

**Aims** To examine miRNA expression in brain of suicide victims and in plasma exosomes of suicidal individuals.

**Methods** microRNA expression was studied in prefrontal cortex of depressed suicide subjects and healthy normal controls. Role of microRNAs in synaptic plasticity was studied by examining total and synaptosomes. microRNA expression was also studied in plasma exosomes of depressed non-suicide and depressed suicide subjects and healthy normal controls.

**Results** We found a global down-regulation of miRNAs in depressed subjects (21 miRNAs significantly down-regulated). Many of them were synaptically enriched and encoded at nearby chromosomal loci, shared motifs within the 5'-seeds, and shared putative mRNA targets. In addition, we found a dramatic reorganization of microRNAs in a coordinated and cohesive fashion in depressed subjects. We also detected changes in miRNAs in plasma exosomes of depressed suicide subjects that corresponded to microRNA changes in prefrontal cortex.

**Conclusion** Our study provides critical evidence that microRNAs play a major role in suicide pathophysiology and that these microRNAs can be reliably used as peripheral biomarker.

**Disclosure of interest** The author declares that he has no competing interest.

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## Symposium: Driving ability and psychotropic drugs

### S138

#### Driving ability and psychotropic drugs: Introduction, epidemiology and general aspects

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Psychiatric illness, psychotropic drugs and driving ability. For most people driving is an important activity in daily life affecting physical, social, and economic well-being. Driving mobility is also an important part of one's self-identity that may influence health status. It could be demonstrated that 67% of psychiatric patients reported to have a valid driver's license and 77% of them referred to regularly use their cars. Closer inspection of data reveals, that road mobility is largely linked to psycho-functional status. In this context a significant issue is the impact of medical conditions and/or psychoactive medicines on road safety. Psychiatric patients, considered as a group, seem to have a moderately elevated risk of being involved in a road traffic accident with high-risk rates especially for organic mental disorders. With respect to pharmacotherapy, within psychotropic medicines an increased road traffic crash risk for benzodiazepines, z-hypnotics and some antidepressants has been well documented. The combination of psychoactive drugs additionally increases risk that is highest when combined with alcohol. However, therapeutic drug use may also lower risk, as the illness itself constitutes a higher risk of road traffic accidents. As many studies did not adequately control for confounding factors, results of epidemiological studies must be interpreted cautiously.

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### S139

#### Antipsychotics and driving ability

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Driving a vehicle is an important everyday life skill associated to a psychiatric patient's autonomy and identity. Nevertheless, the right to drive is not a right at all, it is a privilege granted and regulated by rules and restrictions from the States that have also the duty to pull this privilege and deny the ability to legally drive in potentially unsafe drivers. The decision about for whom and when to forbid driving is a difficult matter of judgment that must remain a clinical and professional judgment within the medical encounter. Both antipsychotics as the psychiatric disorders target of these psychoactive drugs produce changes of psychomotor performance that can interfere with the ability to drive safely. Moreover, it is really hard to distinguish between the effects of the disease itself as opposed to the effects of the medication when studying the interaction between antipsychotics and driving ability. Previous results of our research in the field indicate that psychiatric patients who improved clinically after drug treatment also showed improvements in driving ability. So, adequate psychotropic treatment causes a positive effect on driving performance that outweighs the possible deleterious effect of medication. However, it remains essential to supply mental health professionals with new information, which is quantitatively and qualitatively valid, on the role of antipsychotics in driving ability. The purpose of the present lecture is to review research undertaken to-date on the effects of antipsychotic medications on driving ability. A search of various databases, including Medline, Embase and PsycInfo, will be conducted.

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### S140

#### Antidepressants and driving ability

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Depression is a mental disorder that is likely to affect daily functions, including driving ability. However, driving performance of depressed patients remains poorly investigated. We will present 2 studies designed to assess driving performance of patients receiving long-term antidepressant treatment. The first study compared driving performance of untreated depressed patients, depressed patients receiving SSRI or SNRI treatment for 6–52 weeks and matched healthy controls. The second study compared driving performance of long-term users of sedative antidepressants to that of matched healthy controls. A standardized on-the-road driving test was used to assess standard deviation of lateral position (SDLP), a measure of weaving. In the first study, mean SDLP of untreated and treated patients were significantly higher as compared to SDLP of matched controls. Driving impairment in the treated group was significantly less as compared to the untreated group. SDLP was positively correlated to severity of depression across both groups of patients. In the second study, SDLP of patients receiving sedative antidepressants (e.g. mirtazapine) during 0.5–3 yrs was significantly higher as compared to matched controls. Driving performance of patients receiving sedative antidepressants for more than 3 yrs did not differ from matched controls. Severity of depression in these patients groups was low. It is concluded that symptoms of depression are a major cause of driving impairment. Reductions in severity of depression through antidepressant treatment reduce severity of driving impairment. Sedative antidepressants such as mirtazapine however can still induce driving impairment in patients with remission for up to 3 yrs of use.

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**S141**

### **Driving ability and psychotropic drugs: Legal framework, forensic aspects**

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Although the rate of victims of road traffic accidents is already relatively low in Switzerland compared to other western countries, still 253 people died in 2015. The Swiss parliament therefore issued in 2012 already a program called “Via segura” to increase road traffic security by means of a package of measures, ranging from immobilizing systems for the car in case of drunken drivers to stricter rules for medical assessment of ability to drive a car and better training for doctors in such assessment to finally stricter laws regarding lower tolerance for alcohol levels and zero tolerance for drug consumption when driving a car. The presentation will focus on changes in legal regulation for both medical assessment as well as rules for alcohol or drug consumption when driving a car. Positive and negative consequences for the field of forensic psychiatry are discussed.

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## **Symposium: Ethics and aesthetics in psychiatry—Tasks and goals**

**S142**

### **Ethics and aesthetics—Philosophical perspectives**

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European intellectual history teaches us that beauty is not just an adornment to life but is also a major source of strength for our life. Moreover, the positive aesthetic experience also has healing power. That beauty is a highly effective antidote to life's suffering, i.e. acts as an anti-depressant, has been documented in the tradition of philosophical aesthetics from Plato to Bloch. Beauty reveals truth and goodness (Plato), it shows the harmonious order and the glory of things (Pseudo-Dionysius the Areopagite), it is one of the transcendental names of God (Thomas of Aquinas), in beauty the world appears in its perfection (Baumgarten), beauty is the daughter of freedom (Schiller), it offers a temporary escape from the suffering of existence (Schopenhauer), aesthetic values are the only values that withstand nihilism and the meaninglessness of existence and are thus the actual stimulus of life (Nietzsche), the beautiful is the sensual appearance of the idea (Hegel), beauty is an anti-depressant and Weckamin of being, it tears people out of their forgetfulness of Being (Heidegger), there is a close relationship between the shining forth of the Beautiful and the evidentness of the Understandable (Gadamer), in an artwork and through the aesthetic attitude the Other, foreign, the non-identical that is mangled and mutilated

in the administered world is preserved and saved (Adorno). Many more positive affirmative descriptions from the tradition of philosophical aesthetics demonstrate that beauty and the aesthetic have a therapeutic dimension.

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**S143**

### **Ethics in transcultural psychiatry**

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Global migration and the increasing number of minority groups, including immigrants, asylum seekers, refugees and ethnic minorities, mean that increasingly, psychiatrists and patients may come from different cultural backgrounds. Therefore, cultural differences between patients and clinicians have become a matter of growing importance to mental health care as western societies have become increasingly diverse. This talk will attempt to illustrate how attention to these cultural differences enriches the discussion of ethics in mental health care. This talk will also attempt to underline that cultural competence is able to enhance the ethical treatment of mental health of patients from different cultural backgrounds. Consequently, to be culturally competent, a clinician must be sensitive, knowledgeable, and empathetic about cultural differences. Therefore, cultural competence is a concrete, practical expression of bioethics ideals. According to Hoop et al. in 2008, it is a practical, concrete demonstration of the ethical principles of respect for persons, beneficence (doing good), nonmaleficence (not doing harm), and justice (treating people fairly), the cornerstones of ethical codes for the health professions.

In this talk the complex relationship between culture, values, and ethics in mental health care will be analyzed and discussed.

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**S144**

### **Social aesthetics and mental health—Theory and practice**

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The Hows of dealing with life and with our fellow human beings is the main focus of scientific endeavor of social aesthetics as a multidisciplinary research domain. This knowledge about the Hows of our social coexistence in general and in preventative and curative medicine in particular provides the indispensable social aesthetics foundation for therapeutic interventions in which the individual once more becomes the measure of all things and activities. European intellectual history teaches us that beauty is not just an adornment to life but is also a major source of strength for our life. Moreover, the positive aesthetic experience also has healing power. Social aesthetics that wishes also to be understood as the science of beauty in interpersonal relationships provides us with knowledge that in medical-therapeutic practice becomes a key pillar of human-centred approaches to prevention and treatment.

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