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Joint symposium: The value of treatment for brain and mental disorders

JS003

Closing the treatment gap: The EPA case study of schizophrenia

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Introduction Schizophrenia still ranks among the first 10 leading causes of disability worldwide. Recent analyses show that there is a considerable treatment gap in schizophrenia in Europe and worldwide.

Objectives To provide evidence-based information and give a concise overview of what is needed to overcome the treatment gap in schizophrenia.

Methods Using a combined approach of systematic review and health economics was used to assess the socioeconomic impact of medical interventions (or the lack of thereof) for schizophrenia.

Conclusions The case study analysis demonstrates socioeconomic impact and health gains of best practices in specific healthcare interventions for schizophrenia in comparison with the cost burden of current care or non-treatment.

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- Lilly Deutschland GmbH, Bad Homburg
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JS004

The cost of non-treatment

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There are large treatment gaps in relation to schizophrenia across all European countries, either because the illness is not recognised or because the response from treatment and care services is inadequate - not evidence-based. This could be because of resource or other constraints. The consequence can be very damaging indeed for individuals with schizophrenia, their families and for the wider society. In this talk I will set out the economic consequences of not identifying or responding appropriately to schizophrenia. Evidence will be drawn from a number of studies, but will be channelled to show new findings in relation to both England and Czech Republic. These figures add to the argument for earlier and better treatment, to benefit everybody including public and private budgets.

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Joint symposium with the Italian psychiatric association: Early intervention in psychotic disorders: Comparing models and experiences

JS005

Assertive interventions for first episode psychoses: The Danish experience

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Early Intervention services with team-based intensive case management and family involvement are superior to standard treatment in reducing psychotic and negative symptoms and comorbid substance abuse and improving social functioning and user satisfaction. The results of the OPUS-trial will be presented together with meta-analyses based on similar trials. The implementation of OPUS all over Denmark will be presented together with the Danish OPUS-fidelity study. Specialized elements are being developed such as inclusion of new methods in CBT for psychotic and negative symptoms, neurocognitive and social cognitive training programs, interventions for supported employment and focus on physical health. Results of long term follow-up studies indicate that the prognosis of first episode psychosis is very diverse with the extremes represented by one group being well functioning and able to quit medication without relapse; and another group having a long term chronic course of illness with a need for support to maintain daily activities. The Danish TAILOR-trial—testing dose reduction versus maintenance therapy will be presented. It will be of immense value to be able to intervene in risk groups identified in the premorbid phase, and there are few examples of ongoing trial for children of parent with schizophrenia and bipolar disorder.

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JS006

Assertive interventions for first episode psychoses: The Italian experience

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In Italy, despite the favourable conditions created by the 1978 reform law and the community psychiatry, at the end of the past century there were no culture or initiatives oriented to innovative and evidence-based interventions in early psychosis. The watershed was the setting up in the MHD of Niguarda (Milan) of Programma 2000, addressed to FEP and HR mostly inspired by the knowledge of existing studies and experiences and with the recommended characteristics of specificity, multicomponentiality, assertiveness and doctrinal orientation. From the very start, one fundamental aim was to disseminate information, training, supervision, and to raise consensus and initiatives throughout Italy, as well as to improve international links. In many ways, the consequences have been extremely positive. In 2005, Angelo Cocchi and Programma 2000 team founded the AIPP (Italian Association for Early Intervention in Psychosis), now named Italian Association for Prevention and Early Intervention in Mental Health. Over the

years, the Association has organized conferences, scientific days, working network, two national surveys on EIS and produced a document to favour their development. The results of the second survey are the more updated and articulated about the number of early interventions services, their characteristics and distribution in the different Italian regions. The survey conclusion is that EI Services implementation in Italy has been proceeding, albeit slowly. Nevertheless, there is still a great variability of therapeutic

strategies and further efforts are then necessary to stimulate resources allocation as well as to assess and address adherence and fidelity to guidelines recommendations.

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