EPA 2020 ABSTRACT SUPPLEMENT

European Psychiatry

THE JOURNAL OF THE EUROPEAN PSYCHIATRIC ASSOCIATION

EUROPEAN PSYCHIATRIC ASSOCIATION

CAMBRIDGE UNIVERSITY PRESS

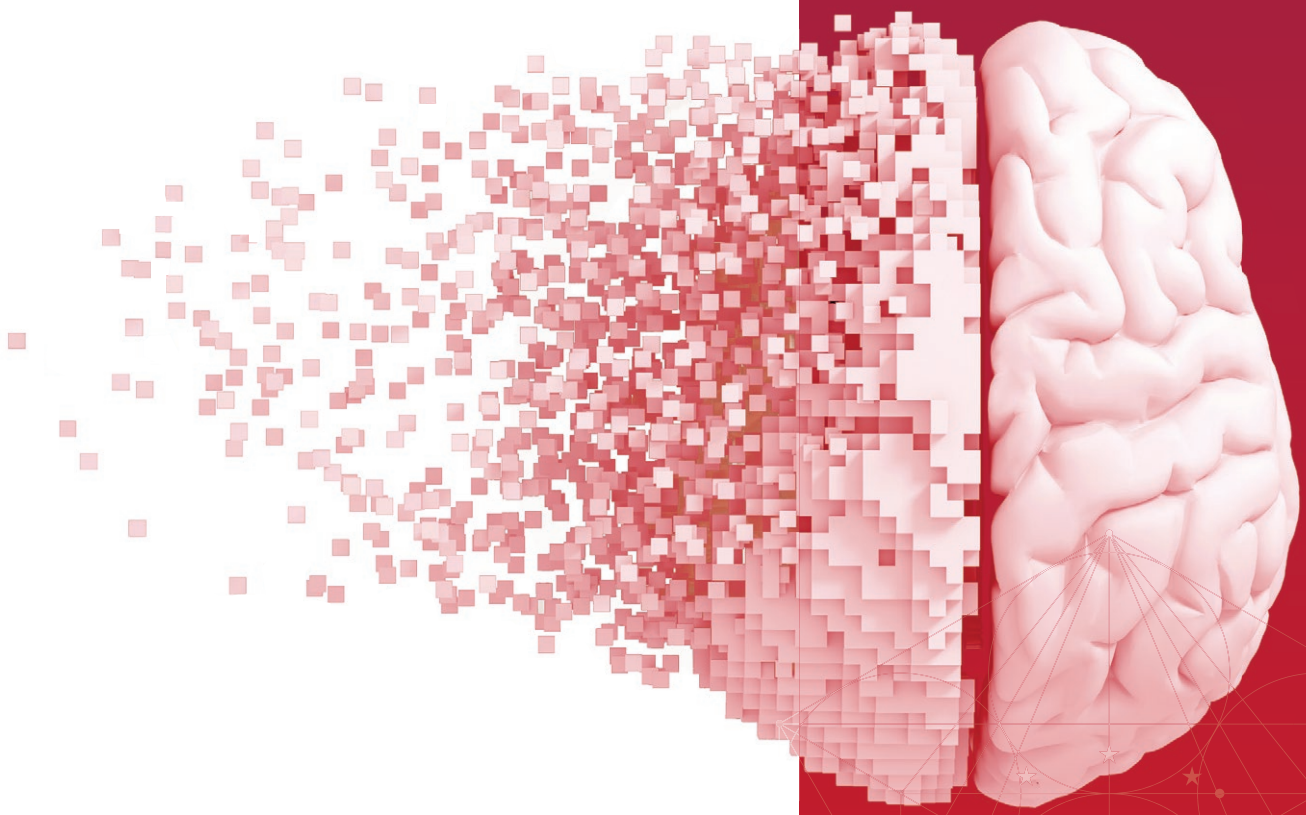
EUROPEAN
PSYCHIATRIC
ASSOCIATION

EPA 2020

28TH EUROPEAN CONGRESS OF PSYCHIATRY

4-7 July 2020

VIRTUAL CONGRESS



VIRTUAL CONGRESS

THE SHARED HERITAGE OF EUROPEAN PSYCHIATRY

EUROPEAN PSYCHIATRIC ASSOCIATION

The Abstracts of the 28th European Congress of Psychiatry - 2020 are published as a Supplement to *European Psychiatry* and have been peer-reviewed by the Local Organising Committee of the European Congress of Psychiatry.

European Psychiatry (ISSN 1778-3585 (Online) 2020 (volume 63). Published by Cambridge University Press.

Abstract author inquiries

For inquiries please contact: ewilson-eames@cambridge.org

Contents of the Supplement are available on the journal website:

https://www.cambridge.org/core/journals/european-psychiatry

The Journal of the European Psychiatric Association

EPA Membership (100 €) includes free access to the *European Psychiatry* Archives. If you are interested in becoming a member of EPA, please visit

https://www.europsy.net/become-a-member

CAMBRIDGE UNIVERSITY PRESS

Vol. 63, Supplement July 2020

CONTENTS

EUROPEAN PSYCHIATRIC ASSOCIATION

Abstracted in: Science Citation Index (SCI) - Clarivate, Social Science Citation Index (SSCI) - Clarivate, Scopus, Medline/PubMed, Google Scholar, PsycINFO

Abstracts of the 28th European Congress of Psychiatry - 2020

Germany; [3]Sainte-Anne Hospital, Cmme Department, Paris, France; [4]Hospital del Mar, Institut De Neuropsiquiatria I Addiccions, Barcelona, Spain; [5]University Hospital Frankfurt - Goethe University, Department of Psychiatry, Psychosomatic Medicine and Psychotherapy, Frankfurt am Main, Germany; [6]Radboud University, Department of Psychiatry, Nijmegen, Netherlands; [7]Amsterdam Neuroscience and Amsterdam Public Health Research Institute, Vu University Medical Center, Department of Psychiatry, Amsterdam, Netherlands; [8]University of Nottingham, Institute Of Mental Health, Nottingham, United Kingdom; [9]P1 Vital Ltd, Psychopharmacology and Emotion Research Laboratory, Wallingford, United Kingdom and [10]P1vital Products, P1vital, Wallingford, United Kingdom
*Corresponding author.

Introduction: Long delays are common between the initiation of antidepressant therapy and the identification of an effective treatment regimen. The P1vital® PReDicT Test was developed as a digital tool to provide an early indication of response or non-response to antidepressant medication, helping reduce time to recovery.
Objectives: The PReDicT randomised-controlled trial (H2020) has been conducted (2016-2019) in five European countries (DE,ES,F, NL,UK) to assess the tests' clinical and cost-effectiveness in primary depression care.
Methods: This economic evaluation compares the value of the PReDicT Test with Treatment-As-Usual (TaU) over 24 weeks. Resource use data were obtained using the multi-lingual online patient self-report HEQ instrument. Costs were calculated at trial and country levels. Between group differences in costs and outcomes using quality-adjusted life years (QALYs) based on the EQ-5D-5L, alternatively CALYs based on capability well-being measured by the OxCAP-MH (UK and D) were assessed using a regression-based approach adjusted for missing data, country specifics and sensitivity analyses.
Results: Baseline mean age was 39 years, QIDS score 16, 38% were males. From the 913 (DE:130,ES:164,F:76,NL:54,UK:489) patients randomised, full 24-week follow-up data were available for 534 patients. Both groups significantly improved on the EQ5D-5L (PReDicT:+0.14, TaU:+0.15) and the OxCAP-MH (PReDicT:+7.57, TaU: +8.03). Further analyses are ongoing. Final outcome, cost and cost-effectiveness results will be presented at the conference.
Conclusions: Preliminary results suggest that main economic benefits are likely to fall on the employment sector and highlight the importance of conducting and considering economic value assessments from a broad societal perspective including potential intersectoral costs and benefits.

Conflict of interest: No
Keywords pharmacoeconomics; Dépression; mental health; Economic evaluation

Psychophysiology

EPP0940

Levels of anxiety and sleep effectiveness in a sample of university students with high and low academic performance: a pilot study

K. Munera-Luque*, K. Cabas-Hoyos and U. Rodríguez-De Ávila
Universidad del Magdalena, Magdalena, Santa Marta, Colombia
*Corresponding author.

Introduction: For decades there has been concern about determining which variables influence academic achievement (Carreto, Jaime, Ariza, Rosas and Torreblanca, 2014).
Objectives: To explore the levels of anxiety and sleep effectiveness in a sample of university students with high and low academic performance.
Methods: It is an exploratory study of time series (7 days of repeated measures). The final sample was composed of university students (n = 12), in two specific groups: six subjects with low academic performance and six with high academic performance. The AMAS – C. Adult Manifest Anxiety Scale (Reynolds, Richmond and Lowe, 2007) and the Watchware Software Actigraph version 1.9.4.0.0 were used as instruments. During the course of a week the participants had to carry the actigraph unit, of which they were instructed for their care. Once the time passed, the actigraph was removed and the self-report measure was taken.
Results: The values of the Man-Wihtney U and Wilcoxon W test statistics, the asymptotic significance and the adjusted significance, determined that there are no significant differences between the groups for the variables studied. Similarly, the automated multiple linear regression model suggests that the "anxiety" and "sleep effectiveness" variables do not predict the "academic performance" variable in university students.
Conclusions: From the results, it can be shown that since academic performance is a multimodal variable, influenced by several factors, it cannot be explained by one. Thus, it was found that, in this case, anxiety and sleep effectiveness as variables did not predict academic performance.

Conflict of interest: No
Keywords University students; sleep; Anxiety; Academic performance

EPP0943

Features of attention in adolescents functioning in the mediamultitasking mode

D. Vinitskiy*, G. Soldatova, S. Chigarkova and E. Nikonova
[1]Lomonosov Moscow State University, Faculty Of Psychology, Moscow, Russian Federation
*Corresponding author.

Introduction: Adaptation to the modern world of complexity, diversity and digitalization makes it necessary to work in multitasking mode. Therefore, the study of the phenomenon of multitasking and such a higher mental function as attention in the young generation becomes relevant.
Objectives: The aim was to study the characteristics of attention and multitasking mode in adolescents.
Methods: The study included cognitive tests (the Dots test, the Schulte test), extraction of auditory evoked potentials from the EEG and a quasi-experimental scheme for digital multitasking. Sample included 20 adolescents 15-17 years old from Moscow.
Results: All respondents consider themselves to be mediamultitaskers. Most often they combine audio and video content as a background while performing everyday tasks, including learning. They showed good results in cognitive tests. The fewer errors in the dots test, measuring executive functions, were committed, the higher the index of work warming-up (concentration of attention) of the Schulte test (r=0.73, p=0.02) was. A greater number of errors in the dots test was linked with lower psychological stability of the Schulte test, (r=-0.72, p=0.02), less manifested potential amplitude P300 and lower latency (r=0.86, p=0.02).

Conclusions: Adolescents operating in the mediamultitasking mode in everyday life, show mostly good results in cognitive tests. Higher executive function abilities in mediamultitaskers is associated with better concentration, lower latency P300 and lower attention sustainability, which can contribute to the switching between different tasks. The further study is supposed to test the results on a more representative sample. Research is supported by the Russian Foundation for Basic Research, project No. 19-29-14181.
Disclosure: Research is supported by the Russian Foundation for Basic Research, project No. 19-29-14181.

Keywords mediamultitasking; EEG; adolescents; attention

Psychosurgery & stimulation methods (ECT, TMS, VNS, DBS)

EPP0944

Manic disorders following deep brain stimulation in parkinson's disease

A. Alho[1]*, N. Santos[2], M. Martins[2], R. Gasparinho[2], N. Fernandes[2], L. Ferreira[2] and E. Sêco[2]

[1]Hospital Distrital de Santarém, Psiquiatria, Santarém, Portugal and [2]Hospital Distrital de Santarém, Psychiatry and Mental Health, Santarém, Portugal
*Corresponding author.

Introduction: Deep brain stimulation (DBS) of the sub-thalamic nucleus (STN) is the gold-standard in the surgical management of drug refractory Parkinson's Disease (PD). However, near 10% of patients can present psychiatric symptoms after DBS. A wide spectrum of behavioural changes has been reported with acute hypomania/mania occurring in about 0,9-4% of cases. Despite of the growing evidence, the underlying causes of DBS-induced manic disorders (MD) are still unclear.
Objectives: To review the MD following DBS
Methods: PubMed search with key terms "deep brain stimulation" AND "manic disorders"
Results: DBS-induced MD are associated with ventral-medial placement of the electrodes, unipolarity and higher stimulation voltages (>3 V). The dorsal/dorsolateral stimulation of STN results in higher improvement, but electrode misplacement and the small size of STN may lead to current diffusion to adjacent non-motor structures belonging to the limbic and associative cortico-subcortical loops (involved in decisional and emotional processes). Localized edema and/or microlesions can also have a role. Episodes of acute mania with hipersexuality, impulsivity and money spending and manic psychosis have been reported. Male sex, early onset of PD, personal/family history of bipolar disorder and history of medication-induced mania may be risk factors. Despite of their impact, the symptoms tend to be self-limited, but may require interventions such as modifications of DBS settings or electrodes placement, pharmacological treatment and inpatient management.
Conclusions: The possibility of MD in the course of DBS emphasise the need for pre and immediate post-operative psychiatric evaluation (higher risk of adverse outcomes). Evidence-based recommendations are scarse. Additional studies about DBS are stil lacking.

Conflict of interest: No
Keywords deep brain stimulation; parkinson's disease; mania; hypomania

EPP0951

Complication of hyperventilation during electroconvulsive therapy: pneumoperitoneum and pneumomediastinum secondary to barotrauma.

M. Etxandi*, S. Lakis, J.A. Martínez, A. De Arriba-Arnau, J. M. Crespo, M.A. Dalmau, M. Urretavizcaya and P. Alonso

Bellvitge University Hospital, Department of Psychiatry, L'Hospitalet de Llobregat, Spain
*Corresponding author.

Introduction: Hyperventilation prior to electrical stimulation during the application of electroconvulsive therapy (ECT) is an extended practice. It is known that the hypocapnia lowers the seizure threshold and improve the seizure quality. Hyperventilation can be performed in different ways, the most common being non-invasive mechanical ventilation (NIMV). Pneumoperitoneum secondary to barotrauma is a known complication of invasive mechanical ventilation but very rare in NIMV. Treatment depends on the clinical impact but, in general, can be managed through conservative treatment.
Objectives: We present the case of a patient with this complication secondary to hyperventilation during an ECT session.
Methods: A 75-year-old female patient with a long history of Major Depressive Disorder undergoing maintenance treatment with electroconvulsive therapy (ECT) at Bellvitge University Hospital since 2015 attended the emergency department with abdominal pain and diarrhea ten days after her last ECT session.
Results: Abdominal computed tomography (CT) showed gastric wall pneumatosis and left retro-pneumoperitoneum that associated secondary pneumomediastinum. The study was completed by performing a CT with endovenous contrast that did not show any perforation points. Given the history of hyperventilation during the application of ECT and the absence of perforations in the explorations performed, the findings were attributed to barotrauma. A new CT was performed one week later, showing a complete resolution of the findings described. The ECT sessions were restarted without incidents.
Conclusions: As far as we know, this is the first time that pneumoperitoneum and pneumomediastinum are reported as a complication of hyperventilation performed in the context of the application of ECT.

Conflict of interest: No
Keywords major depressive disorder; ECT; Electroconvulsive Therapy

EPP0954

ECT: still effective. recovery rates and reasons for non-response

S. Mcbrien[1]*, T. Buxton[2], C. Gorst-Unsworth[3] and J. Fallon[1]

[1]Sussex Partnership, Early Intervention In Psychosis, Horsham, United Kingdom; [2]Sussex Partnership, Seldon Centre, Worthing, United Kingdom and [3]Sussex Partnership, Meadowfield Hospital Ect Suite, Worthing, United Kingdom
*Corresponding author.

Introduction: Electroconvulsive therapy (ECT) is a highly effective treatment for depression. However a proportion of patients will not complete or respond to treatment. The reasons for non-response are poorly understood.