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Food matters: Anorexia nervosa and the microbiome: First findings of a European cooperation

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Anorexia nervosa (AN) is one of the most common chronic disorders in adolescence with still high mortality rates. Knowledge on gut-brain interaction might help to develop new treatments, as severe starvation-induced changes of the microbiome in AN-patients have been demonstrated, which do not alleviate with weight gain. In our own pilot study alpha-diversity was increased in patients with AN after short-term weight recovery, while beta diversity showed clear group differences with healthy controls before and after weight gain. A reduction of taxa belonging to Enterobacteriaceae at admission and discharge and an increase in taxa belonging to Lachnospiraceae at discharge were typically found in patients with AN. The work plan of our European project comprises an observational study and two phase II RCTs with the application of omega-3-PUFA and a multi-strain psychobiotic to both, humans and rodents. With the help of a well-established animal model for AN (activity-based anorexia, ABA), the effect of stool transplants from patients to rodents will be analysed. Longitudinal MRI will be conducted in rodents together with cellular and molecular brain analyses. In addition, immune response and circulating antibodies associated with the presence of certain bacterial strains and interaction with hunger and satiety hormones will be explored. We hope that by this translational research we may systematically investigate the role of an altered microbiome for the course of AN and to identify new therapeutic tools.

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Keywords: low grade inflammation; anorexia nervosa; Microbiome; body weight

Novel pharmacotherapeutic strategies for regaining control over alcohol intake in alcohol use disorder

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Baclofen approval in france: A balance between two conceptions of medicine

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In October 2018, France became the first country to officially approve baclofen for alcohol use disorder (AUD), even if the French Drug Agency (ANSM) officially stated that the efficacy of baclofen in AUD could be not established at this stage, in the light of the available evidence. The decision of the ANSM comprised obvious political aspects, as baclofen approval followed a decade-long practice of off-label prescription, where doses used could reach 300 mg per day or more. This situation led to a prolonged and ferocious debate between those who questioned such a widespread and unevidenced practice, and those who defended the place of an "common sense" empirical medicine. The French story of baclofen echoes other similar controversial off-label prescribing practices in the country, from the pioneer use buprenorphine for opioid use disorder in the 1990s, to the more recent off-label use of hydroxy-chloroquine during the COVID-19 outbreak. In each case, similar "pros" and "cons" arguments were opposed, highlighting the difficult interpenetration between evidence-based medicine on the one hand, and on-the-ground practice on the other hand.

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Keywords: baclofen; alcohol use disorder; drug labeling; pharmacotherapy

Suicidal risk in bipolar patients: Vulnerability and mediators?

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Prevalence and correlates of suicidal behaviour in adolescents with bipolar disorder

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Objective: To examine the prevalence and correlates of suicidal behavior among adolescents with bipolar disorder (BD).

Methods: 47 adolescents, ages 12 to 19 years (15.8 ± 2), meeting DSM-5 criteria for BD-I (n=40) and BD-II (n=7) were assessed using the KSADS-PL and tested with a battery of tests measuring mood, psychotic symptoms, life events and functioning. History of suicidal attempts (SA) was ascertained using the K-SADS-PL.

Results: One third (n=15, 32%) of the BD sample had a lifetime history of SA. There were no differences in socio-demographics factors between SA versus non- SA. BD adolescents with lifetime SA, were more likely to have lower weight at birth, a lifetime history of comorbid eating disorder, non-suicidal self-injurious behavior, 2nd degree family history of suicide attempt, and more stressful life events as compared with non-attempters. Adolescents with lifetime history of SA also showed statistically significant higher scores in depression, suicidal ideation and anxiety as compared with BD adolescents without lifetime SA. Logistic regression analysis found that the most robust correlates of SA in adolescents with BD were having 2nd degree family history of

SA, the interaction of self-injury behavior and comorbid eating disorder and increased number of life events.

Limitations: Retrospective data. Small sample size. Since this is a cross-sectional study, no inferences regarding causality can be made.

Conclusion: One third of the adolescents with BD have attempted suicide. These results are in agreement with previous studies. History of SA in adolescents with BD is strongly associated with family history of suicidal behavior, lifetime self-injury behavior with comorbid eating disorder and increased number of stressful life events.

Disclosure: No significant relationships.

Keywords: bipolar disorder; adolescents; suicidal behavior

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What is special about suicidal depression?

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Objective: Bipolar disorder is one of the most frequent psychiatric disorders among suicidal patients. A large part of patients with bipolar disorder (30–50%) will attempt suicide. Suicidal ideation being a major risk factor of suicidal act, it is crucial to better characterize patients with suicidal bipolar depression (i.e. depression with current suicidal ideation). The aim of this study was to characterize suicidal bipolar depressed patients in comparison with non-suicidal depressed patients in terms of clinical characteristics, evolution of depression and suicidal ideation course over time, and risk of suicide attempt during follow-up.

Methods: Among patients with bipolar disorder recruited from the network of FondaMental expert centres for bipolar disorder between 2009 and 2017, we selected patients with at least mild depression and without current manic symptomatology at baseline (N = 938). Suicidal depression was defined by a baseline score ≥ 2 for item 12 of the QIDS-SR (28.9%). A subsample of about 300 patients (w/ or w/o suicidal ideation at baseline) was followed up for 2 years.

Results: Baseline clinical features (e.g. depression severity, childhood trauma, global functioning) were more severe in patients with without suicidal depression. Suicidal patients tended to remain more suicidal throughout the followup (3.4-fold higher risk of persistent suicidal ideation at the 2-year visit despite an improvement in depressive symptomatology).

Conclusions: Depressed bipolar disorder patients reporting suicidal ideation had more severe clinical features and were more prone to report persistent suicidal ideation during the follow-up, independently of thymic state. Clinicians should closely monitor this subgroup of patients

Disclosure: No significant relationships.

Keywords: Suicidal ideation; prospective study; Depression; bipolar disorder

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Risk factors for suicidal behaviours in late-onset bipolar disorder

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Late-onset bipolar disorder (BD), when symptoms emerge after the age of 50 years, has gained recognition in the past decades. Currently, BD of about one in ten older patients is considered to be late-onset. Since suicide risk is extremely elevated in BD, especially at the onset of the illness, patients that live to old age are generally considered a survivor population. Meanwhile, patients with late-onset BD did not have BD while living through life periods that could be associated with typical risk factors for suicidal behaviours. Moreover, the late-onset BD might have specific etiopathogenesis, as demonstrated by less genetic component and more life stressors, medical comorbidity and alcohol use. Clinically, patients with late-onset BD have more depressive episodes and more favourable treatment outcomes, yet clinicians generally fail to adhere to guidelines while treating these patients. In n=614 older age BD patients from FondationFondamental Expert Centers, late-onset BD patients reported less lifetime suicidal ideation and attempts compared to non-late-onset patients, while there was no difference regarding the last year suicidal ideation. Better verbal memory was associated with more suicidal behaviour reporting in both groups. Meanwhile, late-onset patients had lower affect intensity and less childhood trauma – factors that were strongly positively associated with last year suicidal ideation in patients with earlier, but not late-onset BD. Meanwhile, late-onset BD patients had higher arterial blood pressure, which was associated with lifetime suicide attempt history in them, but not in earlier-onset patients. Late-onset BD seems to have a distinct pathway to suicidal behaviours.

Disclosure: No significant relationships.

Keywords: bipolar disorder; Suicide; old age; suicidal behaviour

The impact of COVID-19 on mental health and mental health professionals: Two large longitudinal studies

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The impact of COVID-19 on clinical practice and well-being of global mental health professionals

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Some of the most direct and brutal effects of the COVID-19 pandemic are experienced by health care professionals who are