

W06

A systematic review of service transitions in people with ADHD

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Background Young people (YP) with attention deficit hyperactivity disorder (ADHD) are recognized to be a group who are particularly vulnerable to falling through the gap regarding transitioning from Child and Adolescent Mental health Services (CAMHS) to Adult Mental Health Services (AMHS). This presentation will combine a systematic review of the literature with some clinical examples of the pathway for a number of YP with ADHD who reach the transition boundary (TB).

Method (1) Databases (e.g., PubMed, PsycINFO, AMED, CINAHL, EMBASE, Web of Knowledge), and grey literature, were searched systematically with database-specific key words, variants and truncations, to cover six subject areas: ADHD; transition or transfer; age; experiences or views; service development; and policies or protocols. Hand searching of key journals, ancestry and forward searches of references, and expert consultation were conducted. Two reviewers critically evaluated studies using a validated appraisal tool for mixed methodologies and findings were synthesized. (2) Following ethical approval, CAMHS clinicians from 9 clinics in Republic of Ireland identified all cases where a YP with ADHD had reached the TB, and identified referral/service outcomes ($n = 20$).

Results The search yielded 27 studies, covering areas of service review and recommendations (7), guidelines (3), medication (5), case note audit (3), professional's views (5), pilot transition clinics (2). A further set of papers covered the perspective of the young person (4) and parent (2). Overall these highlighted the less than optimum experience by both clinicians and service users of the experience with suggestions for future developments. These findings were mirrored in the review of clinical notes and individual interviews of YP identified through their CAMHS. Of the 20 young people identified, only 1 was directly transferred to AMHS. Eight were retained in CAMHS, on average for over a year. A significant number (7) refused onward referral. A perception from CAMHS clinicians, that AMHS did not accept such cases or lacked relevant service/expertise, may have contributed to the low rate of referral.

Conclusion Both the extant literature and the specific study presented highlight the lack of clear cut consensus about the appropriate management of young people with ADHD have who reach the transition boundary. Low rates of AMHS transfer may come from CAMHS clinicians' perceptions of AMHS, and preferences of young people and families. Before assuming the very low rate of referral by CAMHS clinicians is poor practice, clinical outcomes need to be identified, young people's reasons for refusing transfer explored and service options identified.

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W07

Developing and measuring transition-related decision-making in Europe

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The MILESTONE project developed the Transition Readiness and Appropriateness Measure (TRAM) and the Transition-Related Outcome Measure (TROM) on the HealthTracker™ platform, each prepared in versions for young people, parents/carers and clinicians. Together these instruments aim to support and then evaluate clinician decision-making with respect to transition. The suite of measures were developed on and hosted on the HealthTracker™ Platform. FDA approved protocols were evoked in scale development and validation. A comprehensive list of items potentially significant in transition decision-making was generated from a thorough literature review and discussion with experts. Focus groups were conducted with young people, parents/carers and clinicians centring on the themes of “who should transition” and “identifying successful transition”. In open discussion, further items considered important in transition decision-making were elicited, and the importance of listed items was rated. Analysis of the data allowed items to be removed, kept or amalgamated. Domains considered universally important in transition decision-making emerged; these included diagnosis, impairment, risk, life changes, barriers to a successful transition and transition success markers. A beta version of the scale was tested for comprehension and usability by transition experts, young people and parents/carers. Following pilot testing, qualitative interviews were conducted with some participants to identify further issues. Scales were translated from English into French, Italian, German, Croatian and Dutch and translations uploaded to the HealthTracker™ online platform. Validation of the scales required completion of the TRAM and TROM alongside a series of proxy “gold-standard” measures to assess psychometric validity, test-retest validity and sensitivity to change.

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W08

Novel research on transition from child to adult mental health services in Europe: The MILESTONE project

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Introduction Current service configuration of distinct Child and Adolescent Mental Health (CAMHS) and Adult Mental Health Services (AMHS) is considered the weakest link where the care pathway should be most robust. Transition-related discontinuity of care is a major health, socioeconomic and societal challenge for the EU.

Objectives The overall objective of the MILESTONE project is to improve transition from CAMHS to AMHS in diverse healthcare settings in Europe.

Aims To improve the understanding of current transition-related service characteristics, and processes, outcomes and experiences of transition from CAMHS to AMHS using a bespoke suite of measures; to explore the ethical challenges of providing appropriate care to young people as they move to adulthood; to test a model of managed transition in a cluster randomized controlled trial (cRCT) for improving health, social outcomes and transition to adult roles; and to develop training modules for clinicians and policy guidelines.

Methods Data will be collected via systematic literature reviews; bespoke surveys to CAMHS professionals, experts and other stakeholders; focus groups with service providers and users and members of youth and mental health advocacy groups; and a longitudinal cohort study with a nested cRCT in eight EU countries (Belgium, Croatia, France, Germany, Ireland, Italy, Netherlands, UK) involving over 1000 CAMHS service users, their parents/carers, and clinicians, with assessments at baseline, 9, 18 and 27 months.

Results First results are expected in 2016 with further major findings following in 2019.

Conclusions The MILESTONE project will provide unprecedented information on the nature and magnitude of problems at the CAMHS-AMHS interface, and potential solutions to overcome these.

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Future experts on the floor: Young researchers in addiction

W09

Neurostimulation in alcohol dependence: The effect of repetitive transcranial magnetic stimulation on brain function and craving

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Background Alcohol dependence has long been related to impaired processing and handling of negative emotions. This is the first study to compare emotion regulation (ER) at a behavioral and neural level in alcohol dependent patients (ADPs) and healthy controls (HCs). It also examines the effects of high-frequency repetitive transcranial magnetic stimulation (rTMS) on ER abilities and related craving levels in ADPs.

Method Thirty-six ADPs and 32 HCs matched on age, sex, and education, were included in a within-subject fixed-order study with one functional magnetic resonance imaging (fMRI) session and one rTMS plus fMRI session, with high-frequency (10 Hz) rTMS over the right dorsolateral prefrontal cortex (dlPFC). An fMRI emotion regulation task (ERT) was administered during both sessions and craving was measured before and after each ERT.

Results ADPs were impaired in the regulation of negative emotion and showed a higher activation of ER related brain areas compared to HCs. Furthermore, active rTMS improved ER abilities in both ADPs and HCs, but was accompanied by a decrease in anterior cingulate and left dlPFC activity only in ADPs. In addition, the ERT-induced increase in craving levels in ADPs was trend-significantly reduced by active rTMS, with a large effect size.

Conclusions ADPs are impaired in the regulation of negative emotion and show enhanced neural activity in the ER brain circuit. High-frequency rTMS improves ER in ADPs and HCs and normalizes neural activity and tends to reduce craving in ADPs. Future studies are needed to test the long-term effects of (multiple session) rTMS on ER, craving, and drinking.

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W10

The impact of appetite regulating peptides on substance use disorders

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Background Preclinical and clinical data suggest modulating effects of the appetite regulating peptide ghrelin on food intake.

Recent data suggest that in food intake the “endostatic” energy-homeostatic systems of the lateral hypothalamus (LH) and the motivational, mesolimbic reward system operate in dynamic interplay with each other. Ghrelin receptors have been detected in the ventral tegmentum of the midbrain (VTA), where they modulate the activity of dopaminergic neurons projecting to the NAC. Assuming that Ghrelin modulate mesolimbic reactivity, the question remains: is this only the case in response to food cues? Or is this the case in response to reward-associated cues in general (including those related to nicotine and alcohol)?

Methods Study 1: a consecutive sample of 61 alcohol-dependent male inpatients was included. Blood was drawn at onset of withdrawal 12-24 hours after admission, and following 14 days of controlled abstinence in order to assess plasma concentrations of both active and total ghrelin. In parallel, we assessed alcohol craving applying the Obsessive Compulsive Drinking Scale (OCDS) as well as symptoms of depression (Beck Depression Inventory [BDI]) and anxiety (State Trait Anxiety Inventory [STAI]). The severity of alcohol dependence was assessed with the Alcohol Dependence Scale (ADS). Study 2: 54 non-treatment seeking smokers and 30 healthy controls with normal eating behavior, as measured by the Three Factor Eating Questionnaire (TFEQ) participated in this study. We measured plasma concentrations of both active and total ghrelin, using a blood sample taken two hours after a standardized meal during early nicotine abstinence in the smoking group. Additionally we quantified severity of addiction in the smoking group using the number of cigarettes smoked per day, cotinine plasma concentration and the Fagerström Test for Nicotine Dependence (FTND).

Results Study1: we found a significant positive correlation between the plasma concentration of active ghrelin and alcohol craving in both blood samples. Plasma concentrations of active ghrelin increased significantly during early abstinence. In a linear regression model, the plasma concentration of active ghrelin on day one, the scores of the ADS, and the BDI explained 36% of the variance in OCDS sum score ($P < 0.0001$). By day 14, these same factors accounted for 54% ($P < 0.0001$). We did not detect any association between the plasma concentration of total ghrelin and patients' alcohol cravings. Study 2: plasma concentration of acetylated ghrelin but not total ghrelin was significantly higher in smokers than in non-smokers. Moreover, we found significant negative correlations between acetylated ghrelin and all measures of the severity of nicotine dependence.

Discussion In conclusion, both studies supports the general idea that ghrelin's central effects go beyond the endostatic regulation of energy homeostasis, also involving pathways underlying reward expectation and craving. Physiologic factors modulating the reactivity of mesolimbic pathways represent an important research topic for developing pharmacologic treatments for disorders characterized by altered reward-related behaviors, such as substance use disorders and behavioral addictions.

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W11

Novel psychoactive substances

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