inhibit unwanted behaviours. Children's tendency to attribute negative emotions to daily events, which could lead to increased anxiety, was associated with two main neonatal brain features. These were: 1) weaker structural connectivity in a long-range white matter projection tract called the uncinate fasciculus which connects the frontal lobe with the anterior temporal lobe and 2) altered fronto-limbic functional connectivity, both of which play a critical role in several aspects of social and emotional development. These findings show that early brain changes can be used to predict children's social and emotional outcomes, hence could be used to inform preventative interventions aimed at averting and targeting emerging emotional disorders.

Disclosure: No significant relationships.
Keywords: preterm birth; brain development; emotion regulation; Psychopathology

S0082

Emotional Dysregulation: Epidemiology and Genetic Features from Childhood towards Adulthood

M. Nobile

Scientific Institute IRCCS 'E. Medea', Child Psychiatry Department, Bosisio Parini, Italy
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Emotional dysregulation (ED) is a dimensional, transdiagnostic domain that is associated with multiple categorical psychiatric diagnoses from childhood to adulthood, representing a risk for increased problems in affect, behavior, and cognition [1]. Traditionally, the nature of ED trait has been studied with top down approaches: quantitative evaluation of ED is possible through "Dysregulation Profile" scoring, which is measured through composite scales of the "Achenbach System of Empirically Based Assessment" (ASEBA) [2] questionnaires. Dysregulation profile is characterized by severe anxiety and affective symptoms, impulsive and/or aggressive behaviours and metacognitive difficulties. More recently, different researchers also applied bottom up approaches to evaluate the presence of ED in both general population and clinically referred samples [3]. Also in these cases, the results showed that ED is a trait, stable through time and across different cultures and societies, associated with higher presence of psychiatric diagnosis. It is important to note that these non-traditional statistical approaches highlighted that, in adulthood, ED is characterized by elevated scores in both externalizing and internalizing areas. In this contribution, the research aimed at disentangling the etiology of ED, which is crucial to treat and prevent worst evolution associated with this trait, will be revised. Many efforts have been done to understand the complex interaction between genetic and environmental risk factors which predispose patients to develop and maintain ED. [1] Aitken, et al. (2019). JAD, 253, 87-95. [2] Achenbach & Rescorla (2001). Manual for the ASEBA school-age forms and profiles. [3] Bianchi, et al (2017). ECAP, 26(5), 549-557.

Disclosure: No significant relationships.
Keywords: gene-environment interaction; emotional dysregulation; Developmental trajectories; Methylation

Challenges and Advances in Pharmacogenomics

S0083

Pharmacogenomics of MDD as a Developing Field: Challenges and Opportunities

B. Baune

Westfaelische-Wilhelms-University Muenster (WWU), Department Of Mental Health, Muenster, Germany
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While first gene-drug pairs have emerged to be clinically actionable in the treatment of major depressive disorders (MDD) (e.g., CYP2D6 and TCAs/SSRIs), genomic studies have not yet been successful in identifying replicable and valid biomarkers of pharmacological treatment outcome. While some trials suggest that candidates such as CYP2D6, CYP2C19, CYP1A2, SLC6A4 and HTR2A polymorphisms may improve the prediction of response/remission, these results should be interpreted cautiously and required confirmation in larger samples. This presentation will cover state of the art of pharmacogenomics for MDD as well as the emerging field of pharmacotranscriptomics and functional genomics analyses in MDD. Specifically, pharmacotranscriptomics in combination with genomics may be a promising avenue in overcoming some of the current limitations in treatment response prediction research. More recently, the combined genetic effect of polygenic risk scores has shown promising results in predicting treatment response. Importantly, adequately large and well phenotyped clinical trials are required to be conducted with pharmacogenomics/-transcriptomics prospectively in mind.

Disclosure: No significant relationships.
Keywords: MDD; pharmacogenomics; Transcriptomics; polygenic risk scores

S0084

Clinical Phenotypes Characterization in Pharmacogenetics Testing Trials for Major Depressive Disorder Treatment

A. Minelli

University of Brescia, Department Of Molecular And Translational Medicine, Brescia, Italy
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Several data indicate that the success of pharmacological treatment in major depressive disorder (MDD) is still unsatisfactory. The determination of the optimal treatment generally requires multiple trials with different treatments, with the sobering observation that the more treatments tried without success, the less likely a successful outcome, with the result of a long unremitted disease, worse long term prognosis, increased rates of side effects, and important medical, social and economic burden. The reasons for the low response and remission rates are multiple and depend on environmental and biological factors intrinsic to the disease and drug treatments. Pharmacogenetic (PG) tests have the potential to increase efficacy predicting outcome and to reduce antidepressant

discontinuation due to side effects. Several studies investigated the utility of PG tests for antidepressants in MDD with interesting but contrasting results. To date most of them are observational studies with no comparator group, and few are randomized controlled trials (RCTs). Several limitations concerning study design, generalization of results, duration of trials, patients group studied, and cost-effectiveness ratio were found, and a number of barriers have been noted in the adoption of PG tests into clinical practice. Despite some preliminary positive results, there is the need for larger and longer-term RCT studies, with the goal to capture the real impact of PG tests, also with stratified analysis concerning MDD features in terms of severity and antidepressant treatment failures in different ethnicity cohorts.

Disclosure: No significant relationships.
Keywords: Pharmacogenetic test; antidepressant; major depressive disorder; Personalized medicine

What Impact has COVID-19 Had on Suicide?

S0085

Suicide Prevention in Patients with Severe Mental Disorders

P. Courtet

University Hospital Montpellier, Emergency Psychiatry And Acute Care, Montpellier, France
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Until 2016, only few interventions were supposed to work in suicide prevention: restriction of access to lethal means, school-based universal prevention, treatment of depression and ensuring chain of care. Then, despite the multiplication of the therapeutic strategies for psychiatric disorders during the last decades, the incidence of suicide has not substantially decreased. Among several hypotheses, we proposed that suicidal depression is a specific form of depression, less responsive to antidepressants, carrying a high suicide risk, which deserves specific interventions. During the last decade, few controlled studies have been performed in at risk patients with short term reduction of the risk of suicide as a main objective, and the interest for old drugs such as lithium and clozapine remains. Recent data allow to propose that a new era is coming with evidence-based strategies of suicide prevention that should lead to change the way we deal with suicidal patients. Importantly, most efforts to develop interventions have moved to a perspective that suicide- specific treatments are necessary in addition to interventions for primary psychiatric disorders. By formulating the hypothesis that suicidal patients present a dysregulated response to social adversity based on specific brain areas associated with psychological pain, relying to opioidergic, immune and glutamatergic systems. Last, due to the difficult management of suicidal patients, innovative psychosocial interventions should be implemented for patients in suicidal crises and including safety planning, coordination of care, brief contact using phone calls. We have probably more solutions than ever to prevent suicide.

Disclosure: No significant relationships.
Keywords: psychological pain,; immediate interventions; antidepressants,; suicide prevention

S0086

Suicide in the COVID-19 Pandemic

D. Wasserman

Karolinska Institutet, National Centre For Suicide Research And Prevention Of Mental Lll-health, Solna, Sweden
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A literature search using PubMed and Google Scholar identified 64 articles assessing suicidal thoughts, suicide attempts and suicide during the COVID-19 pandemic in comparison with the pre-pandemic period in the six WHO regions of the world. Most studies come from high- and middle-income countries. There is a scarcity of data from South America, and no studies from the African and East-Mediterranean Regions. Compared to trends in previous years, suicide rates remained largely unchanged globally or declined in the early phase of the pandemic. However, increased suicide rates were reported among non-white residents and Afro - American groups in the US, as well as among adolescents in China. Japan and India showed a statistically significant increase in suicide rates after an initial decline. Similarly in Peru, after an initial decline, suicide rates increased among men during the course of the pandemic. This is in line with previous findings in the context of natural disasters and other epidemics where a similar increased suicide trend can be expected in the post-pandemic period in other countries. Among adolescents, there were no significant changes in suicide rates during the period of school closure, but an increase has been observed in the period after coming back to schools. The assessment of suicidal thoughts and attempts during the pandemic was mostly conducted through online cross-sectional surveys and showed significant increases, particularly in females and the young. Suicide can be prevented if evidence-based methods that exist are implemented in a systematic way (Wasserman et al. 2020; https://doi.org/10.1002/wps.20801).

Disclosure: No significant relationships.
Keywords: suicide prevention; Suicidal ideation and behaviours; Covid-19

S0087

Affective Temperaments and Suicidality in Patients with Bipolar Disorder

M. Luciano

University of Campania “Luigi Vanvitelli”, Department Of Psychiatry, Naples, Italy
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Suicide is one of the leading causes of death in patients with Bipolar Disorder (BD). Several risk factors linked to suicide attempts in patients with BD have been identified, including a long duration of illness, untreated BD, female sex, positive history for suicide attempts, comorbidity with substance abuse or personality disorders, anxiety, depressive polarity and recent psychiatric inpatient care. Recently affective temperaments have been considered as possible factors for suicide in BD. While hyperthymic temperament is associated with a reduced risk of suicide attempts, cyclothymic, irritable, depressive and anxious temperaments are more represented in patients with a positive history of suicide attempts. Moreover, cyclothymic and irritable temperaments are highly connected with both aggression and impulsivity, which play a role in