

interventions that are observed in nursing care for suicidal patients. The category system contains four core themes; nurse behavioral interventions, nurse attitudes, and nurse conversational intervention and environment.

Disclosure of Interest: None Declared

W0008

Gender differences in suicide and suicide attempts among patients in AUD treatment

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Abstract: Alcohol plays a part in suicide risk in two ways. Alcohol intoxication is often a preceding factor in the acute suicidal phase. But also, chronic overuse or Alcohol Use Disorder (AUD) is a risk factor for suicide attempts and suicides over time. At least 1 in 4 AUD patients have serious lifetime suicide attempts. Standardized mortality rates (SMR) for suicide in AUD lie around 15-25. Gender differences in suicide risk and suicide attempts are influenced by at least 2 phenomena. Firstly, suicide attempts are more common and completed suicide is less common among females in the general population. Secondly, female AUD is rarer and female AUD patients tend to be sicker and have more mental health co-morbidities than male AUD patients. This leads to SMRs for suicide in female AUD patients being higher than in male AUD patients, even if suicides are more common in male AUD patients. Also, for suicide attempts, these are more common in female AUD patients. Suicide attempts seem to be more related to AUD severity in male AUD patients, but more related to mental health co-morbidities in female AUD patients.

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W0009

Personalisation of the management of schizophrenia and other primary psychoses

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Abstract: In the treatment of persons with schizophrenia the goal has gradually shifted from the reduction of symptoms and prevention of relapse to recovery. However, this goal is achieved for a minority of persons with schizophrenia, while for most of them the disorder still is a major cause of disability, poor quality of life and premature death, and presents considerable social and economic costs.

Studies aimed at identifying variables with a significant impact on schizophrenia outcome indicate that early intervention, shared decision making, treatment continuity, physical comorbidities, negative symptoms, deficits in cognitive functions and functional capacity account for most of the functional impairment of patients but are often neglected in current clinical practice.

In this presentation, I will illustrate the role of these variables and the need for an in-depth clinical characterization of persons with primary psychoses to implement personalized treatment plans and improve the care of people with schizophrenia.

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W0010

The role of tDCS in psychiatrists toolbox

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Abstract: tDCS is a low-cost and well-tolerated neuromodulation treatment of depression. It seems to be a good and effective option to start the treatment of depression along or instead of medication in mild or moderate depression. tDCS can be used as an add-on treatment with psychotherapy or medication. Home based tDCS is easy to conduct. However, tDCS should be used with qualified protocols like any other neuromodulation treatment. When the tools in psychiatry are diversifying the precise diagnostics, careful defining of the clinical picture and effective early and individually planned management of depression are key elements gaining better outcomes and preventing treatment resistant depression.

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W0011

Cost-utility of tDCS in depression treatment

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Abstract: Depression is one of the most common psychiatric disorders causing considerable economic burden. However, the current treatment as usual, pharmacotherapy and psychotherapy, provides unsatisfactory treatment outcome for majority of the patients and in most cases fails to prevent treatment resistance and chronicity. tDCS, has emerged as a new neuromodulation treatment and has shown efficacy in depressed patients. To provide important insight to the payers, the cost-utility of tDCS in comparison to treatment as usual, should be clarified.

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W0012

tDCS home based treatment following accelerated dTMS in the elderly depressed

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