alterations in the serotonin transporter and the 5-HT_{1A} receptor that are similar to those seen in suicides and moreover the severity of the abnormality in 5-HT_{1A} binding is correlated with the lethality of suicidal behavior. Other studies examining CSF levels of 5-HIAA are consistent with imaging data and extend the findings to the noradrenergic and dopaminergic systems. Finally, we will present data on use of these biomarkers to predict treatment outcome. Abnormal decision-making and mood regulation in suicidal patients is linked to abnormal brain biology and has direct implications for clinical practice in terms of selecting specific types of medication and how these may be best combined with psychotherapies.
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S113

Age and pharmacotherapy of suicidal depressed bipolar patients

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The mortality and morbidity due to suicidal behavior associated with bipolar disorder is the greatest among psychiatric diagnoses. To address this problem, it is essential to find predictors of future risk as well as protective factors. Studies from several international teams have demonstrated that for bipolar disorder, the presence of a depressive episode is the most robust predictor and risk increases as does depression severity. Protective factors such as older age and religious affiliation are also key moderators. The role of pharmacotherapy in suicidal behavior has been studied mostly utilizing data that are either observational and naturalistic, rather than experimental. Only one randomized, double-blind clinical trial has been conducted to date, although another one is underway. The comparison of lithium and valproate in terms of effect on suicidal behavior revealed no differences. Although the trial was not powered to detect small effect sizes, results suggest that the Relative Risk ratio generated from meta-analytic studies (RR$\sim$ 5) is too optimistic. The trial also suggested that younger individuals may respond differently to pharmacotherapy, suggesting opportunities to personalize treatment approaches. Robust pharmacotherapy targeting both mood stabilization and depressive symptoms is essential and may assist in the quest against suicidal behavior.
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Treatment of people with dual diagnosis

S114

Treating adult ADHD and comorbid substance-related disorders

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Attention-deficit/hyperactivity disorder (ADHD) is a complex, and multifactorial and chronic neurodevelopmental disorder. Comorbid psychiatric disorders are highly prevalent in individuals with a diagnosis of ADHD. There is a solid overlap between ADHD and substance use disorders (SUD). Prevalence of SUD is high among patients with ADHD, so that SUD are approximately double as common among individuals with ADHD than in general population, and individuals with SUD have much higher rates than expected of a comorbid ADHD. Studies shown that treatment during childhood of attention-deficit/hyperactivity disorder with stimulant medication neither protects nor increases the risk of later substance use disorders. Nevertheless, recent studies found that patients with ADHD and SUD can reduce ADHD symptoms and SUD with stimulants and cognitive-behavioral therapy. Treatment of ADHD in patients with SUD requires a comprehensive diagnostic assessment. It is recommendable to stabilize the addiction prior to treating the ADHD. In this talk, the recent literature for the treatment of adults with co-occurring ADHD and SUD will be reviewed.
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Value-based health care

S115

Value in mental healthcare: The patient aspect

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From the patients' point of view, valued-based mental healthcare is mental healthcare based on a holistic vision of care, according to which patients are actively involved in their treatment to achieve the best possible outcomes. They are invited to collaborate with both mental health care providers such as psychiatrists and primary caregivers to determine what types of treatment are the most effective.
GAMIAN-Europe believes that the best package of care includes the following four elements:
– medication – antipsychotic medication is consensually regarded as first-line treatment for people with mental health problems;
– psychotherapy/counselling – although antipsychotic medications are the mainstay of treatment for mental health problems, pharmacotherapy alone produces only limited improvement in negative symptoms, cognitive function, social functioning and quality of life. Additionally, many patients continue to suffer from persistent positive symptoms and relapses, particularly when they fail to adhere to prescribed medications. These situations emphasize the need for multimodal care, which includes psychosocial therapies as adjuncts to antipsychotic medications in order to alleviate symptoms and to improve social functioning and quality of life;
– psycho-education – the more a patient learns about his/her condition the better placed he/she will be to take control of it. Psycho-education embodies this principle by using a clearly-defined therapeutic programme, in which a trained therapist delivers targeted information designed to reduce both the frequency and the severity of symptoms. Psycho-education increases patients' knowledge and understanding of their illness and treatment options and helps them cope more effectively. Many people find that they benefit not only from the information they receive during psycho-education, but also from the learning process itself. There are several different ways in which psycho-education can be delivered, including one-to-one sessions with a therapist, sessions aimed specifically at carers and family members, group sessions attended by several people coping with mental illness and mixed group sessions attended by people with mental illnesses and family members;