alterations in the serotonin transporter and the 5-HT_{1A} receptor that are similar to those seen in suicides and moreover the severity of the abnormality in 5-HT_{1A} binding is correlated with the lethality of suicidal behavior. Other studies examining CSF levels of 5-HIAA are consistent with imaging data and extend the findings to the noradrenergic and dopaminergic systems. Finally, we will present data on use of these biomarkers to predict treatment outcome. Abnormal decision-making and mood regulation in suicidal patients is linked to abnormal brain biology and has direct implications for clinical practice in terms of selecting specific types of medication and how these may be best combined with psychotherapies.
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S113

Age and pharmacotherapy of suicidal depressed bipolar patients

M.A. Oquendo [1,*], H. Galfalvy [2]
[1] *Columbia University and New York State Psychiatric Institute, New York, NY, USA*
[2] *Columbia University, Biostatistics and Psychiatry, New York City, NY, USA*
[*] *Corresponding author.*

The mortality and morbidity due to suicidal behavior associated with bipolar disorder is the greatest among psychiatric diagnoses. To address this problem, it is essential to find predictors of future risk as well as protective factors. Studies from several international teams have demonstrated that for bipolar disorder, the presence of a depressive episode is the most robust predictor and risk increases as does depression severity. Protective factors such as older age and religious affiliation are also key moderators. The role of pharmacotherapy in suicidal behavior has been studied mostly utilizing data that are either observational and naturalistic, rather than experimental. Only one randomized, double-blind clinical trial has been conducted to date, although another one is underway. The comparison of lithium and valproate in terms of effect on suicidal behavior revealed no differences. Although the trial was not powered to detect small effect sizes, results suggest that the Relative Risk ratio generated from meta-analytic studies (RR$\sim$ 5) is too optimistic. The trial also suggested that younger individuals may respond differently to pharmacotherapy, suggesting opportunities to personalize treatment approaches. Robust pharmacotherapy targeting both mood stabilization and depressive symptoms is essential and may assist in the quest against suicidal behavior.
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Treatment of people with dual diagnosis

S114

Treating adult ADHD and comorbid substance-related disorders

J.A. Ramos-Quiroga
Hospital Universitari Vall d'Hebron, Universitat Autònoma de Barcelona, Department of Psychiatry, CIBERSAM, Barcelona, Spain

Attention-deficit/hyperactivity disorder (ADHD) is a complex, and multifactorial and chronic neurodevelopmental disorder. Comorbid psychiatric disorders are highly prevalent in individuals with a diagnosis of ADHD. There is a solid overlap between ADHD and substance use disorders (SUD). Prevalence of SUD is high among patients with ADHD, so that SUD are approximately double as common among individuals with ADHD than in general population, and individuals with SUD have much higher rates than expected of a comorbid ADHD. Studies shown that treatment during childhood of attention-deficit/hyperactivity disorder with stimulant medication neither protects nor increases the risk of later substance use disorders. Nevertheless, recent studies found that patients with ADHD and SUD can reduce ADHD symptoms and SUD with stimulants and cognitive-behavioral therapy. Treatment of ADHD in patients with SUD requires a comprehensive diagnostic assessment. It is recommendable to stabilize the addiction prior to treating the ADHD. In this talk, the recent literature for the treatment of adults with co-occurring ADHD and SUD will be reviewed.
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Value-based health care

S115

Value in mental healthcare: The patient aspect

Y. Cohen (Acting president)
GAMIAN-Europe, Azor, Israel

From the patients' point of view, valued-based mental healthcare is mental healthcare based on a holistic vision of care, according to which patients are actively involved in their treatment to achieve the best possible outcomes. They are invited to collaborate with both mental health care providers such as psychiatrists and primary caregivers to determine what types of treatment are the most effective.
GAMIAN-Europe believes that the best package of care includes the following four elements:
– medication – antipsychotic medication is consensually regarded as first-line treatment for people with mental health problems;
– psychotherapy/counselling – although antipsychotic medications are the mainstay of treatment for mental health problems, pharmacotherapy alone produces only limited improvement in negative symptoms, cognitive function, social functioning and quality of life. Additionally, many patients continue to suffer from persistent positive symptoms and relapses, particularly when they fail to adhere to prescribed medications. These situations emphasize the need for multimodal care, which includes psychosocial therapies as adjuncts to antipsychotic medications in order to alleviate symptoms and to improve social functioning and quality of life;
– psycho-education – the more a patient learns about his/her condition the better placed he/she will be to take control of it. Psycho-education embodies this principle by using a clearly-defined therapeutic programme, in which a trained therapist delivers targeted information designed to reduce both the frequency and the severity of symptoms. Psycho-education increases patients' knowledge and understanding of their illness and treatment options and helps them cope more effectively. Many people find that they benefit not only from the information they receive during psycho-education, but also from the learning process itself. There are several different ways in which psycho-education can be delivered, including one-to-one sessions with a therapist, sessions aimed specifically at carers and family members, group sessions attended by several people coping with mental illness and mixed group sessions attended by people with mental illnesses and family members;

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– self-help – self-help groups offer patients a voice and an audience with the time and inclination to listen to patients' concerns and reassure them and ease their anxiety. For example, a self-help group may be able to quell anxiety regarding side effects, to reassure the patient, from first-hand experience, that these side effects are transient, normal and non-threatening and will diminish over time. The real experts on living with a mental disorder are those who are already doing so. Therefore, most support groups are full of people who can share information about how they have managed to cope with their illnesses.

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S116

Value-based mental healthcare: The quality aspect

W. Gaebel
Heinrich-Heine-University Düsseldorf, LVR-Klinikum Düsseldorf, Department of Psychiatry and Psychotherapy, Düsseldorf, Germany

Introduction The goal of value-based healthcare is to improve the quality of care while also lowering healthcare costs. Values may also include societal or research benefits.

Objectives To outline the emergence and quality-related concepts of value-based healthcare.

Aims To give a comprehensive overview and critical discussion of quality aspects of value-based mental healthcare including aspects of personal, societal and scientific values.

Methods Review of quality aspects of value-based mental healthcare.

Results The quality aspect of value-based healthcare includes the implementation of patient-centered care and may include the assessment of societal values or values for research purposes. Current concepts focus on the reduction of disability-adjusted life years to measure the achievement of values, but may need to be broadened to include benefits to society as a whole or the progress of knowledge about mental disorders in research. Conceptually, addressing such broader value issues may lead to increased benefits and a better appraisal of the value of mental healthcare.

Conclusions The trend towards value-based mental healthcare aims at creating an efficient care delivery model, that strongly focuses on achieving favorable patient outcomes and may in the future also include creating societal values. It includes the development and implementation of suitable mental health policies and comprehensive quality assessment, plus a broad conceptualization of the value-term and its assessment in value-based mental healthcare.

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S117

Value-based mental healthcare: The cost aspect

M. Knapp
London School of Economics and Political Science, London, United Kingdom

Economic hardship can be a factor in the incidence and exacerbation of mental health problems, and economic constraints have always constrained availability of resources. But examining the economic case – whether treatment or longer-term preventive strategies are cost-effective – can actually provide strong support for investing more in them. This presentation will provide illustrations of how economic evidence has helped decision-makers (in government and in funding bodies) to recognise the enormous contributions often generated by prevention, treatment and care.

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