevention, the intervention and the postvention. Such three pillars are however not consolidated into daily clinical practice. Prevention relies on a proper suicide risk formulation. Suicide risk assessment, per se, is more related to risk and protective factors whereas suicide risk formulation is a broad evaluation involving the resources available for a specific individual, the role of recent stress, the degree of psychological pain, and ultimately the foreseeable changes that clinician can envision for that unique individual. Obviously, intervention is always part of the management of suicidal individuals. This presentation will also cover the analysis of a number of intervention according the suicide risk state.
Furthermore, the effect of patients' suicide on psychiatrists and residents is a major issue in clinical practice. Such unfortunate event may be considered a professional hazard because it inevitably has a great effect on individuals' personal and professional lives.
It is not always easy to identify the types of reactions health care professional will experience after patient suicide. The first reactions are often disbelief and denial (i.c, it can't be true), followed by shock, grief, guilt, and anger. Common personal effects are irritability at home, being less able to cope with routine family problems, lack of sleep, depression, anhedonia, preoccupation with suicide, and decreased self-confidence. Professionally, psychiatrists and residents react with more suicide management, heightened awareness of suicide risk, more use of suicide observation, more detailed communication about records.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

W028

Psycho-social factors in suicide risk

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Can we better prevent suicide than predict it?
Introduction.– Due to its rarity even in clinical populations, it is very difficult to predict completed suicide with psychometric instruments in a clinically useful degree.
Objectives.– The aim of this lecture is to analyse the relationship between the prediction and prevention of suicidal behaviour in patients with mood disorder.
Method.– Review of the literature on the evolution of suicidal process in mood disorders and on the treatment strategies of suicide prevention.
Results.– The risk of suicidal behaviour in mood disorder patients is the highest in the early stage but the danger is still high during the long term course. Early recognition and appropriate treatment can reduce the number of suicides and suicide attempts by more than 80 percent.
Conclusions.– As suicidal behaviour frequently develops later in the course of mood disorders, the successful treatment of initially non-suicidal mood-disorder patients can prevent the later manifesting suicidal behaviour. If it is the case, we may consider the long-term treatment of mood disorders as a secondary prevention of mood episodes and also as a primary ("hidden") prevention of suicides. Because we do not know exactly which patients would be suicidal without treatment among our initially non-suicidal patients in long-term care, it means that we can better prevent suicide than predict it.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Educational: Workshop: New Challenges in Education in Psychiatry

W029

The European examination in general cardiology

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The European Examination in General Cardiology (EEGC) is a joint venture between the European Union of Medical Specialists (UEMS), the European Society of Cardiology (ESC) and the participating National Cardiac Societies. It provides a high quality test of knowledge for cardiology trainees from 14 countries, where it is used to support training.
Development of the exam starts at the ESC congress in August with a question writing meeting. Each question has a clinical scenario, a single question and five possible answers shown in alphabetical order. The questions are written and edited by groups of cardiologists from a range of countries and sub-specialties. The knowledge tested is mapped to the curriculum in line with current guidance and published clinical studies. Countries register in September and confirm the cities where the exam will be sat in October. A second question writing meeting takes place in January and in February, five cardiologists select 24 questions from each of the sections: general cardiology; valvular or myocardial disease; ischaemic heart disease; arrhythmias; ACHD or non-invasive cardiology. 70% are text only, 20% contain still images and 10% include video clips. The standard setting group then reviews each question to estimate its difficulty and their collated scores are used to guide the final pass-mark. In May, the final exam of 120 questions is reviewed by the EEGC board chair and chair of the standard setting group to ensure that there are no errors before the exam is sat on computers at local test centres over 3-hours in June.
The performance of each question in the exam is reviewed and any questions where <30% or >90% of candidates answered correctly, as well as questions where there was a negative correlation with candidates' performance in the overall exam, are reviewed by representatives of participating national societies to ensure that the answer key was correct, that the question was not misleading and that it tested an important point of knowledge. Any question where there is concern is excluded from the exam. The marks are then passed to the EEGC Board and independent psychometricians at the University of Cologne to determine the pass mark. This is done using a modified Angoff method, which allows for adjustment of the pass mark according to the difficulty of the examination. The exam board has decided that between 75 and 95% of candidates are expected to pass the EEGC. A rectangle is then formed by the 2 standard deviation limits around the mean of the expected pass mark determined by the standard setting group. The final pass mark is at the intersection between the diagonal across this rectangle and the plot of the candidates' performance. In 2018, 483 trainees sat the EEGC and approximately 80% of candidates passed with a score of 57.5% or greater.
The EEGC has developed over a period of 10 years and is a robust high-quality test of knowledge during cardiology training. It has a strong governance structure and is supported by a secure on-line

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question authoring, editing, selection, standard setting and exam review system. It is delivered simultaneously on computers in multiple secure local centres to allow testing of knowledge associated with clinical images while minimising the travel requirements for candidates. Its policies and procedures are transparent and published to allow other examinations to adopt its methodology where this is helpful. The popularity of the exam is illustrated by an increase of 22% in candidates between 2016 and 2017 with a further 25% in 2018.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

W030
Training psychiatrists in the new millennium
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Abstract.– Training for the Psychiatrist of the Future
Psychiatry is a major medical speciality and deals with both brain and mind. Like medicine psychiatry is an art backed by science. Strongly influenced by ongoing scientific advances in investigations and treatments but more than most medical specialities, it is influenced by cultural and social factors. Psychological and social factors such as globalisation leading to increased migration and urbanisation thereby creating critical challenges in its practice. With a better understanding and development of gene maps, there are opportunities for newer interventions and treatments. Continuing shortage of trained professionals and financial resources with an ever-increasing demand contributes to stress and mental ill health among mental health professionals. E-mental health and tele-mental health bring challenges related to privacy and confidentiality. Generational differences in methods of learning and attitudes to work-life balance bring additional challenges. Use of phone apps and technologies can lead to therapy without therapists. Patients prefer equal say in decision making and their expectations from therapeutic encounters are also evolving. Delivering services in the community or at home have its own challenges. In the UK after finishing medical schools, doctors have to undertake two years of training before choosing their speciality. Speciality training in psychiatry is competency based and consists of 6 years minimum with a period of core training including developmental psychiatry followed by a national examination. This allows specialist training in sub-specialities. Assessing and training competencies are important but have additional challenges which will be discussed.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Mental Health Policy: Workshop: Ethical Challenges Are an Unavoidable Part of Practice in Psychiatry - How Do We Deal With That in the Best Possible Way?

W031
Ethical principles cultural
N. Sartorius
Behaviour is governed by three sets of rules: those stemming from ethics, those stemming from society's moral rules and those stemming from the laws. The three sets of rules are not always in agreement which can present a problem for the individuals and for society.
Morals – rules agreed by society and imposed on its members - are particularly likely to be different from one society to another. This was particularly important and presented problems in instances of migration; at present the trend of increasing horizontalization of cultures adds to this an additional set of difficulties.
In the practice of psychiatry the moral and legal rules are of particular importance and are frequently in conflict with ethical rules. The difficulties which stem from this are easily identifiable in the application of the rules to real life situation. The principles of beneficence, non-maleficence, confidentiality and autonomy which are supposed to govern behaviour of physicians are also each presenting problems when they are taken out of their cultural context.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

W033
The EPA's 1st MOOC about CBT: insight from the teacher
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Preparing and teaching a Massive Online Open Course (MOOC) proved a time consuming yet extremely rewarding experience. It gave me the opportunity to use many of the skills I had already been employing as a psychiatric trainer but translating these into an online form presented some challenges. I was used to constructing a general outline for a presentation and then relying upon powerpoint slides and audience participation to guide my moment to moment teaching. This generally keeps teaching alive and interesting. But for a MOOC each lecture had to be approached in a much more structured way. There was no one to give immediate feedback and to bounce ideas off as one is used to in a seminar format: talking to a camera rather than a person initially felt strange but soon felt more natural. Preparing the lectures, breaking the teaching into brief segments and restricting the lectures to far fewer powerpoint slides than usual all took time. Although making a MOOC proved to be quite time consuming and pushed me beyond my comfort zone as a presenter but it was also very rewarding and fun. The team involved in the MOOC's creation can all feel proud of the finished product which looks very professional has been accessed in full by 1000 participants! This presentation will outline the process and experience of developing this online resource with some tips for anyone wishing to take on this form of teaching.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

W034
Online training resources in psychiatry: which experience could we take from them?
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Online courses like MOOCs are popular in different specialities and with numerous trainees. As the experience increases, the pitfalls

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become clearer. We aim to describe how other online course could help improve the EPA online training project.
Internationally led MOOCs allow wider dissemination and better expertise, but require a strong long-term engagement which could be challenging to maintain. IACAPAP (International Association of Child and Adolescent Psychiatry and Allied Professions) wrote a free online guidebook translated in several languages before launching their Child and Adolescent MOOC. Trainees wrote subtitles in several languages, improving the accessibility for people with hearing difficulties or non-English speakers. The Human Brain Project offers online courses on Youtube before face-to-face summer school to improve the engagement of trainees. Dissemination to a wider audience can be improved with the involvement of patients or families' association like "Caring for People with Psychosis and Schizophrenia".
Funding can be challenging for this kind of projects but should not limit the accessibility. Some MOOCs tried to solve this problem partly by offering free access with an optional payable certification. Economic resources of the trainees can be very different from country to country. We believe that a fair funding should depend on the income of the trainees (in the same moulds of the EFPT forum). Crowdfunding could also be a relevant way to solve this challenge and motivate the facilitation team and teachers. Finally, the Motivational Interviewing MOOC could benefit from collaboration with the MILES program, which develops softwares for practical training in Motivational Interviewing using avatars.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Mental Health Policy: Workshop: Setting and Achieving Standards in Women Mental Health

W035

How can the WPA support the implementation of standards in women mental health?

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Objectives.– Adherence to standards for women's mental health is needed to ensure women's needs are taken into account in mental health strategies and services. This paper discusses the implementation of standards in women's mental health derived from the World Psychiatric Association (WPA) resource materials.
Background and aims.– Addressed the issue, we explore the following WPA resource domains: 'Publications', 'Education', and 'Contributions from the WPA Sections'.
Materials and methods.– Attention is drawn to points related to the implementation of standards in women's mental health.
Results.– An overview of current published standards and available data about progress on their implementation in different countries are provided. The current contribution from the WPA Women's Mental Health (WMH) Section is reviewed (The International Consensus Statement on Women's Mental Health and the WPA Consensus Statement on Interpersonal Violence against Women; Archives of Women's Mental Health), with particular consideration given to the WPA Position Paper and Curriculum on Intimate Partner Violence.
Conclusions.– For health services: the development of policies on offering proactive support to women patients who disclose abuse – should be supported, bearing in mind the disparities between regions within the countries, between urban and rural areas and between socio-economic groups. This includes the implementation of standards on routine enquiry, i.e. every female mental health patient to be asked about her experiences of abuse and violence. The building bridges among diverse professional groups should be the medium through which the standards in women's mental health will be widely disseminated.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Mental Health Policy: Workshop: Suicide Prevention and Assisted Suicide in the Elderly

W037

Neuroimaging biomarkers of further cognitive decline in late-life depression : evidences and perspectives

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Introduction.– Late life depression (>65 years-old) is frequent, disabling and is frequently associated with cognitive impairments during the episode. However, a number of patients will also suffer from residual cognitive impairment in such an extent that LLD doubles the risk of onset of dementia ((Diniz et al., 2013). Methods and results: we will show the most significant results about brain phenotypes about cognitive impairment in LLD, including complex network characteristics (using graph theory (Li, Douglas Ward et al., 2015)) and amygdalar (Li, Ward et al., 2015) and hippocampal seed-based networks (Xie et al., 2013). Multivariate analyses, such as random forest classifications based on grey matter volumes, have been successful in predicting the onset of dementia with 76% accuracy (Lebedeva et al., 2017). However, these results must take into account that including standard cognitive screening tool (the Mini Mental Status Examination; MMSE) increase the prediction values to 81%. Therefore, the balance of including MRI must be carefully weighted in day-to-day routine care. Thus, recently developed MRI based white matter integrity methods might open new strategies in light of the vascular pathophysiology of LLD with comorbid cognitive impairment (Wilkins, Mathews, and Sheline 2009; Byers and Yaffe 2011). Neurite Orientation Dispersion and density (NODDI; (Ota et al., 2018)) and magnetization transfer (Wolff and Balaban 1989; Yang et al., 2018) will be presented and their possible applications in the field of old-age psychiatry will be discussed.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

W038

Amyloid imaging in late-life depression

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Hippocampal atrophy has mainly been validated as an imaging marker of Alzheimer's disease in comparison with healthy subjects. In view of our data, hippocampal volume decrease as a diagnostic measure may be less reliable for assessing Alzheimer's disease pathology in patients with late-life depression, compared with amyloid imaging.
Also, response to electroconvulsive therapy is independent of beta-amyloid deposition in patients with late-life depression.

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Bouckaert F, Emsell L, Vansteelandt et al. Electroconvulsive therapy response in late-life depression unaffected by age-related brain changes. Submitted.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

W039

Functional imaging of episodic memory in dementia

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Functional imaging studies using MRI and PET have allowed to investigate the activity of the brain during cognitive tasks including the episodic memory. Alzheimer's disease affects multiple fronto-temporal brain areas that are relevant for memory and other cognitive functions. Imaging results in dementia are variable affecting different brain areas and causing a mixture of regional hyper- and hypo-activities. The present paper will present a summary of the most recent functional imaging studies in AD and other dementias.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

W040

Imaging of late schizophrenia

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With the global ageing of the schizophrenia population, psychiatrists face more and more often old age schizophrenia, an unstable end-state of the disease characterized by many longitudinal fluctuations of psychopathological features, neurocognitive impairments and level of functioning. While it is well established that schizophrenia is associated with various structural and functional brain abnormalities, current research evidence is less compelling about the longitudinal progression of such neuromorphological and neurofunctional correlates of schizophrenia. Indeed, empirical research has focused more on early stages of the disease although, in consideration of a prospective higher prevalence of schizophrenia in the elderly, late life schizophrenia represents a current focus of clinical attention.
In line with some recent formulations of the neurodevelopmental model of schizophrenia, the longitudinal investigation of the neurobiological abnormalities in schizophrenia, the characterization of the structural and functional brain imaging findings in late onset schizophrenia and the proposition of an exhaustive neuroscientific model for its neuroprogressive sequelae may greatly help in shedding further light on core feature of schizophrenic psychoses at different neurodevelopmental stages of the disease. Previous studies have reported volumetric deficits, abnormal perfusion and impaired connectivity in several brain areas of patients with old age schizophrenia. A review of the implications of such experimental findings for clinical practice will be discussed.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

W041

Predictive response factors of repetitive transcranial magnetic stimulation in drug-resistant depression in the elderly

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Repetitive transcranial magnetic stimulation (rTMS) is a neurostimulation technique used in many indications, especially in psychiatry in the treatment of mood disorders. Although its efficacy in this treatment has been demonstrated, the study of predictive response factors currently remains a major challenge. Based on recent data in neuroimaging and the results from naturalistic inpatient and outpatient cohorts that received rTMS treatment in Esquirol Hospital Center in Limoges, this oral communication will help identify the clinical and paraclinical factors of response to this technique in the elderly.

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