accessibility and availability as well as a reduction in both physical and psychological distance. The primary limits include the absence of all elements of the therapeutic alliance pertaining to face-to-face communication, possible poor ability to use technology, accessibility of the technology itself, concerns regarding privacy, and variables that divert attention connected to the household setting.

Even while telemedicine has proven to be feasible and beneficial thus far, it is doubtful that traditional techniques will be able to be replaced, at least not anytime soon. Telemedicine could, nonetheless, serve as a useful addition, integration, or short-term substitute. Future studies should provide light on the indications, contextual deployment, efficacy evaluation, and operational stability over time of certain TA and TR activities in addition to the use of artificial intelligence, machine learning, and interactive avatars.

Disclosure of Interest: None Declared

SP0009

DefiGame, a serious game to discover neurodevelopmental disorders

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Abstract: Défigame is a training tool designed in collaboration with parents and specialists from the French Rare Diseases Network DéfiScience.

In this serious game, you take on the role of a general practitioner treating four young patients whose developmental trajectories raise questions. Interactively and with the help of concrete tools, you'll learn about the recommendations for coordinating an appropriate course of prescription, care and support for a family, from the search for a diagnosis to early management of a Neurodevelopmental Disorder (NDD).

WHO IS DEFIGAME FOR?

- Any European doctor questioning the etiology of a neurodevelopmental disorder, prescribing genetic tests or wishing to update their knowledge in the field of NDD, particularly in relation to a rare disease.
- Any other healthcare professional concerned with etiological diagnosis or support for people with NDD and their families.

Disclosure of Interest: None Declared

SP0010

Patients' perceptions and preferences regarding telemedicine for addictive disorders

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Abstract: Telemedicine is an emerging treatment option having been heaviliy used during covid lockdowns, in order to maintain traetment access including for ddictive disorders.

In the present talk, we first present data published on the challmenges met at ReConnecte the treatment facility for Addictive behaviors during pandemic.

We second, present results of a survey we conducted on preferences of telemedicine use in patients and doctors in our Geneva University Hospitals.

We finaly illustrate findings by clinical cases of patients suffering form addictive behaviors and their specific meeds and preferences in terms of telemedicine (phone or Visioconsultation).

Preferences and ehealth tools elicited depended of their psycho-social profiles, their specific needs and expected benefits from online sessions of psychotherapy.

One of the ingredients of successful psychotherapy for addictive behaviors, is teh purposeful use of telemedicine as an inztegarted treatment modality.

Disclosure of Interest: None Declared

SP0011

How digital technology can contribute to timely and effective recognition and response to opioid overdose events

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Abstract

Objectives: To discuss novel approaches in the development early detection, response and interventions of drug overdoses.
Rationale: There is an urgent need to research and develop novel strategies to rapidly and accurately detect, respond, and treat them with the ultimate goal of reducing drug deaths secondary to fatal drug overdose incidents. This should be additional to supporting communities and networks able to intervene utilizing novel public health approaches.
Methods: We will describe technologies and associated systems that are able to accelerate detection and result in a timely response to potential overdose with effective and timely intervention to these

occurrences using digital technologies and therapeutics. This will be contextualised around novel public health approaches.

Results: We will describe 11 protypes as part of a £5 million UK inititiative. The themes will include:

- Use of discrete digital technology for easy use by people who use drugs in clinical and non-clinical settings
- Simple alert / responder pathways that created effective responses to potentially fatal overdose events
- Enhance innovative therapeutics as antidotes to overdose episodes
- Novel public health approaches

Conclusion: The use of remote monitoring devices like wearables and smartphone applications, paired with artificial intelligence and innovative therapeutics is an emerging field of research. This needs to be balanced around novel public health approaches.

Disclosure of Interest: None Declared

SP0012

A study exploring regional level predictors of suicide rates across time in Sweden

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Abstract

Introduction: In Sweden, four lives are lost to suicide each day. Hence, identifying relevant risk factors to inform effective prevention strategies is key. Such strategies can range from individual ('micro') -level prevention methods, to broader national suicide prevention policies.

Objectives: Whilst a range of studies have explored individual-level risk factors, highlighting municipal, regional, or national-level predictors can be valuable to identify broader social and contextual determinants. This study will therefore aim to go beyond proximal predictors of suicide by looking through a wider national- and regional-level lens in Sweden.

Methods: This project will be conducted utilizing routinely collected and publicly available data and applying longitudinal modelling to investigate potential predictors of changes in suicide rates across time in Sweden. More specifically, the study will explore whether regional data on economic (e.g. proportion of state benefit recipients), socio-demographic (e.g. educational level) and healthcare related variables (e.g. trust in the healthcare system) are associated with suicide rates over time.

Results: This is an ongoing project and results will be available and presented at the time of the conference.

Conclusions: Utilizing publicly available data to explore potential predictors of suicide rates is not only cost-effective, but adding such findings to existing knowledge of individual-level risk factors can also be important when targeting wider policy and ensuring effective coordination and implementation of regional suicide prevention strategies.

Disclosure of Interest: None Declared

SP0013

How good is the clinical diagnosis in schizophrenia? Reliability and validity

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Abstract: Several changes to the classification of mental disorders have been made during the past half century to increase the reliability, clinical use and validity of the diagnostic classification. Despite the high expansion of knowledge about mental disorders, understanding of their components and processes still requires fine-tuning. This symposium identifies key issues on different classification systems with different purposes relevant to understanding and classifying mental disorders. We discuss how key issues such as ICD-11, RDoC or Biomarkers correspond or diverge because of their different purposes, and constituencies. Although these approaches have varying degrees of overlap and distinguishing features, they share the goal of reducing the burden of suffering due to mental disorder.

Disclosure of Interest: None Declared

SP0014

A Case of Electroencephalography and Machine Learning in Early Diagnosis of Psychotic and Affective Disorders

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Abstract: Electroencephalography (EEG) serves as a non-invasive, cost-effective, and robust tool, directly measuring in-vivo neuronal mass activity with high temporal resolution. Using state-of-the-art machine learning techniques, EEG recordings have the potential to generate in silico biomarkers for severe mental disorders. In this study, we developed EEG-based classification models for schizophrenia and depression taking into account physiological and pathological aging processes.

From a cohort (N=735, 51.6% male) that is acquired in LMU Hospital, Department of Psychiatry and Psychotherapy, comprising healthy control individuals (HC, N=245) and patients with schizophrenia (SCZ, N=250) or major depressive disorder (MDD, N=240), we extracted power spectrum density and connectivity measures based on 60 second resting-state EEG recordings with 19 channels. The support vector machine models were trained to 1) classify patients with SCZ or MDD and HC individuals, and 2) predict age in HC individuals using ten-by-ten repeated nested-cross validation. The age-predicting model was applied to patient groups to calculate EphysAGE (Electrophysiological Age Gap Estimation) by subtracting chronological age from chronological age. The links between diagnosis, medication, and EphysAGE,