

use of this substance in alcohol-dependent individuals and higher biomarkers of alcohol use.

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S06

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

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Pharmacological therapy in mental disorders is usually effective in 60–70%, the treatment reaction is worsening with the disease progression, and proper medication and early treatment regimen choice is crucial. Research showed that specific brain changes (structural and functional) are present in depressed patients. These abnormalities are probably linked to neurodegeneration. There is also an evidence that inflammation contributes to the depression pathophysiology, and both these processes – neurodegeneration and inflammation are related.

Novel biological markers allow us to better understand the individual mechanisms of treatment response in depression. Recently, several biological measures have been proposed, amongst them – neuropsychological dysfunction, decreased GABA level in proton magnetic resonance spectroscopy (¹H MRS), body weight, genetic factors and peripheral inflammatory markers. Latest research found that brain changes assessed with neuroimaging methods (including ¹H MRS, e.g. glutamatergic system abnormalities), correlate with peripheral inflammatory markers. Furthermore, both these factors taken together may serve as one integrated treatment prediction marker in depressed patients.

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Bipolar disorders: From detection to intervention

S07

Developmental trajectories to bipolar disorder

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Background Childhood subclinical phenotypes have been informative for etiological research and as a target for preventative interventions. Using a prospective longitudinal general population cohort we investigated whether childhood manic symptoms predicted a diagnosis of bipolar disorder (BD) or other psychiatric disorders by early adulthood.

Methods Subthreshold manic symptoms at age 11 years ($n = 1907$) and clinical outcomes by age 19 years ($n = 1584$) were ascertained in the TRacking Adolescents' Individual Lives Survey (TRAILS), a prospective Dutch community cohort. We used latent class analysis to stratify TRAILS participants at age 11 years into distinct classes based on the pattern and severity of childhood manic symptoms. We then determined the association between class membership and clinical diagnoses by age 19 years.

Results At age 11 years, we identified a normative class with negligible symptoms ($n = 862$), a mildly symptomatic ($n = 846$) and a highly symptomatic class ($n = 199$). The risk of BD was

moderately increased in individuals in the mildly symptomatic class (OR = 2.65, 95% CI 1.41–5.01), and substantially increased in the highly symptomatic class (OR = 7.08, 95% CI = 3.32–15.11). Children in the highly symptomatic class were additionally characterized by lower IQ and socioeconomic status, greater family dysfunction and increased rates of parental psychiatric morbidity. Class membership did not show significant associations with depressive, anxiety and substance abuse disorders by age 19 years.

Conclusions The results provide support to developmental models of BD, and suggest that manic symptoms in childhood may be a marker for adult disorders and therefore potentially useful for early identification of at risk individuals.

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S08

Protecting the cardiometabolic health of young people experiencing psychosis

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This presentation will highlight how the early phase of major mental illness may provide a critical window of opportunity in which to prevent future life-restricting and life-shortening physical comorbidities.

Despite many recent advances in our understanding of severe mental illnesses, those affected still lose 15–20 years of life on average compared to the general population. Most premature deaths arise from the same common disorders that affect the general population such as cardiovascular disease, infections and cancers. Of these cardiovascular diseases is now the single biggest cause, far greater than suicide. Shockingly the mortality gap is still widening as the reduction in CVD morbidity and mortality seen in the general population over the last three decades continues to elude people with severe mental illnesses, for whom the prevalence of CVD, obesity and diabetes are now of epidemic proportion.

And yet, much of this epidemic can be predicted. High rates of tobacco use, physical inactivity and poor nutrition point to underlying health inequalities. Furthermore, initiation of antipsychotic treatment is associated with aggressive weight gain and metabolic disturbance from the early phase of psychosis, and yet often these adverse effects remain unmonitored and untreated.

This presentation will argue that these potentially modifiable risk factors provide natural targets for prevention from the onset of psychosis and its treatment. Extending the early intervention paradigm to embrace a far more holistic body & mind approach is overdue.

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S09

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

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

NICE most recent guideline on the management of bipolar disorder in adults will be reviewed. A concept tool to facilitate adherence to NICE clinical standards will be presented along with detailed outcomes of its pilot application in a naturalistic treatment setting, which drove the average concordance from 32% for a team providing treatment as usual, to 92% for a team supporting their practice with the tool. This presentation will also address additional impacts of its use including allowing drawing key clinical characteristics of an index population of individuals suffering from bipolar disorder, supporting education and auditing the actual service delivery. The usefulness of the tool to shape clinical practice according to NICE evidence-based standards will be outlined. Its versatility and limitations will be debated. The discussion of the findings will include epidemiological considerations as well as implications for mental and physical well-being.

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Co-occurring psychiatric and substance use disorders: Impact on illness course and recovery

S10

Alcohol and aggression

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About half of all murders are committed in Western industrialized countries by subjects under the influence of alcohol. Chronic alcohol use also increases the rate of violent attacks. These findings appear to be due to an interaction between acute and chronic environmental effects (acute alcohol consumption and chronic social isolation stress) on the one hand and limbic processing of aversive stimuli modulated by neurotransmitter systems such as dopamine and serotonin on the other. Animal experiments showed that early social isolation stress can induce serotonin dysfunction and appears to predispose individuals towards increased threat perception. Studies in humans revealed that depending on serotonergic neurotransmission and serotonin transporter genotype, some individuals are prone to show elevated functional activation elicited by aversive and threatening cues. Previous experience with alcohol-related aggression seems to further predispose an individual towards a “fight vs. flight” reaction when confronted with perceived threat during alcohol intake. Together, these findings point to complex gene-environment interactions and a specific role of social isolation stress in the development of alcohol-related aggression.

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S11

Multi-morbidity: Psychosis early childhood adversity and substance use within homeless people

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Homelessness is the most visible indicator for social marginalization and vulnerability. It is a risk factor for subsequent health threats and especially individuals with a history of trauma,

substance use and severe persistent mental illness are at high risk to lose their homes, jobs and social networks.

The Canadian At Home/Chez Soi study aimed to better understand the entanglement of homelessness and mental illness and possible strategies to provide care to the most vulnerable. In 5 Canadian centers, over 2000 patients were included and randomized to different intervention arms based on a housing first approach.

Early trauma and foster care were as rampant as poly substance use, which explains a significant increase in mortality too.

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S12

Are attention-deficit/hyperactivity disorder symptoms associated with a more severe course of substance use? A longitudinal study with young Swiss men

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Introduction Adults with attention-deficit/hyperactivity disorder (ADHD) symptoms show higher prevalence rates for substance use disorders (SUD).

Objectives Few longitudinal studies have been conducted to observe the course of substance use among adults with ADHD.

Aims This study examined the predictive value of ADHD symptoms during the course of substance use in a population sample.

Methods In two waves data from a representative sample of 5103 Swiss men in their early 20s were collected (baseline and 15-month follow-up) in the longitudinal “Cohort Study on Substance Use Risk Factors” (C-SURF). ADHD symptoms and substance use were assessed using the adult ADHD Self-Report Scale (ASRS-v1.1) and self-administered SUD questionnaires, respectively. Individuals who screened positive for ADHD (ADHD+) were compared to those who screened negative (ADHD-).

Results At baseline, the 215 individuals in the ADHD+ group (4.2%) showed considerably higher prevalence and frequency of substance use and prevalence of alcohol, tobacco, and cannabis use disorders relative to the ADHD- group. While alcohol, tobacco, cannabis, and heroin use remained stable from baseline to follow-up, the ADHD+ group was more likely to begin using illicit drugs (i.e. amphetamines, speed, ecstasy, hallucinogens, and cocaine) and initiate nonmedical use of prescription drugs (i.e. stimulants/amphetamines, hypnotics, and tranquilizers) relative to the ADHD- group.

Conclusions Young men with ADHD symptoms displayed more severe substance use patterns and were at a high risk of initiating drug use within 15 months. The identification of ADHD symptoms during early adulthood may be relevant in early interventions to lower the risk of drug use.

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S13

Autism and substance use comorbidity: Screening, identification and treatment

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Objective Autism spectrum disorders (ASD) are well-known for high prevalences of comorbid conditions especially anxiety, obsessions, depression, challenging behaviours.