

Abstract

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Symposium

Educational

OCD: New Breakthroughs

S0001

Feasibility and Acceptability of Transcranial Direct Current Stimulation in Obsessive Compulsive Disorder

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Background Transcranial direct current stimulation (tDCS) has shown promise as a treatment for obsessive compulsive disorder (OCD) in a small number of trials. We performed a feasibility study to inform the development of a definitive trial, focussing on acceptability, safety, feasibility of recruitment, adherence and tolerability of tDCS and the size of any treatment-effect. Methods FEATSOCS was a randomised, double-blind, sham-controlled, cross-over multicentre study. Twenty adults with OCD received three courses of tDCS targeting the two most favourable stimulation targets; supplementary motor area (SMA), orbitofrontal cortex (OFC) and sham-stimulation, randomly allocated and delivered in counterbalanced order. Each course comprised four 20 minute-stimulations, over two consecutive days, separated by a four weeks washout period. Clinical outcomes were assessed by 'blinded' raters before, during and four weeks after stimulation. Results: tDCS was acceptable, well tolerated and safe; adherence was good, with few dropouts, there were no serious adverse events, and adverse effects were mostly mild. Recruitment to target was feasible. Yale-Brown Obsessive-Compulsive Scale scores numerically improved from baseline to 24 hours after final stimulation (primary outcome) across all interventional groups. The greatest effect was seen in the OFC arm. Additional significant within-group improvements in secondary outcomes occurred in the OFC, and to a lesser extent in the sham arms, but not with SMA. Discussion tDCS appears a promising potential treatment for OCD. The OFC represents the optimal target. A full-scale trial to determine optimal stimulation protocols (current, frequency, duration), longer-term effectiveness and feasibility of home delivery is indicated.

Disclosure: No significant relationships.

Clinical/Therapeutic

At the Heart of Eating Disorders: The Progress of Assessments Clinicians Should Know for Optimal Treatment and Clearer Prognosis

S0002

For Personality Disorders

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The number of diagnostic categories of eating disorders have increased over time. The term transdiagnostic has been commonly used for eating disorders as in general they share problematic eating patterns and variations in weight. However, there are also extreme differences, for instance in the realm of personality style. One example of contrasts is the polygenic correlation with ADHD which is positive in binge eating disorders and absent in anorexia nervosa. This is concordant with the clinical presentation whereby AN is associated with compulsive, rigid

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perfectionistic features consistent with an obsessive-compulsive personality style whereas BED is associated with impulsivity. ARFID and AN have features that overlap with characteristics of autistic spectrum disorders. Nevertheless, traits of neuroticism are shared across eating disorders and other psychiatric disorders. Another contrast is in the exposure to adversity in childhood. People with binge eating disorder have many forms of childhood adversity including the ramifications of weight stigma and this leaves an imprint on personality development. Thus, there is no one size that fits all in terms of the unfolding links between personality and eating disorders.

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S0003

Anorexia Nervosa as a Metabo-Psychiatric Disorder: Consequences for Assessment and Treatment in Childhood and Adolescence

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Anorexia Nervosa (AN) has the highest mortality of all psychiatric disorders. Patients who experience the onset of AN in their teens suffer on average 10 years from an eating or other mental disorder. Recently many clinicians in the US and Europe have addressed the inadequacy of treatment for this disabling disease which – at least in adult patients – is mainly based on individual psychotherapeutic interventions. Against the background of a recent GWAS and genetic correlations with other mental disorders, but also inverse correlations with important metabolic parameters such as fasting insulin and leptin new treatment strategies must be developed. This presentation wants to elucidate two different interventions, a biological strategy, and a more pragmatic treatment setting in the “real world”. The biological strategy refers to the gut-brain axis which has been shown to be severely affected in AN. Patients show a deep perturbation of the gut microbiome with no significant improvement with weight rehabilitation. Thus, additional ways must be found such as nutritional strategies (e.g., administration of pre- or probiotics, stool transfer) to probably improve the outcome of this disorder. In addition, inpatient treatment which is still the gold standard for treatment of AN in Europe, has not been proven to alter the long-term prognosis of AN. Consequently, other interventions such as home treatment which involve the family and interrupt eating disorder associated habits as disease preserving factors will be introduced and the results of a pilot study in adolescent AN be presented.

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Educational

Impact of the COVID-19 Pandemic on Youth Mental Health

S0004

Has Suicide Really Increased After the COVID-19 Pandemic?

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Despite being preventable, approximately 800,000 people die by suicide each year worldwide. Evidence suggests that suicide rates decrease during crises, but once the immediate threat passes, suicide rates are expected to increase. The COVID-19 pandemic likely affects risk and protective factors for suicide. Studies show mixed results regarding whether suicide behaviours have increased among adults during the pandemic. The results are however different for young people. An increase in suicidal behaviours has been identified in some countries among young people after lockdown period and when returning to schools. Data also suggests that there may have been a rise in deaths by suicide among those younger than 18 years in China, and during the first phase of lockdown in the United Kingdom. Studies have found significant decreases in hospital admissions for suicidal behaviours and visits to emergency departments both for adults and adolescents. Suicide can be prevented if evidence-based methods that exist are implemented in a systematic way. Wasserman, D., Iosue, M., Wuestefeld, A., & Carli, V. (2020). Adaptation of evidence-based suicide prevention strategies during and after the COVID-19 pandemic. *World psychiatry: official journal of the World Psychiatric Association (WPA)*, 19(3), 294–306.

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S0005

Increase in the Use of Alcohol and Other Substances in Adolescents During and After the COVID-19 Pandemic

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The COVID-19 pandemic and its associated restriction measures have a great impact on patterns of substance use throughout the general population. Interestingly, in contrast to initial expectations on an overall negative impact, data of large surveys show a differentiated picture of impact. A recent systematic review (Roberts et al., 221) showed mixed tendencies towards increased alcohol