this presentation we will bring an update of recent findings and current state of the art methods and analyses.

Disclosure: No significant relationships.

ECP0026

Risk profiles for mental disorders

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Abstract Body: Prognostication is at the bedrock of clinical practice. In essence, diagnosis aims to inform clinicians for decision-making processes by providing a picture of future events such as course, outcome, and treatment response. To make a better clinical prediction on a case-by-case basis, diagnosis is enriched by individual characteristics and (bio)markers, with the aims of stratifying patients first and ultimately reaching the mountaintop: personalized medicine. However, there are two major obstacles on the road to personalized psychiatry. First, the current psychiatric diagnostic classification system is inadequate for tailoring individualized management plan, let alone for guiding the clinician for diagnosis-specific treatment selection —such that response to the same treatment plan largely varies among patients with the same psychiatric diagnosis, whereas patients with different psychiatric diagnoses benefit similarly from the same treatment protocol. Second, except for a few tests for ruling out other medical conditions, there exists no diagnostic, prognostic, or predictive (bio)marker in psychiatry. Risk profiling is even a more challenging and ambitious goal as early psychopathology is multidimensional, fluid, and pluripotent with heterotypic outcomes that cut across traditional diagnostic boundaries. By acknowledging this complexity and the shortcomings of current taxonomy, the field has recently shifted from risk profiling frameworks that rely on discrete diagnostic categories in isolation for prognostication (i.e. clinical high-risk for psychosis) to transdiagnostic clinical staging models. In this session, I will attempt to discuss where we are at with risk profiling in psychiatry and what steps need to be taken to achieve this ambitious goal.

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ECP0027

Prevention of the first episode of psychosis: What have we reached by 2021?

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Abstract Body: Prevention of the First Episode of Psychosis: What Have we Reached by 2021? The first episode of psychosis is usually preceded by a prodromal period or stage of psychosis, where early signs of symptoms indicating onset of first episode psychosis (FEP) occur. In the last twenty years, enormous progress was made in the tretment of FEP and subsequently schizophrenia, as the focus of treatment of FEP shifted to this prodromal period with the aim of preventing the first episode of psychosis in people at risk.Treatment for the prodromal stage of psychosis is provided within specialized early intervention services, which are somtimes part of the services for the treatment of FEP. Early intervention services, which have been gradually developed in many countries worldwide, usually incorporate multimodal treatment approaches (pharmacotherapy, psychotherapy and psychosocial interventions). However, there are still many differences in the treatment of prodromes across early intervention services, even within one country, leaving open the questions on what kind or combinations of treatments really work in the prevention of FEP. The methods of studies in the scientific psychiatric literature do not allow easy translation of scientific data to clinical practice. In the presentation, an up-to-date overview of the available treatments offered witin early intervention services for prevention of FEP is given.

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European

ECP0028

Research in mental health during the pandemic

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Abstract Body: The 2020 coronavirus pandemic sparked sudden change in all spheres of life, not least health services. Across Europe clinical research had to adapt. The virus peaked in different places at different times, with London's first wave in March-May. The National Institute for Health Research paused all face to face research at NHS and social care sites except for nationally prioritised Urgent Public Health (UHP) Covid-19 studies. The first UPH studies focused on acute Covid-19, largely in physical health settings. Research leaders quickly highlighted the need for high quality research data on the effects of the pandemic on the mental health of the general population, as well as the mental health and neuropsychiatric effects of the virus itself, to allow for the development and evaluation of mitigation strategies. The major UK research funders have resourced this. Once the first wave abated, paused research was restarted according to national prioritisation guidance. In Maudsley we worked closely with research teams to develop strategies to make our research programmes as Covid-19 adaptive as possible, maximising remote interaction with research participants, with robust infection prevention procedures if face to face meetings were necessary. Examples of innovative strategies will be shared. In January 2021 with the more transmissible variant of SARS CoV2, face to face research paused again, except where risk was outweighed by patient benefit in continuing. As patients benefit hugely from research and innovation and have better outcomes if treated in 'research-active' hospitals, maintaining access to research opportunities without increasing risk of contracting Covid-19 will be key in coming months.

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