

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.

In this presentation, we will consider the evidence for comorbidity between ASD and addiction [substance use disorders (SUD)] and explore the possible underlying explanations.

Methods A literature study on similarities between addiction and ASD (at a phenotypical and neurobiological level) as well as a case note review on a year cohort of 120 consecutive admissions in an adult addiction psychiatry unit and 120 admissions in an adult ASD unit.

Results In our addiction psychiatry cohort, 8 (men) on 118 patients were diagnosed with autism spectrum disorder. This is much higher than in the general population (1%). In the ASD cohort, the results are measured at the moment and the results will be presented in the presentation.

Autism spectrum disorders and addiction can both be perceived as developmental disorders in which a genetic predisposition and vulnerability interact with environmental factors. They can be induced by early stress thus affecting the proper functioning of the cortico-striatal dopaminergic regulation systems (and also the HPA axis). In “pure” ADHD this is attributed to a deregulation in the cognitive loops and the “impulsivity” endophenotype. Whereas in cases of ASD without an ADHD component the limbic and sensimotore cortico-striatal regulations loops are also involved.

Conclusions There are clear indications that a possible comorbidity of substance abuse disorder should be considered in cases of individuals with autism spectrum disorders. This finding is important for clinicians to take into account in assessing patients with addiction problems and ASD.

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Coercion in psychiatry: Challenges and perspectives

S14

Ethical challenges in the use of coercion

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The use of coercive measures remains one of the great challenges in psychiatry.

Increased focus on patient rights and autonomy, concern from user and relatives organizations as well as from human rights organizations all have contributed to that the use of all kinds of coercion is high on the agenda. And yet, we are still faced with that a number of psychiatric patients will experience that coercive measures are used as part of their treatment.

The EPA Ethical Committee carried out a survey comprising the European associations of psychiatry in which a questionnaire was circulated regarding what the different associations found were the major ethical challenges in their respective countries.

Among the issues that have given rise to particular concern are the use of physical restraints including why some countries avoid physical restraints while other – e.g. Denmark – use it extensively. Why do we find such large differences? Is this due to different approaches to coercion, different traditions? Shortage of resources? Another concern is that certain groups seem more likely to be subject to coercion compared to others. Thus, it has been demonstrated that patients belonging to ethnic minority groups are more likely to experience this.

The paper will focus on ethical problems and issues of concern related to the use of coercion. The focus will be on facets of international relevance with the aim to remain critical towards the use and when needed to strengthen the quality of coercive treatment care.

URL: <http://www.mariannekastrup.dk>

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S15

Does the use of coercion improve the outcome of patients with severe mental disorders?

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Coercive measures have always been part of the psychiatric armamentarium; however, the clinical and ethical dilemma between the use of a “therapeutic” coercion and the loss of patients’ dignity is one of the most controversial issues in mental health practice. According to International guidelines, coercive measures should be adopted only when all the other less restrictive approaches failed and should be considered as the “last restrictive alternative”. Although coercive measures are frequently used to manage patients’ aggressive behaviors and self-harm, refusal of medication and impulsivity, their effect on patients’ outcome is not clear. In fact, the use of coercive measures can reduce patients’ aggressiveness and improve psychiatric symptoms, but can also have a negative impact in terms of therapeutic relationship, engagement with mental health services and self-stigma, arising negative feelings on patients and on mental health professionals. International attempts have been made to improve and harmonize the use of involuntary treatments. Recommendations of good clinical practice on the use of coercive involuntary treatments and forced medications have been proposed by the EUNOMIA consortium, and the effect of coercion on the outcome of patients with severe mental disorders have been described. Results of this study will be reported as well as lessons learnt from other international experiences.

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Considering pain to better understand the suicidal process

S16

Psychological pain and interpersonal theory of suicide

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Psychological pain is an important variable in the understanding of suicidal individual.

This presentation describes the how psychological pain interacts with problems in communication to set up risk for serious suicidal behavior and describes some empirical studies supporting a model for using this concept in suicide prevention strategies.

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S17

Pain perception in self-injurious behaviours

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