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Age of onset of mental disorders: Etiopathogenetic and treatment implications

W01

Age of onset of bipolar disorders: A systematic review and meta-analysis

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Introduction Although the onset of bipolar disorder (BD) is usually estimated in early adulthood (Burke et al., 1990; Kessler et al., 1997), it is still not clear which age-specific triggering factors may contribute to the underlying vulnerability.

Objectives/aims The present meta-analysis attempts to clarify the number of untreated years of BD, from first symptoms appearance, to first actions carried out by health services (first diagnosis, treatment and hospitalization).

Methods A literature search of three databases PubMed, Web of Science and Psychology and Behavioral Sciences Collection was performed, looking for peer-reviewed publications in English, French, German and Italian language that reported the AOO of BD; the search string adopted was "bipolar and onset". Standardized mean differences were calculated between (i) mean AOO, operationally defined as onset of first symptoms/episodes, and (ii) mean AOO, operationally defined according to four criteria: first contact with services, date of the diagnosis, first pharmacological treatment, or first hospitalization.

Results The searches yielded 8710 articles; 2424 of these articles met the inclusion criteria. A final set of 19 studies presenting multiple definitions of AOO has been analyzed, revealing an overall effect size of 6.96 of untreated years (Cohen's $d = 0.65$)

Conclusion To our knowledge, this is the first meta-analysis that addresses the definition and the modulation of the AOO in bipolar disorder. Identifying the time-frame of untreated illness is very important for the best planning of timely interventions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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W02

The age of onset of anxiety disorders in samples from the general population: A meta-analysis

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Background Age of onset (AOO) of anxiety disorders could serve as a vital statistic in the formulation of mental health policy. Previous reviews have reported on the AOO of anxiety disorders in the general population. However, these review studies did not systematically estimate the AOO of different anxiety disorder subtypes, and did not examine factors that might have influenced reported AOO.

Objective The aims of the present study were (1) to estimate the AOO for all anxiety disorders and for specific subtypes, (2) to examine gender differences in AOO of anxiety disorders, and (3) to examine the influence of study characteristics on reported AOO.

Method Seven electronic databases were searched with keywords representing anxiety disorder subtypes, AOO and study design. The inclusion criteria were studies using a general population sample that provided data on AOO for all anxiety disorders, or specific anxiety disorders, according to DSM-III-R, DSM-IV or ICD-10 criteria. Meta-analysis was used to estimate AOO and gender differences, while meta-regression was used to examine the influence of study characteristics.

Results A total of 1028 titles were examined, which yielded 24 studies meeting the inclusion criteria. Meta-analysis found an average AOO of all anxiety disorders of 21.3 years (95% CI: 17.46 to 25.07). Separation anxiety disorder, specific phobia and social phobia had their mean onset before the age of 15 years, whereas AOO of agoraphobia, obsessive compulsive disorder, post-traumatic stress disorder, panic disorder and generalized anxiety disorder began on average between 21.1 and 34.9 years. Anxiety disorder is more common in women, but meta-analysis revealed no difference in AOO between genders. Prospective study design and higher developmental level of the study country were associated with earlier AOO.

Conclusion Results from this meta-analysis indicate that anxiety disorder subtypes differ in mean AOO, with onsets ranging from early adolescence to young adulthood. These findings suggest that prevention strategies of anxiety disorders should be directed towards the factors associated with the development of subtypes

of anxiety disorder in the age groups with the greatest vulnerability for developing those disorders.

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W03

Anticipation of age at onset in anorexia nervosa

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It is a common clinical observation that early-onset cases of anorexia nervosa (AN) are increasing. In a previous study in a large cohort, we found that age of onset in both AN and bulimia nervosa was significantly decreasing in younger generations. We now present data about cohort effects in a sample of more than 3000 patients with eating disorders.

Methods The sample is composed of 2200 AN subjects and 900 BN subjects without previous AN consecutively referred to our outpatient Unit in the period between 1985 and 2014. Time trends have been analysed according to the year of birth of subjects. All diagnoses were reviewed according to DSM-5 criteria.

Results Age of onset in AN showed a significant decrease according to year of birth. A regression model showed a significant independent effect of socio-economic status, age at menarche and number of siblings in predicting age of onset. A second analysis including a subsample representative of the general population confirmed the effect in AN. In BN, although the age of onset showed a decrease in new generations, the effect is not significant.

Conclusion Age of onset of AN continues to decrease in younger generations. The implications of our findings in terms of long-term outcome remain to be understood. Biological and socio-cultural factors explaining this phenomenon need to be explored by future studies. It is important to acknowledge the clinical implications of this cohort effect.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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W04

Familiarity, gender and cannabis use determine age of onset in schizophrenia

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There is evidence that certain risk factors for schizophrenia (e.g. copy number variations, obstetric complications) are associated with an earlier age of onset of psychosis. One possible explanation is that in such cases, early neurodevelopmental damage is associated with greater perturbation of critical neural systems and that this leads to the early presentation of psychosis. Less is known about the significance of age of onset for treatment response and outcome though patients presenting in childhood are reported to have a worse outcome than those who present later. We have conducted two large first episode psychosis studies in which we have examined those baseline characteristics which predict later treatment resistance, notably the AESOP and GAP studies. In each of these, early age of onset and also male gender were associated with treatment resistance. Interestingly in approximately three quarters of cases, treatment resistance was present at onset of psychosis and only in the remaining quarter did it develop over the course of the illness. One possibility is that there exists a type of schizophrenia which is associated with neurodevelopmental damage, early age of onset and lack of response to dopamine blockade; this is

compatible with our previous finding that patients with treatment resistant schizophrenia do not show the increased synthesis of striatal dopamine which is usually found in actively psychotic individuals.

Disclosure of interest The author has not supplied his declaration of competing interest.

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Child and adolescent mental health services in Europe: The current scenario and the future prospects

W05

The current state of child and adolescent mental health services in Europe: A survey in 28 countries

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Introduction Transition to adulthood is the period of onset of most serious mental disorders. The current discontinuity of care between Child and Adolescent Mental Health (CAMHS) and Adult Mental Health (AMHS) Services is a major socioeconomic and societal challenge for the EU.

Objectives/aims In the framework of the MILESTONE project this study aims to map current services and transitional policies across Europe, highlighting current gaps and the need for innovation in care provision.

Methods An on-line mapping survey has been conducted across all 28 European countries through the administration of two ad-hoc instruments: the Standardized Assessment Tool for Mental Health Transition (SATMEHT) and the European CAMHS Mapping Questionnaire (ECM-Q). The survey systematically collected data about CAMHS organization and characteristics, with a specific focus on actual national transition policies and practice.

Results Response rate was 100%. Despite up to 49% of CAMHS service users need to continue with specialist AMHS care, written policies for managing the interface between these two services are available only in 4/28 countries and transition support services are reported as missing by half of the respondents. Lack of connection between CAMHS and AMHS is reported as the major (82%) difficulty experienced by young service users.

Conclusion Preliminary results indicate a marked variability in characteristics of services and in data activity among the 28 European countries, with important missing information at national level about CAMHS and their functioning. All these conclusions warrant an improvement in data collection and service planning and delivery.

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