measures has been constantly alive. In Italy involuntary treatments are justified on the basis of three criteria: the presence of a mental illness; the need for urgent hospital-based treatment, the patient refusal of treatment. Although only 10% of all hospitalizations in Italy occur on a involuntary basis, actually the lowest rate in Europe, proposals of modification of the current Law have been repeatedly presented, in terms of further restrictions of the conditions allowing involuntary hospitalization or even in terms of its abolition. The practice of physical restraint in particular, which has been reported as applied in approx. 85% of Psychiatric Wards, has been strongly criticized, although the effective dimension of its use in Italy is unknown due the lack of official data. In 2015 The National Council of Bioethics expressed a series of doubts and criticisms as well as the Special Commission for Human Rights of the Italian Senate in 2016. Moreover, the death of some patients submitted to physical restraint in the last years, gave repeteadly rise to a media hype, leading again very recently to claims for the abolition of any form of physical restraint during a National Conference on Mental Health, a proposal that the Minister of Health welcomed, committing himself to implement it through a agreement between the State and the Regions, officially devoted to health assistance in Italy.

Disclosure: No significant relationships.
Keywords: involuntaty treatments add restraint add Italy

S0079

Involuntary Admissions and Patient Autonomy - How do they Fit Together

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The United Nations Convention on the Rights of Persons with Disabilities Article 12 General Commentary, explicitly states that persons with mental illnesses must always have full exercise of their legal rights in all their aspects. Assistants or support persons must not substitute or have undue influence on the decisions of persons with disabilities, including the expression of their consent. Rationales behind the concept include increased patient autonomy, promotion of coping skills, early help-seeking, avoidance of power struggles, establishment of an asylum function, reduced time spent in inpatient care and prevention of coercive measures. Quantitative data points toward a dramatic reduction of total time spent in inpatient care and of involuntary admissions in patients with previously high inpatient care consumption, whereas qualitative data indicates that the concept increases patient autonomy, responsibility and confidence in daily life. Patient-controlled admission is a promising novel approach to inpatient care in psychiatry. However, available studies are small and quality of evidence is generally low. In this talk an overview of literature review on involuntary admissions and patient autonomy as well as ethical aspects will be given and discussed.

Disclosure: No significant relationships.
Keywords: patient autonomy; patient-controlled admission; ethical aspects; Involuntary admission

S0080

Past, Present, and Future of Involuntary Admission in Georgia

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Since gaining independence in 1991, Georgia has struggled to transform the old-Soviet mental health care structure into a humane system to meet basic human rights standards.
The current version of the mental health law was introduced in 2007, which instituted the new practice that required court decisions for involuntary hospitalization and several practical procedures.
The Public Defender's Office (Special reports, 2019-2021) revealed gaps and contradictions within the law that lead to human rights violations and malpractices in involuntary hospitalization.
Currently, the group of Georgian experts with international support from Expertise France- French Development Agency, at the request of the Ministry, are working on the new version of the mental health law, which will be in line with international requirements and standards.

Disclosure: No significant relationships.
Keywords: Involuntary admission; mental health law; human rights; mental health legislation

Research

Emotion Development and its Relevance in Psychiatric Disorders

S0081

The Developing Brain and Emotion Regulation - Implications for Psychopathology.

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In this talk I will describe a series of studies conducted at the Centre for the Developing Brain, King's College London, that seek to increase our understanding of why infants who are born very early (before 32 weeks' gestation) are more likely to develop socio-emotional problems when they grow up compared to infants who are born at term. As part of the Evaluation of Preterm Imaging study we carried out multimodal MRI at term in over 200 newborns and studied whether we could identify specific patterns of brain development in those infants who might develop problems with emotion regulation and general mental health as they grow-up. At the behavioural level, we found that very preterm children compared to term-born controls had more mental health problems, including anxiety and autism-spectrum behaviours. Preterm children had lower IQ, were less able to regulate their emotions and

inhibit unwanted behaviours. Children's tendency to attribute negative emotions to daily events, which could lead to increased anxiety, was associated with two main neonatal brain features. These were: 1) weaker structural connectivity in a long-range white matter projection tract called the uncinate fasciculus which connects the frontal lobe with the anterior temporal lobe and 2) altered fronto-limbic functional connectivity, both of which play a critical role in several aspects of social and emotional development. These findings show that early brain changes can be used to predict children's social and emotional outcomes, hence could be used to inform preventative interventions aimed at averting and targeting emerging emotional disorders.

Disclosure: No significant relationships.
Keywords: preterm birth; brain development; emotion regulation; Psychopathology

S0082

Emotional Dysregulation: Epidemiology and Genetic Features from Childhood towards Adulthood

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Emotional dysregulation (ED) is a dimensional, transdiagnostic domain that is associated with multiple categorical psychiatric diagnoses from childhood to adulthood, representing a risk for increased problems in affect, behavior, and cognition [1]. Traditionally, the nature of ED trait has been studied with top down approaches: quantitative evaluation of ED is possible through "Dysregulation Profile" scoring, which is measured through composite scales of the "Achenbach System of Empirically Based Assessment" (ASEBA) [2] questionnaires. Dysregulation profile is characterized by severe anxiety and affective symptoms, impulsive and/or aggressive behaviours and metacognitive difficulties. More recently, different researchers also applied bottom up approaches to evaluate the presence of ED in both general population and clinically referred samples [3]. Also in these cases, the results showed that ED is a trait, stable through time and across different cultures and societies, associated with higher presence of psychiatric diagnosis. It is important to note that these non-traditional statistical approaches highlighted that, in adulthood, ED is characterized by elevated scores in both externalizing and internalizing areas. In this contribution, the research aimed at disentangling the etiology of ED, which is crucial to treat and prevent worst evolution associated with this trait, will be revised. Many efforts have been done to understand the complex interaction between genetic and environmental risk factors which predispose patients to develop and maintain ED. [1] Aitken, et al. (2019). JAD, 253, 87-95. [2] Achenbach & Rescorla (2001). Manual for the ASEBA school-age forms and profiles. [3] Bianchi, et al (2017). ECAP, 26(5), 549-557.

Disclosure: No significant relationships.
Keywords: gene-environment interaction; emotional dysregulation; Developmental trajectories; Methylation

Challenges and Advances in Pharmacogenomics

S0083

Pharmacogenomics of MDD as a Developing Field: Challenges and Opportunities

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While first gene-drug pairs have emerged to be clinically actionable in the treatment of major depressive disorders (MDD) (e.g., CYP2D6 and TCAs/SSRIs), genomic studies have not yet been successful in identifying replicable and valid biomarkers of pharmacological treatment outcome. While some trials suggest that candidates such as CYP2D6, CYP2C19, CYP1A2, SLC6A4 and HTR2A polymorphisms may improve the prediction of response/remission, these results should be interpreted cautiously and required confirmation in larger samples. This presentation will cover state of the art of pharmacogenomics for MDD as well as the emerging field of pharmacotranscriptomics and functional genomics analyses in MDD. Specifically, pharmacotranscriptomics in combination with genomics may be a promising avenue in overcoming some of the current limitations in treatment response prediction research. More recently, the combined genetic effect of polygenic risk scores has shown promising results in predicting treatment response. Importantly, adequately large and well phenotyped clinical trials are required to be conducted with pharmacogenomics/-transcriptomics prospectively in mind.

Disclosure: No significant relationships.
Keywords: MDD; pharmacogenomics; Transcriptomics; polygenic risk scores

S0084

Clinical Phenotypes Characterization in Pharmacogenetics Testing Trials for Major Depressive Disorder Treatment

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Several data indicate that the success of pharmacological treatment in major depressive disorder (MDD) is still unsatisfactory. The determination of the optimal treatment generally requires multiple trials with different treatments, with the sobering observation that the more treatments tried without success, the less likely a successful outcome, with the result of a long unremitted disease, worse long term prognosis, increased rates of side effects, and important medical, social and economic burden. The reasons for the low response and remission rates are multiple and depend on environmental and biological factors intrinsic to the disease and drug treatments. Pharmacogenetic (PG) tests have the potential to increase efficacy predicting outcome and to reduce antidepressant