

European

The european brain research area: A catalysing initiative for brain research stakeholders to streamline brain research across europe

W0039

European brain research area: The operational level

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Brain research in Europe is a rapidly evolving field, and increasingly at the forefront of science. Although considerable amounts of knowledge and innovative approaches have been generated, the translation into new health interventions is hindered by excessive fragmentation. Effective and efficient collaboration and cooperation among the various initiatives are often identified as a key success factor to achieve brain research full impact. EBRA fully responds to these needs by bringing together the various stakeholders and major brain research initiatives, at European level and beyond. EBRA creates the conditions for real and effective cross fertilisation, dialogue, building consensus and exploiting research potential. On the operational level, EBRA facilitates the emergence of research projects in specific areas in active clusters. A cluster is understood as a research community that can be directed towards basic research, clinical research and/or methodological approaches under a common topic and disease area within brain research. EBRA support clusters to: 1. Consolidate or expand further the research community expand their community, 2. Engage with policy makers and other relevant stakeholders, 3. Build consensus on various issues (research priorities, research roadmap, data sharing, etc.), 4. Promote links with existing research infrastructures, 5. Increase the visibility of the research community through communication and dissemination activities, 6. Coordinate the development of position/consensus papers, white papers, guidelines, meeting reports and/or other cluster outcomes. EBRA currently has 6 existing clusters: EPICLUSTER, Prevention of Severe Mental Disorders (PSMD)-cluster, TRISOMY21-cluster, BRAINFOOD-cluster., PREMOS-cluster and ECIB-cluster.

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Keywords: Europe; Brain research; Coordination; Research community

W0041

Brainfood cluster

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Brainfood cluster The mission of EBRA brainfood is to increase awareness of the importance of research exploring the bidirectional links between brain health and nutrition, including the mediating systems, and to use this knowledge to identify novel nutritional, neuropsychological and neuropharmacological intervention strategies. The BRAINFOOD cluster builds new bridges across research disciplines and strengthens links to relevant stakeholders across Europe, including those involved in health and food policy. It gathers experts on brain health and nutrition that by combining and integrating strengths and complimentary expertise has the volume and capacity to develop novel intervention strategies that improve brain health of European citizens, working together with public health and the food industry. BRAINFOOD is built upon an existing network that includes: 1 Discovery, with expertise in human genetics, metabolomics, nutrition, the microbiome and brain health that utilizes existing data from a variety of population and disease cohorts across the lifespan and aims to propose testable hypotheses; 2 Mechanism, with expertise in animal models, metabolomics, the microbiome and neuroscience that tests hypothesis of how the microbiome and nutrients impact on performance in different behavioral domains; 3 Experimental medicine, with expertise in psychiatry, neurology and nutrition with capacity to run randomized controlled trials; 4 Implementation, with expertise in dissemination and policy making and behavior change, to ensure that EU citizens benefit from novel insights gained in the project.

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Keyword: nutrition; brain health; psychiatry; neurology

W0042

European brain research area: The strategic level

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Brain research in Europe is a rapidly evolving field, and increasingly at the forefront of science. Although considerable amounts of knowledge and innovative approaches have been generated, the translation into new health interventions is hindered by excessive fragmentation. Effective and efficient collaboration and cooperation among the various initiatives are often identified as a key success factor to achieve brain research full impact. EBRA fully responds to these needs by bringing together the various stakeholders and major brain research initiatives, at European level and beyond. EBRA creates the conditions for real and effective cross fertilisation, dialogue, building consensus and exploiting research potential. At the strategic level, EBRA acts by fostering alignment and better coordination of research strategies across European and global brain initiatives. Therefore, an overview of the scale and scope of brain research activities funded in the EU framework programme and the funding initiatives of JPND, NEURON and HBP has been created. The results of the mapping exercise then underpinned the development of a Shared European Brain Research Agenda (SEBRA). The SEBRA focuses on research opportunities and research gaps to be addressed in the field, and priorities for action in the short- and long-term. It integrates pre-existing documents as well as expert (i.e., researchers,

neurologists/psychiatrists, patient representatives) input that has been collected through surveys and in a dedicated expert workshop. The SEBRA will be used to provide recommendations on future areas for excellent, innovative, and translational research comprising those for maximized cooperation, reduced overlap, and fragmentation.

Disclosure: No significant relationships.

Keywords: Brain research; Coordination; Shared European Brain Research Agenda; Funding

Clinical/Therapeutic

Diagnosing borderline personality disorder: A masterclass

W0044

To diagnose or not to diagnose your BPD patient

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Clinicians working in every field of psychiatry will likely encounter patients with borderline personality disorder (BPD) on a regular basis. Nevertheless, diagnostic assessment and disclosure in patients suspected to suffer from BPD can be difficult and even uncomfortable to many clinicians. In a survey among psychiatrists, 57% indicated they had failed to disclose a diagnosis of BPD at some point in their careers, citing diagnostic uncertainty and concerns about stigma as key issues.¹ This workshop will engage the audience in an intensive discussion of when and how to disclose a suspected diagnosis of BPD to a patient, and how to involve the patient in the diagnostic process. Dr. De Picker will demonstrate how BPD diagnostic disclosure can become a key intervention in every psychiatric setting by using a two-step process. The first step involves a review of the DSM-5 diagnostic criteria together with the patient. This is always followed by a narrative explanation using either the interpersonal hypersensitivity model or emotional vulnerability model as trait factor. With these two steps, diagnostic disclosure creates both an important validating experience for the patient and a not to be missed opportunity for psycho-education about the heritability, prognosis and treatability of borderline personality disorder which installs hope, trust and confidence. References: 1. Sisti D, Segal AG, Siegel AM, Johnson R, Gunderson J. Diagnosing, disclosing, and documenting borderline personality disorder: a survey of psychiatrists' practices. *J Pers Disord* 2016; 30: 848–56.

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Keywords: Borderline personality disorder; Diagnostic disclosure; DSM-5; Psychoeducation

W0045

The difficult differential diagnosis of BPD look-alikes

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The traits of Borderline Personality Disorder (BPD) and various other personality or mental disorders may overlap, causing diagnostic difficulties and pitfalls for psychiatrists early in their career. An online survey conducted among psychiatric trainees and young specialists in 2019 showed that only 63% of them think they are well prepared to diagnose BPD. Predispositions such as impulsivity or emotional instability, which commonly are present in BPD, may also be prevalent in such disorders as Antisocial Personality Disorder, Bipolar Disorder, in people misusing psychoactive substances, or in neurodevelopmental disorders such as ADHD. These symptoms can lead to considerable difficulties in global functioning and performing adequate social roles unless appropriate treatment is provided. Therefore, a proper differential diagnosis is crucial in good psychiatric management of people with BPD features. Dr. Gondek will present what BPD symptom domains may be shared with other mental and personality disorders and how to navigate the diagnostic process to set the correct diagnosis in often unobvious clinical presentations of BPD and its look-alikes.

Disclosure: No significant relationships.

Keywords: Borderline personality disorder; education in psychiatry; differential diagnosis; personality disorders

W0047

Adding dimension to the diagnostic process: Demonstration of the DSM-5 checklist and PID-5 personality trait assessment scale

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Borderline personality disorder (BPD) is very common, with an estimated community prevalence of 1–3%, rising to 25% in psychiatric inpatients. The aim of this talk is to address the challenges clinicians face when diagnosing borderline personality disorder. The new dimensional approach to the classification of personality disorders adopted by ICD-11 diverges from the classical categorical case definitions used in the ICD-10 and DSM-IV/DSM-5 diagnostic frameworks, thereby significantly altering the concept of personality disorders. While the DSM-5 checklist is a well-known and widely used diagnostic entity by now, with the introduction of Personality Inventory for DSM-5 (PID-5) a new assessment tool has emerged, providing the possibility of a more detailed description of personality functioning and traits. PID-5 is a 220-item self-rated personality trait assessment scale, assessing 25 personality trait facets and 5 main personality trait domains. This talk will focus on analyzing the difference between categorical and dimensional diagnostic