

ECNP symposium hosted by the EPA: transdiagnostic approaches in Neuropsychiatry

Abstracts

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JS006

Genomic insights into the overlap between psychiatric disorders

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Recent genomic studies have begun to reveal the genetic architecture of psychiatric conditions and to give important insights into the relationship between the psychiatric syndromes that form the basis of current taxonomy. These studies have demonstrated the highly polygenic nature of psychiatric conditions and have indicated that many individual genetic associations are shared across multiple disorders in a way that points to extensive pleiotropy that challenges the biological validity of existing diagnostic approaches. I will present genomic data that support the idea of a neurodevelopmental continuum, in which schizophrenia and bipolar disorder, together with childhood neurodevelopmental disorders, such as intellectual disability (ID), autism spectrum disorder (ASD) and attention-deficit-hyperactivity disorder (ADHD) represent the diverse range of outcomes that follow from disrupted or deviant brain development. I will also present evidence suggesting that, within the neurodevelopmental continuum, severe mental illnesses occupy a gradient of decreasing neurodevelopmental impairment as follows: ID, ASD, schizophrenia and bipolar disorder.

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JS008

The prism project: a quantitative biological approach across neuropsychiatric disorders

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The current nosology of neuropsychiatric disorders allows for a pragmatic approach to treatment choice, regulation and clinical research. However, without a biological rationale for these disorders, drug development has stagnated. The EU-funded PRISM project aims to develop a quantitative biological approach to the understanding and classification of neuropsychiatric diseases to accelerate the discovery and development of better treatments. By combining clinical data sets from major worldwide disease cohorts and by applying innovative technologies to deeply phenotype stratified patient groups, we will define a set of quantifiable biological parameters for social withdrawal and cognitive deficits common to Schizophrenia (SZ), Major Depression (MD), and Alzheimer's Disease (AD). These studies aim to provide new classification and assessment tools for social and cognitive performance across neuropsychiatric disorders, clinically relevant substrates for treatment development, and predictive, preclinical animal systems. With patients and regulatory agencies, we seek to provide clear routes for the future translation and regulatory approval for new treatments and provide solutions to the growing public health challenges of psychiatry and neurology (Kas et al., *Neuroscience & Biobehavioral Reviews*, 2019). Acknowledgements: The PRISM project (www.prism-project.eu) leading to this application has received funding from the Innovative Medicines Initiative 2 Joint Undertaking under grant agreement No 115916. This Joint Undertaking receives support from the European Union's Horizon 2020 research and innovation programme and EFPIA. This publication reflects only the authors' views neither IMI JU nor EFPIA nor the European Commission are liable for any use that may be made of the information contained therein.

Conflict of interest: No

Keywords: schizophrenia; Alzheimer Disease; Precision Medicine; Quantitative biology

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EUROPEAN PSYCHIATRIC ASSOCIATION

EPA-EUFAS symposium - will the opioid crisis hit Europe and what to do?

JS010

Co-morbidity: opioid use disorders, pain, depression and suicide

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Opioid use disorder commonly co-occurs with other psychiatric disorders, especially depression (Torrens et al 2011). Also, it is well-documented that depression is common in patients with chronic pain, mainly in patients with severe, multifocal, long-lasting, and disabling pain (Bair et al, 2003). The prescribing of opioid analgesics for pain management-particularly for management of chronic noncancer pain has increased in the last decade (Volkow et al, 2019).

Depression is the highest mortality of suicide (30%), followed by substance-use related disorders (18%). Chronic pain deserves special mention because it overlaps with depression to a considerable degree and the fact that the suicide rate is 2–3 times that of control subjects (Bachmann, 2018). In this presentation a review about the comorbidity among opioid use disorders, pain, depression and suicide will be provided. - Bachmann S. Epidemiology of Suicide and the Psychiatric Perspective. *Int J Environ Res Public Health*. 2018 Jul 6;15(7). - Bair MJ, Robinson RL, Katon W, Kroenke K. Depression and pain comorbidity: a literature review. *Arch Intern Med* 2003;163:2433-45. - Torrens M, Gilchrist G, Domingo-Salvany A; psyCoBarcelona Group. Psychiatric comorbidity in illicit drug users: substance-induced versus independent disorders. *Drug Alcohol Depend*. 2011;113:147-56. - Volkow N, Benveniste H, McLellan AT. Use and Misuse of Opioids in Chronic Pain 2018; 69:451-465.

Conflict of interest: No

Keywords: opioid; Dépression; pain; Suicide