

### WS0003

#### Determining specific profiles of patients at risk of relapsing

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doi: 10.1192/j.eurpsy.2024.115

**Abstract:** Based on the available literature and the studies presented by the previous speakers, Dr. Andreu will provide a summary of predictive and protective factors associated with mood relapse or recurrence in bipolar disorder, with a special focus on the distinction between modifiable and non-modifiable factors and on the identification of specific phenotypes at higher risk of relapse. The speaker will also mention the role of psychotherapeutic and pharmacological treatments, and will summarize the available evidence regarding lithium response.

**Disclosure of Interest:** None Declared

### WS0004

#### Cases presentation and relapse rates associated with specific risk factors

J. I. Mena Garcia\* and Relapse predictors of bipolar disorder

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doi: 10.1192/j.eurpsy.2024.116

**Abstract:** This section will be destined to the presentation of specific cases of patients with bipolar disorder admitted to our acute psychiatric ward. For each case, sociodemographic, clinical and environmental characteristics will be described and pharmacological treatment discussed. In addition, predictive and protective factors for mood relapses will be identified, and then, prospective information regarding their clinical prognosis will be provided in order to discuss with the attendees the impact of the mentioned factors on clinical outcomes.

**Disclosure of Interest:** None Declared

### WS0005

#### PAD: a UK Perspective - Contemplating Change is Challenging!

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doi: 10.1192/j.eurpsy.2024.117

**Abstract:** Physician assisted dying is not new, neither historically, nor globally. What has changed in the UK however, is the perspective of society. In the UK, the British Medical Association is both a union and a professional organisation representing doctors and liaising with governments departments in matters of healthcare. As with various specialties within medicine, there are those in favour of

change and those against. There are matters on which there is common ground, and a consensus of experts has identified principles, which, if legislation is to change, would be sensible to follow. A profession has united around the idea that if change is coming, it is better to inform the debate proactively and ensure that the interest of patients and doctors are promoted. This session will look at how potential change in the UK has been approached and hopefully well managed.'

**Disclosure of Interest:** None Declared

### WS0006

#### physician assisted dying : A French Perspective - a new revolution?

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doi: 10.1192/j.eurpsy.2024.118

**Abstract:** The debates on euthanasia and assisted suicide (EAS) are topical in Europe. The extension of EAS for psychiatric reasons, already legalized in some countries, raises ethical and clinical issues, given the proximity between suicidal patients and patients who request or have accessed EAS. How can EAS be reconciled with the promotion of suicide prevention, which kills nearly 10,000 people per year in France? We will raise here several key questions that deserve a clear answer before considering going further in the social debates: how to ensure the irreversibility of psychological suffering? how to ensure that patients requesting EAS have full decision-making capacity? how to judge therapeutic futility? It seems crucial to protect the most vulnerable patients by ensuring that psychiatry benefits from scientific progress and can offer new solutions to suffering patients.

These issues will be discussed viewing the proposed law on EAS in France, which is supposed to come in February 2024...

**Disclosure of Interest:** None Declared

### WS0007

#### Physician assisted suicide: A Swiss perspective - a liberal view

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doi: 10.1192/j.eurpsy.2024.119

**Abstract:** Switzerland is a country in which the liberal tradition is cultivated and every citizen's free decision is honoured. Associations such as EXIT or Dignitas, which advocate the right to self-determined death, were formed here early on. They see themselves as completing the Age of Enlightenment, where the end result is an individually self-determined death. The Swiss federal government is therefore reluctant to define criminal offences. However, it is regulated that active euthanasia is prohibited. The organisations mentioned are also not allowed to act for their own benefit.

Meanwhile, the number of assisted suicides is higher than the number of suicides. The extent to which the one phenomenon is related to the other is open to debate.

The topic is controversial among the general public and the medical profession. Nevertheless, the Swiss Academy of Medical Science has published guidelines on dealing with dying and death, which also deal with physician-assisted suicide.

Various associations, including the umbrella organisation for suicide prevention in Switzerland, Ipsilon, are in favour of special protection for vulnerable groups. Some of them also recommend that civil law provisions be made for the process of assisted suicide.

**Disclosure of Interest:** None Declared

## WS0008

### The Impact of cognitive remediation combined with mindfulness and social skills training on social functioning and neural plasticity in early psychosis: preliminary results from a randomized clinical multicentric trial in Italy

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the research group on ‘The impact of cognitive remediation on social functioning and neural plasticity in early psychosis: a randomized clinical trial’

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doi: 10.1192/j.eurpsy.2024.120

**Abstract:** Affective and non-affective psychoses are characterized by deficits in neuro and social cognition, which strongly impact the patient’s psychosocial functioning and health and social system. Recent literature suggests that such deficits could benefit from the innovative combination of evidence-based interventions.

This lecture aims to describe an Italian multisite (Verona, Milano, Pavia), longitudinal randomized controlled trial funded by the Italian Ministry of Health investigating the impact of Cognitive Remediation (CR) alone or combined with other approaches (namely, Mindfulness and Social Skills Training (SST)) on clinical, neuropsychological, social and brain-related outcomes in patients with a DSM5 diagnosis of affective or non-affective psychosis.

In our study, patients underwent clinical and neuropsychological evaluation at baseline (T0), end of treatment (T1), and six months post-treatment (T2), which consisted of nearly four months of CR, CR+ Mindfulness, or CR + SST. The cognitive assessment included the Brief Assessment of Cognition for Schizophrenia (BAC-S) or Affective Disorders (BAC-A) and the Executive and Social Cognition Battery (ESCB), specifically designed to identify impairments in social cognition and executive functions in patients’ real life. Participants underwent a 3T multimodal MRI, including structural and functional sequences at T0 and T1. We also recruited healthy controls for comparative brain mapping at T0.

The present lecture will provide an overview of the research project, along with some preliminary findings on the effect of CR alone or combined with other interventions on clinical and social functioning and brain plasticity, with a focus on the degree of durability and generalization of CR effects to patients’ real life. The study’s

outcomes have the potential to inform clinical and rehabilitative settings and tailor combined therapeutic interventions.

**Disclosure of Interest:** C. Perlini Grant / Research support from: Italian Ministry of Health GR-2016-02361283

## WS0009

### Utility of risky cannabis use concept and the role of standard units for achieving an operational definition

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doi: 10.1192/j.eurpsy.2024.121

**Abstract:** Over the past decade (2010–2019), the number of people admitting to using cannabis in the European Union (including the United Kingdom, Norway, and Turkey) increased by 27%, from 3.1% to 3.9%. Notably, Portugal, Spain, and Luxembourg topped the list with the highest percentages of daily cannabis users among those who had consumed the substance in the last month.

With the relaxation of recreational cannabis laws in various European countries, such as Germany, Malta, and Luxembourg, there is a growing need for a public health-oriented and preventative approach. Drawing parallels with alcohol-related strategies, this session aims to explore this evolving landscape from a clinical perspective.

The focus will be on the World Health Organization’s definition of risky substance use, aiming to make it practical and applicable. Two existing proposals from Canada and Spain will be reviewed, with an emphasis on the role of standardized cannabis units in defining risk and the quest for consensus in this regard.

Additionally, the session will examine the similarities between alcohol and cannabis consumption, looking at the effectiveness of the Standard Drink Unit in early intervention and prevention of alcohol-related problems. Insights from the alcohol domain will be discussed, offering valuable lessons for preventing cannabis-related harm.

**Disclosure of Interest:** None Declared

## WS0010

### Moving forwards with the Standard THC Unit: what are the next steps?

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doi: 10.1192/j.eurpsy.2024.122

**Abstract:** Current metrics of cannabis use are inconsistent. This issue prevents the integration of the literature to date and to robustly measure the health risks and benefits associated with