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Contents lists available at ScienceDirect

European Psychiatry

journal homepage: <http://www.europsy-journal.com>

26th European Congress of Psychiatry

Joint symposium

Joint symposium with hosting NPA: Social exclusion is harmful for mental health

JS0001

Perception and reactions to social cues

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Evolutionary theoretical accounts suggest that emotional displays serve a communicative function, implying (1) that emotional signals have co-evolved with recipient's decoding skills and behavioral responses, (2) that the recipient's behavioral response should reflect the social function of the perceived expression, and (3) the perceived possibilities for action offered by emotional displays are contingent on recipient's states and capabilities. We experimentally address these assumptions and reveal (1) that the neural sensitivity to threat-signaling emotions is enhanced in both ventral face-selective cortices and in action preparation motor cortices 200 ms following face presentation (El Zein et al., 2015); (2) that there is a selective impact of threat-signaling emotions on the recipient's action and attention decisions: anger elicits avoidance behaviors while fear prompts affiliative approach tendencies (Vilarem et al. under review), and finally (3) that the processing of threat-signaling emotions is influenced by recipient's traits (anxiety, behavioral inhibition and activation scales). Altogether, these results indicate that emotional displays promote the elaboration of adapted perceptual and action-related decisions.

Disclosure of interest. – The author declares that he has no competing interest.

JS0002

Loneliness in young adulthood: Findings from an epidemiological cohort study

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Background. – Loneliness is an established risk factor for ill health and early mortality. Although extensively studied from a gerontological perspective, loneliness is particularly common among young adults as well as the elderly. The aim of this study was to build a detailed, integrative profile of young adults' experience of loneliness, in terms of their current health and functioning and their childhood experiences and circumstances.

Sample and method. – Data were drawn from the Environmental Risk Longitudinal Twin Study, a birth cohort of 2232 individuals born in England and Wales in 1994 and 1995. Loneliness was measured using a short form of the UCLA Loneliness Scale when participants were aged 18. Regression analyses were used to test concurrent associations between loneliness and health and functioning in young adulthood. Longitudinal analyses were conducted to examine childhood factors associated with young adult loneliness.

Results. – Loneliness was concurrently associated with poor functioning across multiple domains: lonelier young adults were more likely to experience mental health problems, to engage in physical health risk behaviours, and to use more negative strategies to cope with stress. They were less confident in their employment prospects and were more likely to be out of work. Data provided by informants indicated that individuals' feelings of loneliness are visible to others; however, informants also made more negative ratings of lonely individuals' personality and behaviour. Lonelier young adults were, as children, more likely to have had mental health difficulties, and to have experienced bullying and social

isolation. Loneliness was evenly distributed across genders and socio-economic backgrounds.

Conclusions.– Young adults' experience of loneliness co-occurs with a diverse range of health and lifestyle-related impairments, making it a risk marker of high clinical relevance. The findings underscore the importance of early intervention to prevent lonely young adults from being trapped in loneliness as they age, with potential implications for health in later life.

Disclosure of interest.– The authors declare that they have no competing interest.

Joint Symposium with EBC: The value of treatment for brain and mental disorders

JS0003

Optimising transition from child to adult mental health care

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Introduction.– The peak age of onset for eating disorders (EDs) is from age 15 to 20. In many countries the transition from child to adult mental health care falls right into the middle of this period, causing multiple problems for patients on either side of this border. It also means that when young people approach the age of transition they may have to travel through a dangerous no-man's land with poorly coordinated care. Moreover, there are important differences in approaches to treatment and care for children and adults with EDs and in regards to parental involvement and confidentiality arrangements.

Objectives.– The aim of this talk is to review existing practices in eating disorders transition care and to describe service models with optimal transition arrangements for young people with EDs.

Method.– The talk will be based on a narrative review of the available literature. In addition, information on transitions from our own ED service (catchment area of 2 million people) was ascertained.

Results.– Only two publications, both from the UK, were found that specifically addressed transition care for EDs. In addition, the National Institute for Health and Care Excellence (NICE) has published generic guidelines for transition from children's to adults' services in 2016. Data from our service will be presented.

Conclusion.– Service models that are 'trans-age' and designed for youth from adolescence into young adulthood are most likely to serve the needs of this population best.

Learning objectives.– To understand how transitions in care affect young people with EDs.

Disclosure of interest.– The author declares that he has no competing interest.

Joint Symposium with EUFAS: Co-occurring substance use and psychiatric disorders: Pathogenesis and treatment

JS0004

Exploring novel targets in the transition from reward to misery in comorbid substance use and mood disorders

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The global burden and socio-economic impact of mental disorders is increasing, and is led by substance use disorders (SUD) and mood disorders (MD). These mental illnesses often co-occur and their comorbidity precipitates symptom severity, relapses, suicide rates and treatment resistance. Neuroimaging studies have provided important advances for understanding illness progression, revealing alterations in several neural mechanisms involving systems (e.g. functional MRI, structural connectivity), circuits (e.g. structural integrity, volume) and molecules (e.g. neurotransmission). The identification of these mechanisms is crucial because it may lead to (1) the development of predictive neuroimaging biomarkers, which may help to identify those who will progress to substance use and mood disorders, and (2) novel targets for treatment intervention in those already affected. The transition from recreational substance use to comorbid substance use and mood disorders may derive from decreased function of the brain reward systems that normally mediate natural rewards (i.e., ventral tegmental area, striatum, prefrontal cortex) and progressive recruitment of brain stress systems that drive aversive states (i.e., habenula). Notably, imbalances in these neural substrates mediate phenotypes common to both SUD and MD (e.g., anhedonia), suggesting common targets for treatment. A better understanding of the altered networks involved in psychiatric conditions is of major importance to identify the correlational and/or potential causal relationships among specific symptoms domains (i.e. anhedonia), categorical disorders (i.e. substance use and mood disorders) and treatment options. Such knowledge will contribute to the development of tailored treatment and prevention strategies for those vulnerable individuals.

Disclosure of interest.– The author declares that he has no competing interest.

JS0005

Addiction treatment – What is needed?

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Alcohol, drugs and tobacco are leading causes of ill health and premature deaths in Europe and worldwide. Substance use disorders are common in mental health and physical health populations and substance misusers have high levels of mental health and physical comorbidity. Yet in many countries addiction and mental health treatment are delivered in different silos. This is not helped by a high level of stigma attached to addictions which often results in patients with comorbidities being excluded from services. There are now a wide range of cost effective treatments available to treat substance use disorders and many countries have clinical addiction treatment guidelines. And yet only a small proportion of those

people affected access treatment, which works against reducing population level harm. A major rethink of how we address substance misuse and comorbidity is needed. This should start with a recognition of parity of esteem with other mental health and physical conditions. The wider healthcare workforce needs to be better trained and resourced to work with substance misusers wherever they present in the health system. Equally addiction specialists need to be able to work across organisational boundaries and deliver addiction treatment in a wider range of health settings. Health care funders need to prioritise treatment of substance misuse and comorbidity, particularly those people with the most complex needs. This makes both moral and economic sense.

Disclosure of interest. – The author declares that he has no competing interest.

JS0006

**EUFAS 2018 European Addiction
Research Award lecture: Introduction:
Karl Mann/Anthoni Gual**

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EUFAS 2018 European Addiction Research Award lecture.

Introduction. – Karl Mann/Anthoni Gual.

The abstract has not been provided.

Disclosure of interest. – The author declares that he has no competing interest.