was granted to it, under the designation of 'psychosomatic medicine'. The discipline evolved not only in the USA, but also in Australia, New Zealand, Canada, and in several European countries, which have developed C-L-relevant guidelines for training.

In Europe, since the creation of the European C-L Workgroup (ECLW) in 1987, the first Europe-wide C-L network, the discipline as a whole has evolved considerably. Nevertheless, there are still large discrepancies in the training standards across European countries. During postgraduate training, rotation to a C–L service is mandatory or recommended only in a small number of countries. A similar situation is present with respect to national guidelines for training in this psychiatric subspecialty. C-L psychiatry has been officially recognized as a subspecialty only in two European countries. Current C-L training requirements ranging from residency training to subspecialty additional education are presented. The effect that international training guidelines and recommendations (WPA, UEMS, EACLPP) have had on European developments is considered.

We conclude by suggesting possible measures that can be taken to support C-L psychiatry by means of training standards and of implementation of supplementary certification.

CME Course: The management of substance misuse in pregnancy

C11.01

The epidemiology of substance misuse in pregnancy including physical and psychiatric comorbidity

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An understanding of the epidemiology of alcohol and drug use in young women is important to appreciate the considerable morbidity and mortality associated with it and to understand the impact of such use on offspring. Although abstention rates are consistently higher among women than men in general substance misuse is increasing in young women. Differences in definitions, measurement techniques, availability, social acceptability and affordability partly explain the great variability in reported prevalence rates. Alcohol exposure among pregnant women varies from 0.2% to 14.8%. An Australian national survey revealed that nearly half of pregnant and / or breast-feeding women up to 6 months postpartum were using alcohol. A Swedish study reported risky use of alcohol during the first 6 weeks of pregnancy, at 15%. Cannabis use among pregnant women varies from 1.8% to 15%. The reported prevalence of opiate use during pregnancy ranges from 1.65% to 8.5%. Cocaine use among pregnant women is reported to be between 0.3% and 9.5%. Most pregnant women stop or reduce their substance use during pregnancy and this might be an opportune moment for detection and treatment. Substance use tends to increase sharply in the postpartum period with adverse consequences for mother and baby. Perinatal substance misuse interventions can reduce adverse neonatal outcomes. On the basis of the relatively high rate of substance use disorders during pregnancy and postpartum period, effective screening and intervention strategies should be implemented.

C11.02

Treatment of alcohol problems in pregnancy and prevention of fetal alcohol syndrome

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Antenatal alcohol use is the leading preventable cause of birth defects, growth restriction and neurodevelopmental disorders, yet half of all pregnant women report drinking during pregnancy FAS and alcohol-related birth defects combined are estimated to be 10 per 1000 births or 1% of all births in some studies. The main objectives are a safe pregnancy with a healthy baby and mother. - the welfare of the unborn child and the mother is paramount. Promotion of engagement with substance misuse treatment and antenatal care within a coordinated multidisciplinary team is key. This session will cover the use of assessment, psychological and pharmacological interventions.

The use of assessment instruments (T-ACE, AUDIT and TWEAK) and biomarkers will be discussed. Brief interventions have been recommended as the first step in approaching people with mild-to-moderate alcohol problems. Since here is no research data available specifically on the impact of and pharmacological treatments for stabilisation, detoxification, reduction, maintenance and relapse prevention during pregnancy, good practice will be outlined. This includes psychological support and the psychosocial context. These complex clinical decisions depend on degree of dependence, polysubstance misuse, social stability and support network, and stage of pregnancy and must be individualised to the patient's needs. Some appreciation as to how to weigh the benefits against the potential risks with no obvious medical or social contraindication to the therapies will be discussed.

C11.03

Management of illicit drug misuse and maternal and child outcomes

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The treatment of pregnant women suffering from a disorder of misuse or dependence to illicit drugs (opiates, cannabinoids, psychostimulants, benzodiazepines) means an interdisciplinary challenge with a high responsibility.

Because of the specific characteristic of these women to play things down often the pregnancy is diagnosed very late. In addition the misuse of these substances is usually accompanied by severe smoking and drinking of alcohol. Therefore the toxic harmful consequences for mother and especially for the fetus, neonate or child are often difficult to differentiate from those of heavy smoking and of drinking alcohol.

Based on these facts, data describing the effects of the different illicit drugs on congenital complications and on the status of the fetus, neonate or child will be presented as well as different treatment procedures during pregnany. The indication or contraindication of withdrawal treatments of the different illicit drugs during pregnany will be presented. Special consideration of opioid maintenance treatment of pregnant women will be given.The value of treatment interventions within a multidisciplinary (social, psychological, pharmacological, obstetrics specialists, addiction psychiatry) package of care will be discussed. Depending on the available time an example of an interview with a pregnant woman who is dependent on illegal drugs will be given.

Symposium: Genomic imaging in schizophrenia

S39.01

Macroscopic probes of brain dysmaturation in (developmental) pathopsychology

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