

Symposium: mental health in young women: are they more at risk in the 21st century?

CS07

Why mental health in young women is more at risk in the 21st century

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The mental health of women and girls is endangered when they experience violence and gender-based discrimination, including poor access to education and lack of autonomy in the family and broader community. The conditions of conflict and poverty that foster violence against women, including systematic sexual violence, are growing across some world regions including parts of Africa and Asia, even while women are becoming more empowered in others. The prevalence of abuse of women at home appears to be high across the regions, and the widespread nature of other forms of violence such as genital mutilation and trafficking is increasingly recognised.

The psychological consequences of violence increase the risk of mental illnesses such as depression and anxiety, including the risk of these conditions in the perinatal period. The services provided for women with mental ill health in primary health care, maternal and child health services, community mental health services or hospital settings do not in many places respond adequately to their needs. The inadequacies in response can reproduce or amplify the difficulties and injustices that women face in their lives, especially maltreatment as girls and intimate partner violence as adults.

The World Psychiatric Association aims to increase awareness of the need for improved mental health of women and girls worldwide, especially in settings of disadvantage, conflict and adversity. It is also aiming to work in partnership with other health and non-health organisations to develop a platform for action to respond to the need – for health promotion, risk reduction and access to prevention and treatment services.

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CS08

Early psychosis in young women

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Introduction It is well known that young women are at lower risk for schizophrenic psychoses than young men. However, little is known about the peculiarities of emerging psychosis in young women.

Objectives To describe characteristics of emerging psychosis in women.

Methods Within the FePsy (Früherkennung von Psychosen=early detection of psychosis) study at the University of Basel Psychiatric Clinics we have examined consecutively all patients with a first episode of psychosis (FEP) or an at-risk mental state (ARMS) referred to us between 2000 and 2015.

Results Women did not significantly differ from men regarding psychopathology, neither in the ARMS nor in the FEP group. This was true for positive as well as negative symptoms and basic symptoms. Interestingly, women had a higher correlation of self-rating with observer-rating regarding psychotic symptoms. Duration of untreated psychosis was significantly lower in women than in men. Women seek help more quickly than men and their first contact is more often their partner.

Regarding neurocognition women showed a slightly better performance in verbal tasks. They also had higher prolactin levels and larger pituitary volumes, even when drug-naive. Transition to psychosis occurred as often and as quickly in women as in men.

Conclusions There are only few gender differences in patients with emerging psychosis, which resemble mainly those found in the general population, with women showing a better help-seeking behavior, being more partner-oriented, having a better verbal performance and potentially also a higher stress reactivity [1].

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

Reference

[1] Riecher-Rössler A, et al. *Biol Psychiatry* 2009;66(11):1023–30.

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Symposium: brain plasticity in psychiatry

CS09

Relevance of brain plasticity to neuroprogression and staging of bipolar disorders – opposing effects of illness burden and lithium treatment

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Introduction Brain changes in bipolar disorders (BD) may represent inherited risk factors or consequences of the illness (brain plasticity). Neuroanatomical changes, which predispose for BD could aid in early diagnosis, whereas the neuronal sequelae of BD could yield biological outcome measures for prevention and treatment.

Methods To separate neuroanatomical changes into those that increase the risk of BD versus those that result from it, we acquired MRI/clinical data from participants at different stages of BD, including: (1) affected and unaffected offspring of bipolar parents ($n = 86$); (2) participants with substantial illness burden who had had at least 2 years of current Li treatment ($n = 37$) or were Li naive ($n = 19$). We also recruited 99 healthy controls matched to the above-mentioned cohorts by age and sex.

Results Relative to controls, both the affected and unaffected offspring of bipolar probands showed increased right inferior frontal gyrus (rIFG) volume, but comparable hippocampal volumes and prefrontal *N*-acetyl aspartate (NAA) levels. Larger rIFG volume was associated with an increased risk of conversion to psychiatric disorders within 4 years following the MRI scanning (hazard ratio = 4.5). In contrast, Li naive patients with substantial illness burden had smaller rIFG, hippocampal volumes and prefrontal NAA levels than controls, who were comparable in these indices to the Li treated subjects with substantial illness burden.

Conclusions Brain structural changes in BD may not be static, but may instead result from an interplay between illness burden and compensatory processes. This illness related brain plasticity may be modulated by lithium treatment.

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