



Available online at  
**ScienceDirect**  
[www.sciencedirect.com](http://www.sciencedirect.com)

Elsevier Masson France  
**EM|consulte**  
[www.em-consulte.com/en](http://www.em-consulte.com/en)



## 24th European Congress of Psychiatry

### State-of-the-art

SA01

#### Psychosocial intervention in schizophrenia

T. Wykes

*Institute of Psychiatry – Psychology and Neuroscience – KCL, Psychology, London, United Kingdom*

Psychological treatments aimed at symptoms or behaviours that impede recovery now have a relatively strong database but it is not clear which treatments are more effective and when they should be applied. For large-scale roll out we need to consider which are the most helpful and cost-effective at which stage of the illness and to which individuals. This requires knowledge of how service users ascribe value to different outcomes and treatments as well as which individuals are likely to benefit the most from different treatments to produce a coherent mental health recovery programme. Tailoring treatment requires an understanding of adherence requirements as well as therapeutic interactions to explain how therapy fits with the service users' personal goals. Not all information for making these clinical decisions is embedded in any database so the burden on research is to provide enough information to signal to health professionals the best course of action. More research on dissemination of treatment approaches as well as training and supervision requirements is needed in the form of dissemination science if patients with a diagnosis of schizophrenia are to receive the best intervention programme.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.803>

SA02

#### Nutrition, sleep, physical exercise: Impact on mental health

W. Rössler

*University of Zurich, Psychiatric University Hospital, Zürich, Switzerland*

Until recently nutrition and various other lifestyle factors were predominantly in the focus of medical disciplines like cardiology, endocrinology or gastroenterology. As mental disorders are multifactorial diseases and as such are complex, emerging evidence suggests that nutrition, exercise and sleep also play an important role in the aetiology, progression and treatment of mental disorders. In this regard research has mostly focused on depression and anxiety, but there is also evidence for other mental disorders like schizophrenia or autism. Some details concerning the relationship

between diet and sleep on neuro-transmitter processes, immune-inflammatory pathways or oxidative stress will be demonstrated. Modifications of life style factors and diet are increasingly recognized as potential therapeutic options. Mostly used are nutrient-based supplements and essential elements in combination. But also healthy diet patterns with a high intake of vegetable, fruits and fish have proven beneficial in the treatment. If we better understand the microbiota-gut-brain axis and its impact on behavior, mood and cognitive processes, diet and lifestyle factors can not only contribute to the treatment but also to the prevention of mental disorders.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.804>

#### Drinking patterns we should accept while reducing harmful alcohol consumption

SA03

#### Can alcohol-dependent patients really reduce their alcohol consumption over time?

K. Mann

*Central Institute of Mental Health, Medical Faculty Mannheim, University of Heidelberg, Addiction Research, Mannheim, Germany*

*Introduction* Treatment of alcohol dependent patients is moderately successful but it only reaches about 10% of the population in need. A new harm reduction strategy aims at abstinence in the long run but claims to benefit patients already early on by reducing their alcohol consumption.

*Objectives* A brief outline of the debate on abstinence versus controlled drinking will be followed reporting several RCTs striving for reduced drinking in alcohol dependent patients.

*Aims* The participant will find guidance whether and how to treat patients following this new approach.

*Results* Studies testing behavioural treatments and counselling (MATCH, UKATT) indicate that a reduction over time is possible. Using nalmefene (a mu and delta opioid antagonist and a partial agonist) RCTs with more than 2500 patients were performed showing a benefit over placebo. On this basis the EMA approved this drug for the reduction of alcohol consumption in alcohol dependent

patients. Other compounds such as naltrexone showed similar effects in smaller trials but are not approved for reduction. More studies testing further compounds are underway.

*Conclusions* This new approach has the potential to lower the barriers which to date prevent many patients from accepting treatment for their alcohol problems. Two research questions warrant further study: (1) does the reduction in alcohol consumption

translate into health and other benefits, and (2) are there specific subgroups of patients who benefit more than others. Preliminary answers will be given in the lecture.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.805>