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