

of anxiety disorder in the age groups with the greatest vulnerability for developing those disorders.

*Disclosure of interest* The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.936>

### W03

#### Anticipation of age at onset in anorexia nervosa

A. Favaro\*, P. Santonastaso

University of Padova, Neurosciences, Padova, Italy

\* Corresponding author.

It is a common clinical observation that early-onset cases of anorexia nervosa (AN) are increasing. In a previous study in a large cohort, we found that age of onset in both AN and bulimia nervosa was significantly decreasing in younger generations. We now present data about cohort effects in a sample of more than 3000 patients with eating disorders.

*Methods* The sample is composed of 2200 AN subjects and 900 BN subjects without previous AN consecutively referred to our outpatient Unit in the period between 1985 and 2014. Time trends have been analysed according to the year of birth of subjects. All diagnoses were reviewed according to DSM-5 criteria.

*Results* Age of onset in AN showed a significant decrease according to year of birth. A regression model showed a significant independent effect of socio-economic status, age at menarche and number of siblings in predicting age of onset. A second analysis including a subsample representative of the general population confirmed the effect in AN. In BN, although the age of onset showed a decrease in new generations, the effect is not significant.

*Conclusion* Age of onset of AN continues to decrease in younger generations. The implications of our findings in terms of long-term outcome remain to be understood. Biological and socio-cultural factors explaining this phenomenon need to be explored by future studies. It is important to acknowledge the clinical implications of this cohort effect.

*Disclosure of interest* The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.937>

### W04

#### Familiarity, gender and cannabis use determine age of onset in schizophrenia

R. Murray

Institute of Psychiatry, London, United Kingdom

There is evidence that certain risk factors for schizophrenia (e.g. copy number variations, obstetric complications) are associated with an earlier age of onset of psychosis. One possible explanation is that in such cases, early neurodevelopmental damage is associated with greater perturbation of critical neural systems and that this leads to the early presentation of psychosis. Less is known about the significance of age of onset for treatment response and outcome though patients presenting in childhood are reported to have a worse outcome than those who present later. We have conducted two large first episode psychosis studies in which we have examined those baseline characteristics which predict later treatment resistance, notably the AESOP and GAP studies. In each of these, early age of onset and also male gender were associated with treatment resistance. Interestingly in approximately three quarters of cases, treatment resistance was present at onset of psychosis and only in the remaining quarter did it develop over the course of the illness. One possibility is that there exists a type of schizophrenia which is associated with neurodevelopmental damage, early age of onset and lack of response to dopamine blockade; this is

compatible with our previous finding that patients with treatment resistant schizophrenia do not show the increased synthesis of striatal dopamine which is usually found in actively psychotic individuals.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.938>

#### Child and adolescent mental health services in Europe: The current scenario and the future prospects

### W05

#### The current state of child and adolescent mental health services in Europe: A survey in 28 countries

G. de Girolamo<sup>1,\*</sup>, G. Signorini<sup>1</sup>, S.P. Singh<sup>2</sup>, J. Warwick<sup>3</sup>

<sup>1</sup> Saint John of God Clinical Research Center, Psychiatric Epidemiology and Evaluation Unit, Brescia, Italy

<sup>2</sup> Warwick Medical School, University of Warwick, Coventry-UK, Mental Health and Wellbeing Division, Warwick, United Kingdom

<sup>3</sup> Warwick Medical School, University of Warwick, Coventry-UK, Warwick Clinical Trials Unit, Division of Health Sciences, Warwick, United Kingdom

\* Corresponding author.

*Introduction* Transition to adulthood is the period of onset of most serious mental disorders. The current discontinuity of care between Child and Adolescent Mental Health (CAMHS) and Adult Mental Health (AMHS) Services is a major socioeconomic and societal challenge for the EU.

*Objectives/aims* In the framework of the MILESTONE project this study aims to map current services and transitional policies across Europe, highlighting current gaps and the need for innovation in care provision.

*Methods* An on-line mapping survey has been conducted across all 28 European countries through the administration of two ad-hoc instruments: the Standardized Assessment Tool for Mental Health Transition (SATMEHT) and the European CAMHS Mapping Questionnaire (ECM-Q). The survey systematically collected data about CAMHS organization and characteristics, with a specific focus on actual national transition policies and practice.

*Results* Response rate was 100%. Despite up to 49% of CAMHS service users need to continue with specialist AMHS care, written policies for managing the interface between these two services are available only in 4/28 countries and transition support services are reported as missing by half of the respondents. Lack of connection between CAMHS and AMHS is reported as the major (82%) difficulty experienced by young service users.

*Conclusion* Preliminary results indicate a marked variability in characteristics of services and in data activity among the 28 European countries, with important missing information at national level about CAMHS and their functioning. All these conclusions warrant an improvement in data collection and service planning and delivery.

*Disclosure of interest* The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.939>