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A life course perspective on familial and environmental risks for schizophrenia using a western Australian E-cohort

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Introduction Familial risk for psychosis may interact with environmental risk factors.

Objectives We are studying a large birth cohort of children of mothers with psychotic disorders, themselves at high risk of developing a psychotic illness, to understand the developmental aetiology of psychotic illness.

Aims Our aim is to examine whether exposure to environmental stressors in childhood, including timing of exposure, is a risk factor for psychotic illness, independent of familial liability. Specificity to maternal schizophrenia is explored.

Methods We used record-linkage across state-wide registers (midwives, psychiatric, child protection and mortality, among others) to identify 15,486 offspring born in Western Australia 1980–2001 to mothers with a lifetime history of psychotic illness (case children) and compared them with 452,459 offspring born in the same period to mothers with no known psychiatric history (comparison children).

Results A total of 4.1% of case children had developed a psychotic illness compared to 1.1% of comparison children. Exposure to environmental risk factors including obstetric complications, aboriginality, lower socioeconomic status, discontinuity in parenting and childhood abuse significantly increased risk of psychotic illness in offspring. Length and age at time of discontinuity in parenting impacted on risk. At the same time, case children were also significantly more likely than comparison children to be at risk of experiencing these adverse life events.

Conclusions Exposure to environmental stressors is associated with psychotic illness, and timing of exposure is important. However, children already at increased familial risk for psychotic illness are also at increased risk of experiencing these environmental stressors.

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Treatment-resistant schizophrenia during life span : Epidemiology, outcomes and innovative M-Health treatments within M-RESIST Project

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Treatment-resistant symptoms of schizophrenia (TRS) complicate the clinical course of the illness, and a large proportion of patients do not reach functional recovery (Englisch and Zink, 2012). Out of the estimated 5 million people (0.2–2.6 %) suffering from psychotic disorders in the European Union, 30–50 % can be considered resistant to treatment, and 10–20 % ultra-resistant (Essock et al., 1996 ; Juarez-Reyes et al., 1995). The complexity of standard intervention within this population, along with the presence of persistent posi-

tive symptomatology, extensive periods of hospital care and greater risk of multi-morbidity, lead to a high degrees of suffering for the patients, family and social environment, and a high proportion of costs to the healthcare system (Kennedy et al., 2014).

At present, a uniform definition of treatment resistance in the pharmacotherapy of schizophrenia is not available (Suzuki et al., 2011), as well as generally recommendable evidence-based treatment methods (Dold and Leucht, 2014).

A recent systematic review on the topic showed that TRS is poorly a studied and understood condition, contrasted to its high prevalence, clinical importance and poor prognosis. There is lack of studies on epidemiology and risk factors of this disorder, as well as on outcomes and longitudinal course. Most of the available literature focuses on medication treatments, while very few examine efficacy of adjunctive therapeutic options (Seppala et al., in preparation).

Treatments based on information and communication technology (ICT) present novel possibilities to improve the outcomes of schizophrenia. Previous studies have indicated suitability and promising results of such intervention techniques (Granholt et al., 2012 ; Ben-Zeev et al., 2013). m-RESIST is an innovative project aimed to empower patients with resistant schizophrenia, to personalize treatment by integrating pharmacological and psychosocial approaches, and to further develop knowledge related to the illness using predictive models designed to exploit historical and real-time data based on environmental factors and treatment outcomes.

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Somatic comorbidity and its outcomes in schizophrenia during lifespan

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Background Studies mainly relied on hospital or case-control data have well documented that individuals with psychoses, and especially with schizophrenia have increased rates of physical illnesses. They have two to four-fold higher mortality risk, and about 10 to 25 years shorter life expectancy compared with the general population. The aim of this study is to evaluate the prevalence of physical illnesses in individuals with schizophrenia or with other psychoses and among people without psychoses until the age of 46 years using complete outpatient and inpatient data from birth cohort.

Methods The study is based on The Northern Finland 1966 Birth Cohort (NFBC, 1966), which is a population-based prospective cohort concerning 12,058 live-born children in 1966 in the provinces of Lapland and Oulu.

The study population consisted of 10,933 individuals, who were alive at the age of 16-years, and followed serially until the age of 46-years. The study population was divided into three groups: those having schizophrenia ($n=228$) and those with other psychoses ($n=240$) while individuals without psychosis ($n=10,465$)

formed the control group. The data was obtained from various national registers.

Results Diseases of the blood and blood forming organs (prevalence in SCZ was 17% versus 10% in controls, $P < 0.001$), endocrine, nutritional and metabolic diseases (45% vs. 27%, $P < 0.001$), diabetes mellitus (7% vs. 3%, $P < 0.001$) and nervous diseases (33% vs. 25%, $P = 0.018$) were more common among individuals with SCZ compared with controls. Diseases of musculoskeletal system and connective tissue were less common in SCZ than among controls (28% vs. 41%, $P < 0.001$).

People with other psychoses than SCZ had statistically significant association with all the diagnostic groups classified in ICD-10 except with neoplasms. Infections and parasitic diseases (prevalence in other psychoses was 44% versus 32% in controls, $P < 0.001$), diseases of the blood and blood forming organs (18% vs. 10%, $P < 0.001$), endocrine, nutritional and metabolic diseases (42% vs. 27%, $P < 0.001$) including diabetes mellitus (9% vs. 3%, $P < 0.001$), nervous diseases (40% vs. 25%, $P < 0.001$), diseases of the eye and adnexa (32% vs. 21%, $P < 0.001$), diseases of the ear and mastoid process (58% vs. 44%, $P < 0.001$), diseases of circulatory (50% vs. 37%, $P < 0.001$), respiratory (70% vs. 60%, $P < 0.001$) and digestive system (77% vs. 68%, $P = 0.004$), diseases of skin and subcutaneous tissue (23% vs. 16%, $P = 0.006$), diseases of musculoskeletal system and connective tissue (51% vs. 40%, $P = 0.004$) and diseases of genitourinary system (41% vs. 31%, $P = 0.003$) were more common among people with other psychoses than SCZ compared with controls.

Discussion A new finding is that not only people with schizophrenia but especially those with other psychoses show a greater occurrence of somatic diseases compared with those without psychosis. The increased occurrence of somatic comorbidity in other psychoses should be noted by medical professional, and further longitudinal studies are warranted to study its possible risk factors during lifespan.

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Market economy and its consequences for mental health

S55

Overview of the EPA guidance paper

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After several decades of Market Faith in Western societies and the most severe financial crash several generations has known, there has not really been a serious re-examination of the role of markets and money in our society. A market economy may be a valuable and effective tool for organizing productive activity. The problem is whether we have become a “market society”. That is, if the economic values have been transplanted to the whole of society – not only economic life – and we have become a monetized society: a society where just about everything is up for sale. That’s to say, a way of life where market relations and market incentives and market values come to dominate all aspects of life. Paradoxically, it is possible that the economic crisis has only increased this trend. Administrations at different levels – European, States, Local... – have demanded tremendous sacrifices from the population intended to save the financial system, but on the way sacrificing a Welfare state that took decades to build. In this presentation, we will review the mental health consequences of the current economic crisis. Also it examines how the change in social values and

sweeping assertion of economic values can affect the way we think about Mental Health and Psychiatric Care.

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Discussant: Ethical challenges

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Europe has undergone considerable economic changes that have an impact on mental health of its citizens; have consequences for the organization of mental health services; and raise ethical issues, such as the distribution of wealth, and equity in access to care. Furthermore, Europe is current undergoing serious economic problems that will produce adverse effects on the mental health of its citizens, among them increase in substance abuse related disorders as well as an increase in suicide.

The consequences that economic changes have on mental health relate to the conditions of the particular country, as countries with better health security nets would be less likely to experience adverse effects. Different policy measures may reduce the impact on mental health not only within the health sector, but other sectors of society have to be engaged in the process.

The symposium will consider these problems from different selected perspectives.

An overview of the impact of economic policies on health services will be followed by a presentation of the important role of international organizations like EPA in outlining the problem and finally a presentation of the initiative Choosing Wisely that focuses on communication between health professionals and patients with recommendations of decisions about the most appropriate care based on the patient’s individual situation.

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Mental health in context. Impact of economic policies on health services

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The impact of economic policies on mental health services – and with some differences also on general health services – will be exemplified by an analysis of the current trend of governments’ withdrawal from funding the mental health services it provided until now and the replacement of the government funded services by privately owned services. The analysis will be made on the background of the current worldwide tendency of commoditification, which posits that health care should be considered a commodity and judged using indicators, which have proven their value in commerce and handling of commodities. The analysis leads to the conclusion that the both tendencies – of commoditification and of increasing involvement of private capital in running health care services are likely to lead to a deterioration of care for people with mental illness.

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