Improving care for patients with co-occurring addictive disorders through personalised and integrated addiction psychiatry

S0018

Suicidal behaviour and addiction: An inseparable couple? Mechanisms underlying the association and targets for interventions

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Suicidal behaviour is common in people with substance use disorder or behavioural addictions, and vice versa. Suicidal behaviour and addiction share many risk factors, such as increased allostatic load, and are associated with dysregulations of reward processing and impaired prefrontal cortex functioning, resulting in decision-making problems, loss of cognitive control, and impulsivity. Trait impulsivity predisposes the individual to increased sensitization to stressors or addictive stimuli. Addiction emerges when the motive for a pleasurable substance or activity transitions from positive to negative reinforcement. At this point, the stress response system is activated, and the main motivator shifts from pleasure to the escape from an aversive stimulus –withdrawal and craving. In parallel, insufferable psychological pain is the core component of the suicidal process, and a suicide attempt has been conceptualized as a way to reduce or escape it. Both states are associated with increased pain perception, stress system activation, inflammation, and anhedonia. However, while addiction generally reflects a shift from pleasure to the avoidance of negative stimuli, the pleasure is less identifiable in the suicidal process. Furthermore, not all individuals that engage in suicidal behaviours are impulsive or have an addiction, and not all individuals with addiction engage in suicidal behaviours. Yet, the understanding of the shared neurobiological component of addiction and suicidal behaviours may inform possible interventions in some individuals. Reward, pain, and stress systems are possible targets. Promising substances related to these systems that could reduce suicide risk include buprenorphine, lithium, ketamine, and psychological interventions aimed at psychological pain reduction and resilience.

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Keywords: Suicide; Addiction; Substance Use Disorder

S0015

Temperament, bipolar disorder and addictive disorders: Which personalized and integrated approach?

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Affective Disorders are on a clinical continuum in which temperaments and other coexisting or emerging mental conditions may cover the role of risk factors or determinants of specific dimensional aspects of Bipolar Disorder. Overall, it is important to better characterize the psychopathological conditions associated to the clinical picture of an affective disorder in order to perform more personalized and integrated approach for the assessment, diagnosis and treatment of individuals with dual disorder.

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Keywords: bipolar disorder; temperament; Affective disorders; Substance Use Disorder

Implementing digital mental health across europe

S0017

Managing the challenges in implementing digital mental health in europe

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Abstract Body: The demand for mental health care is increasing globally as a result of societal challenges such as automation, increased economic competition, unemployment and the growing impact of climate change. The direct and indirect economic costs of mental health problems are substantial, totalling over € 600 billion yearly across the EU (OECD 2018). The COVID-19 crisis has led to an additional increase in demand and has changed the way care is delivered. Since March 2020 there has been a significant increase in the use of e-mental health (eMH), telemental health in particular. eMH can contribute to keeping services, accessible, affordable and patient focused. The eMEN project (funded by the EU Interreg North-West-Europe programme) is promoting the latter through a European cooperation platform for eMH development, research and implementation. This platform focuses on high quality and professional 'blended care', which combines face-to-face and online treatment. The implementation of eMH has been slow and varies considerably between EU countries, even though this technology has been on the market for over 20 years. The reasons for this are related to quality problems (e.g. validation, usability), resistance from clinicians, lack of blended care treatment protocols, digital skills, reimbursement systems and policies and other barriers. Many service providers and public health authorities are increasing their efforts to overcome these barriers. This presentation will give a short overview of how the eMEN project is trying to overcome these barriers and accelerate the eMH implementation process.

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