

Research

SOA0003

A Once Malignant Malady: the Story of Schizophrenia and the Path to Prevention

J. Lieberman

Columbia University, Psychiatry, New York, United States of America
doi: 10.1192/j.eurpsy.2022.39

Schizophrenia is synonymous in the public's mind with madness. To see someone experiencing a florid psychosis, who has lost the ability to distinguish between the real and the imagined, is to know that you are in the presence of insanity. Schizophrenia has existed for centuries. It's one of the leading causes of disability in the world, with a lifetime prevalence of about 1 percent of the population. That's 3.3 million people in the US and 78 million worldwide. Schizophrenia afflicts rich and poor, genders, all races and ethnic groups. Schizophrenia has been subject to many misconceptions, from spiritual affliction to social deviance, psychodynamic conflicts to romanticized notions of iconoclastic creativity. Perhaps, the most significant myth about the disease is that there are no effective treatments or cure. But the reality couldn't be more different: today's treatments are effective and often lifesaving. Beginning in the mid-twentieth century, scientific progress has enhanced our understanding of schizophrenia as a brain disorder that disrupts thought, perception, and emotion. Findings of abnormalities in brain structure, biochemical analytes and genetic mutations have revealed its causal mechanisms and have guided the search for effective pharmacologic and psychosocial treatments. This presentation traces the evolution of our social and scientific understanding of Schizophrenia. It will elucidate how science and medicine dispelled the superstition and myth surrounding this ancient malady of the mind and forged a path toward its understanding as a brain disorders and offers affected people, not just humane treatment, but the promise of its ultimate prevention.

Disclosure: No significant relationships.

SOA0004

45 Years of Research on Psychotherapy for Depression: Lessons for the Future

P. Cuijpers

Vrije Universiteit Amsterdam, Department of Clinical, Neuro and Developmental Psychology, Amsterdam, Netherlands
doi: 10.1192/j.eurpsy.2022.40

More than 800 randomised controlled trials have examined the effects of psychotherapies for depression and compared psychotherapies with control conditions, with each other, with pharmacotherapy and with combined treatments. These trials have also examined the effects of therapies in specific target groups, such as women with perinatal depression, children and adolescents, older adults, people with general medical disorders and many others. Furthermore, the effects have not just been examined on depressive symptoms, but also on other outcomes, such as quality of

life, functional limitations and social support. In this presentation I will present the results of a large meta-analytic project in which new trials are continuously added. I will show that the most important therapies are effective, that most therapies have comparable effects, that these effects remain significant up to one year follow up and that the therapies are effective in most specific groups. But meta-analyses should also be considered with caution, because they overestimate the effects of therapies. The effects of therapies are comparable to those of pharmacotherapy, but at the longer term psychotherapies are more effective. Combined therapy is more effective than either one alone, at the short and longer term.

Disclosure: No significant relationships.

Clinical/Therapeutic

SOA0005

Sleep and Mental Disorders

T. Pollmächer

Klinikum Ingolstadt, Center of Mental Health, Ingolstadt, Germany
doi: 10.1192/j.eurpsy.2022.41

Since ancient times, the close connection between disturbed sleep and mental disorders has been well known. And yet, it was not until the middle of the 20th century that these connections could be studied in detail, after the EEG and REM sleep were discovered. Especially the study of the sleep EEG of depressed patients has brought to light alterations of SWS and REM sleep that could be of considerable clinical value, but at least in part still await broad confirmation. In the treatment of disturbed sleep in psychiatric patients, cognitive behavioral therapy in particular has become increasingly established in recent years, whereas only limited innovations have been recorded with regard to pharmacological treatment. Only in recent years it has become clear that psychiatric disorders are often accompanied by clinically relevant somatic disorders of sleep, such as obstructive sleep apnea syndrome, and that such comorbidities urgently require attention and treatment. It is becoming increasingly clear that detailed knowledge of sleep disorders is essential for the effective treatment of mental disorders. Moreover, it is likely that the scientific study of sleep in mentally ill people still has untapped potential in terms of understanding the pathophysiology.

Disclosure: No significant relationships.

SOA0006

Digital Mental Health: Towards Personalised Care in Psychiatry

I. Myin-Germeys

KU Leuven, Neurosciences, Center For Contextual Psychiatry, Leuven, Belgium
doi: 10.1192/j.eurpsy.2022.42

Within psychiatry, there is a need for more personalized and person-centered care. Whereas the focus has largely been on the search for biomarkers to advance the field, I will focus on the use of