system and we are learning how to further improve the system in order to sustain these changes in the long-term.

Disclosure: No significant relationships.

ECP0023

CON perspective

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Abstract Body: Psychiatry is facing major challenges during times of a pandemic as illustrated by the current COVID-19 pandemic. The challenges involve its actual and perceived role within the medical system, in particular how psychiatric hospitals can maintain their core mission of attending to the mentally ill while at the same time providing relief to general medicine. Although psychiatric disorders are the top leading causes of global burden of disease, we can witness mental health care being de-emphasized in the wake of the massive onslaught of the pandemic: psychiatric wards are being downsized, clinics closed, psychiatric support systems discontinued etc. in order to make room for emergency care. While nobody can deny the need to act decisively and swiftly and ramp up intensive care readiness, we believe that there is no need to do this at the expense of psychiatric care. Using the pandemic COVID-19 contingency plan developed at the Department of Psychiatry and Psychotherapy of the University Hospital of LMU Munich as a case in point, we demonstrate how a psychiatric hospital can share in the acute care of a health care system facing an acute and highly infectious pandemic like COVID-19 and at the same time provide for the mentally ill, with or without a COVID-19 infection, and develop mid and long-term plans for coping with the aftermath of the pandemic.

Disclosure: No significant relationships.

Research

Personalised psychiatry: Hype or hope?

ECP0024

Precision medicine in psychosis: Translating findings from research into clinical practice

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Abstract Body: Precision medicine is "an emerging approach for treatment and prevention that takes into account each person's variability in genes, environment, and lifestyle" [1]. The terminology is increasingly used in psychiatry, and especially in research relevant to the prediction of psychosis onset, response to treatment and functional outcome. While this is an important step-forward for the discipline, at this stage it is very important to promote the translation of research findings into clinical practice, as much as possible. Nowadays the availability of machine learning and artificial intelligence tools, together with advances in data storage and data security, enable the integration of neuroimaging, biological, clinical and cognitive data. By overcoming current limitations in multiple domain data analysis these tools may lead to the identification of reliable diagnostic, prognostic and therapeutic markers in routine clinical care, as well as to the prediction of clinically meaningful outcomes (e.g., psychosis onset, symptomatic and functional outcome, and treatment response). Precision medicine in psychiatry is a developing science, deserving further large-scale research, translational approaches and refinement that, hopefully, will soon be an integral part of every-day clinical practice. However, challenges in pursuing this strategy should not be underestimated, and efforts should be made to constantly advocate for more investments in human and financial resources in psychiatry, and to concentrate on the use of widely available and not too expensive and time-consuming methods.[1] Toward Precision Medicine. Building a Knowledge Network for Biomedical Research and a New Taxonomy of Disease. Washington, DC: National Academies Press; 2011.

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ECP0025

Genome-wide association studies in psychiatry: Current perspectives

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Abstract Body: Genome-wide Association Studies in Psychiatry - Current Perspectives Last decade was exciting time for human genetic studies. Genome-wide association studies (GWASs), used to examine the association of genotyped variants across the entire genome and common complex phenotype(s), have led to many findings. Currently, GWAS Catalogue has collected 4,809 publications and 227,262 associated variants. In recent years, psychiatric genetics has enjoyed some success in discoveries of associated variants. This mostly happened because researchers were able to unite and generate large sample sets of patients and healthy controls in big consortia. As a result of large sample sizes becoming available for meta-GWASs, some of the first genome-wide significant loci in psychiatric and related neurodevelopmental traits were detected. However, most of the large-scale genetic studies are done primarily on European population and GWASs have huge diversity problem. Performing trans-ethnic GWASs on psychiatric traits can help us discover more associated variants. Another advantage of bringing many datasets together into large-scale meta-analyses is the ability to conduct cross-disorder studies. This is possible to be done on psychiatric traits since many of them share genetic liability. However, little research has been conducted on the genetic differences between related psychiatric traits. Identifying disorder-specific variants remain important open question. In

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

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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.

Disclosure: No significant relationships.

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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