

WS0003

Determining specific profiles of patients at risk of relapsing

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Abstract: Based on the available literature and the studies presented by the previous speakers, Dr. Andreu will provide a summary of predictive and protective factors associated with mood relapse or recurrence in bipolar disorder, with a special focus on the distinction between modifiable and non-modifiable factors and on the identification of specific phenotypes at higher risk of relapse. The speaker will also mention the role of psychotherapeutic and pharmacological treatments, and will summarize the available evidence regarding lithium response.

Disclosure of Interest: None Declared

WS0004

Cases presentation and relapse rates associated with specific risk factors

J. I. Mena Garcia* and Relapse predictors of bipolar disorder

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Abstract: This section will be destined to the presentation of specific cases of patients with bipolar disorder admitted to our acute psychiatric ward. For each case, sociodemographic, clinical and environmental characteristics will be described and pharmacological treatment discussed. In addition, predictive and protective factors for mood relapses will be identified, and then, prospective information regarding their clinical prognosis will be provided in order to discuss with the attendees the impact of the mentioned factors on clinical outcomes.

Disclosure of Interest: None Declared

WS0005

PAD: a UK Perspective - Contemplating Change is Challenging!

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Abstract: Physician assisted dying is not new, neither historically, nor globally. What has changed in the UK however, is the perspective of society. In the UK, the British Medical Association is both a union and a professional organisation representing doctors and liaising with governments departments in matters of healthcare. As with various specialties within medicine, there are those in favour of

change and those against. There are matters on which there is common ground, and a consensus of experts has identified principles, which, if legislation is to change, would be sensible to follow. A profession has united around the idea that if change is coming, it is better to inform the debate proactively and ensure that the interest of patients and doctors are promoted. This session will look at how potential change in the UK has been approached and hopefully well managed.'

Disclosure of Interest: None Declared

WS0006

physician assisted dying : A French Perspective - a new revolution?

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Abstract: The debates on euthanasia and assisted suicide (EAS) are topical in Europe. The extension of EAS for psychiatric reasons, already legalized in some countries, raises ethical and clinical issues, given the proximity between suicidal patients and patients who request or have accessed EAS. How can EAS be reconciled with the promotion of suicide prevention, which kills nearly 10,000 people per year in France? We will raise here several key questions that deserve a clear answer before considering going further in the social debates: how to ensure the irreversibility of psychological suffering? how to ensure that patients requesting EAS have full decision-making capacity? how to judge therapeutic futility? It seems crucial to protect the most vulnerable patients by ensuring that psychiatry benefits from scientific progress and can offer new solutions to suffering patients.

These issues will be discussed viewing the proposed law on EAS in France, which is supposed to come in February 2024...

Disclosure of Interest: None Declared

WS0007

Physician assisted suicide: A Swiss perspective - a liberal view

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Abstract: Switzerland is a country in which the liberal tradition is cultivated and every citizen's free decision is honoured. Associations such as EXIT or Dignitas, which advocate the right to self-determined death, were formed here early on. They see themselves as completing the Age of Enlightenment, where the end result is an individually self-determined death. The Swiss federal government is therefore reluctant to define criminal offences. However, it is regulated that active euthanasia is prohibited. The organisations mentioned are also not allowed to act for their own benefit.