More precisely, the mission of the EPA guidance is defined as 'to improve quality of mental health care in Europe by disseminating written information based on best evidence and psychiatric practice, to facilitate countries learning from each other'.
In consonance with this need of a wider multinational perspective of European psychiatry, EPA adopted in 2012 through a deep change of its statutes a new membership structure that allows National Psychiatric Societies/Associations (NPAs) in Europe the possibility to become full members of EPA. Up to 40 NPAs corresponding to 37 countries and representing over 80.000 psychiatrists have responded positively to the offer and are now part of the Council of National Psychiatric Societies, the body within EPA that integrates them.
The Council of NPAs has become, in this way, a forum for its members to meet, discuss and work on issues concerning European psychiatry. One of the major issues is about the implementation of European guidance in mental health policy, teaching and learning psychiatry, best clinical practice in different areas, and quality indicators. This presentation provides further details on how participating societies could put these policies and recommendations into practice.
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Symposium: The natural history of bipolar disorders: from the age of onset to the long-term course

S017

How long is the interval between the onset and the initial management of bipolar disorder? A meta-analysis

G. De Girolamo[1,*], G. Signorini[2], J. Dagani[2], F. Faustini[2]
[1] *Saint John of God Clinical Research Center, Psychiatric Epidemiology and Evaluation Unit, Brescia, Italy*
[2] *IRCCS St John of God Clinical Research Centre, UOPEV, Brescia, Italy*

Objective To evaluate the length of the interval between the onset and the initial management of bipolar disorder (BD).
Method We conducted a meta-analysis using the preferred reporting items for systematic reviews and meta-analyses guidelines. Systematic searches located studies reporting estimates of the age of onset (AOO) and indicators of the age at initial management of BD. We calculated a pooled estimate of the interval between AOO and age at management. Factors influencing between-study heterogeneity were investigated using sensitivity analyses, meta-regression, and multiple meta–regression.
Results Twenty-seven studies, reporting 51 samples and a total of 9415 patients, met the inclusion criteria. The pooled estimate for the interval between the onset of BD and its management was 5–8 years (standardized difference, .53; 95% confidence interval, .45 to .62). There was very high between-sample heterogeneity (I2 ¼ 92.6; Q ¼ 672). A longer interval was found in studies that defined the onset according to the first episode (compared to onset of symptoms or illness) and defined management as age at diagnosis (rather than first treatment or first hospitalization). A longer interval was reported among more recently published studies, among studies that used a systematic method to establish the chronology of illness, among studies with a smaller proportion of bipolar I patients, and among studies with an earlier mean AOO.
Conclusions There is currently little consistency in the way researchers report the AOO and initial management of BD. However, the large interval between onset and management of BD presents an opportunity for earlier intervention.
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S018

Cognitive impairment in bipolar: Neurodevelopmental or neuroprogressive?

A. Young
Institute of Psychiatry, Psychology and Ne, London, United Kingdom

Background Bipolar Disorders (BD) are common and complex diseases. Recent findings have provided evidence that impairments in cognition are evident in the various sub-groups of Bipolar Disorder and persist after resolution of acute episodes.
Method An opinion paper based on a narrative review of the field.
Results Quantifiable cognitive deficits are clearly found in Bipolar 1 and Bipolar 2 Disorders. These persist after recovery from acute episodes. The aetiopathogenesis of these phenomena is likely to be multifactorial. It seems clear that these cognitive impairments are not in general neurodevelopmental and for most are related to repeated episodes of illness [1]. However, the issues of subgroups with differential profiles of impairment and the trajectory of cognitive change remain to be fully established. The effects of putative treatments (e.g., pharmacological, neurostimulation, cognitive remediation) are at an early stage of evaluation.
Conclusions Future efforts should focus on further integrating the current and emerging research findings into a coherent model, which generates testable hypotheses and allows treatment effects to be tested.
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Paid lectures and advisory boards for all major pharmaceutical companies with drugs used in affective and related disorders
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S019

Impact of age at onset on the long-term course of bipolar disorder

R. Kupka
VU University Medical Center, psychiatry, Amsterdam, The Netherlands

Introduction Bipolar disorder (BD) typically starts in adolescence or young adulthood (early-onset; EO-BD), which may have different backgrounds and consequences than late-onset (LO) BD. There are controversies over pre-pubertal age of onset (AoO).
Objectives To give an overview of the various concepts of AoO in BD, the impact of AoO on subsequent illness course, and findings of the Stanley Foundation Bipolar Network (SFBN) with relationship to AoO.