

low- from high-risk consumption among those who use frequently, which is critical for developing cannabis policy and public health messaging.

**Disclosure of Interest:** None Declared

## S0049

### Shared decision making in patients with severe mental disorders

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**Abstract:** Shared decision making (SDM) has found its way into mental health care to a limited extent only, and especially “challenging” patients do not benefit from this approach. In this lecture we will describe barriers to shared decision making among mental health professionals and among patients. Integrative approaches will be presented that meet the needs of patients and mental health staff when aiming at implementing SDM in acute mental health settings. Finally, best practice examples will illustrate that SDM actually can be implemented in the very acute settings/treatment phases and yields positive results.

**Disclosure of Interest:** None Declared

## S0050

### Eating Disorders across the life span: the role of biology and psychosocial factors

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**Abstract:** Eating Disorders are common. They onset in adolescence and affect individuals of all ages. Women are more affected than men. I will present evidence on the epidemiology of eating disorders across the lifespan. I will also review risk factors focusing in particular on biological risk factors that might explain onset of these disorders in critical periods of a woman’s life. I will also cover psychosocial risk factors across life stages. I will present results from a series of cohort studies. I will then summarise the evidence from our own and other existing studies.

**Disclosure of Interest:** None Declared

## S0051

### Working with migrants and refugees - Ethical principles and dilemmas in psychiatry

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**Abstract:** More than 100 million people are forcibly displaced including refugees, internally displaced persons and asylum seekers

who have fled their homes to escape violence, conflict, and persecution. The vulnerable group of refugees and forcibly displaced people have a high burden of mental disorders, including post-traumatic stress disorder (PTSD), depression, idioms of distress, and prolonged-grief disorder, which are highly related to the load of traumatic circumstances surrounding refugees associated with human rights abuses, lack of human needs, and separation from others and many refugees are severely traumatized and suffer a variety of symptoms, and not all seek help. Their mental health problems are of emergency nature place a huge burden upon services which are difficult to deliver. This implies that mental health professionals and patients are more likely than ever to come from different cultural backgrounds. To have access to mental health care is often a challenge for them and most of them do not seek help. Unfortunately, these vulnerable groups are not treated equally according to ethical principles of mental health professionals. This presentation will focus on these dilemmas and discuss them.

**Disclosure of Interest:** None Declared

## S0052

### Subgroups of patients with ECT related cognitive dysfunction

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**Abstract:** Cognitive (dys)function after ECT is often considered as a homogeneous phenomenon across patients. However, there are important inter-individual differences, with some patients experiencing residual invalidating cognitive deficits. We present the results of a study combining both group-level and individual-level analyses of cognitive function using an extensive cognitive test battery that was assessed in 73 patients at 5 time points during their ECT care pathway. Furthermore, we explored the presence of distinct subgroups of patients with a similar cognitive trajectory over time after treatment with ECT using Latent Class Growth Analysis.

**Disclosure of Interest:** None Declared

## S0053

### Diagnostic Issues in Other Mental Disorders Co-Morbid With Intellectual Disability

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**Abstract:** The assumption by ICD-11 of Intellectual Disability (ID) as part of the Neurodevelopmental Disorders, named Intellectual Developmental Disorders (IDD), bring more attention of the psychiatric community to this population and the problems they face.

In the field of neurodevelopmental disorders, different diagnosis intersect, since they share symptoms, and some of those symptoms are difficult to define.