a composite score for maternal early life adversities, and prenatal depressive symptoms into account.

Results Genetic risk for MDD associated with trajectories of maternal well being in the postpartum, conditional on the experience of early life adversities and prenatal symptoms of depression. We will explore whether these trajectories are also linked to DNA methylation patterns in mothers and their offspring. Preliminary analyses suggest that maternal early life adversities associate with offspring DNA methylation age estimates, which is mediated through maternal mental well being and maternal DNA methylation age estimates.

Conclusion We found relevant gene-environment interactions associated with trajectories of maternal well being. Our findings inform research on mechanisms underlying familial transmission of vulnerability for psychopathology and might thus be relevant to prevention and early intervention programs.

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

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S073

Once and again: Intergenerational transmission of parenting



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Introduction Animal and human studies suggest that individual differences in maternal parenting behaviour are transmitted from one generation to the next.

Objective This study aimed to examine potential psychosocial mechanisms underlying an intergenerational transmission of conceptualization of parenting, including affect, cognition, and parental support.

Methods In a subsample of 201 first-time mothers participating in the Maternal Adversity, Vulnerability and Neurodevelopment (MAVAN) project, we assessed maternal childhood rearing experiences, using the Parental Bonding Instrument and the Childhood Trauma Questionnaire. At 6 months postpartum, mothers completed questionnaires on parenting stress, symptoms of depression, internalization of maternal care regulation and current relationship with mother and father.

Results We found significant direct associations of maltreatment and rearing by the grandmother with parenting stress at 6 months. These associations were mediated through distinct psychosocial pathways: the association of maltreatment on higher parenting stress was fully mediated through more maternal symptoms of depression (z=2.297; P=022). The association between sub-optimal rearing provided by the mother and higher parenting stress was mediated through lower internalization of maternal care regulation (z=-2.155; P=031) and to a lesser degree through more symptoms of depression (z=-1.842; P=065). Finally, higher quality rearing by the grandfather was indirectly related to lower parenting stress through positive current relationship with the father (z=-2.617; P=009).

Conclusions There are distinct pathways by which early experiences manifest in parenting stress. By understanding the structure of dysregulated parenting, clinicians will have practical information to specifically target maternal motivation, social supports, and

depressed mood to disrupt maladaptive parenting cognitions and practices.

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S074

Early adversity, symptoms of depression and breastfeeding



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Backround There is considerable variation in the prevalence of breastfeeding, which allows for investigation of factors that influence the initiation and duration of breastfeeding and its association with well being of the mother infant dyad.

Aims To better understand factors that influence (1) maternal breastfeeding status and (2) the "effects" of breastfeeding on mothers and infants.

Methods Participants (n = 170) derive from a longitudinal Canadian study "Maternal Adversity, Vulnerability and Neurodevelopment (MAVAN)", a project designed to understand the pre- and postnatal influences on maternal health and child social-emotional development. Mothers provided data on breastfeeding status, early life adversity, oxytocin gene and oxytocin gene receptor polymorphisms, depression/anxiety, infant temperament and maternal sensitivity.

Results Early life adversity associated with a shorter breastfeeding duration and higher maternal depression levels. The relation between mothers' early adversity and the duration of breastfeeding was mediated by mothers' depression level, but only in women carrying one variant of the oxytocin rs2740210 gene marker (CC genotype). Mothers who breastfeed at 3 months acted more sensitively towards their infants when they were 6 months old and they in turn had infants who at 18 months showed reduced negative affectivity.

Conclusion Women who have been exposed to early adversity are "living with the past" and they are, to certain extent, protected or more vulnerable to depression, depending on their genotype. Breastfeeding associated with higher maternal sensitivity, which associated with decreased negative emotionality in the infant at 18 months. Our results help to clarify associations between early life experiences, breastfeeding, and the mother-infant relationship. Disclosure of interest The authors have not supplied their declaration of competing interest.

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S075

Perinatal stress, anxiety, and depression: Effects of a MBCP intervention on mother-infant interaction



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Introduction Transition into parenthood is a demanding phase in life and exposes the becoming parents to vulnerability for depression, anxiety and stress. Perinatal mental health problems are a major public health issue and many women suffering from depression during their first year after delivery. High levels of stress during pregnancy are associated with adverse psychological and physiological outcomes for the infant and parents. There seems to be an intergenerational transmission of mental health from parent to infant. The current study evaluated the effectiveness of mindfulness intervention during pregnancy in reducing depression symptoms, anxiety and perceived stress in parents-to-be.

Objectives Assess whether the mindfulness will improve interaction between mother-infant at 12 months.

Methods Perceived stress scale and Edinburgh postnatal depression scale used to measure stress and depression during pregnancy. Parent child early relational assessment assessed mother-infant interaction.

Results Inhibited parent-infant relationships were more common in the control group comparing to the mindfulness intervention group. This is in line with previous research on periantal depression, anxiety, and stress, showing more dysfunctional dyads. A depressed mother has reduced capability to be alert to her baby's signals, which is necessary for appropriate parent-infant relationship to occur. The cumulative effect of impaired parent-infant relationship is a "depressed dyad" of mother and infant.

Conclusion Mindfulness intervention reduced depressive symptoms, anxiety, and perceived stress in pregnant women. At 12 months mother-infant relationship assessment, the mindfulness intervention group dyads showed a more attuned mother-infant interaction.

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

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Symposium: ICD-11 Classification of mental and behavioural disorders–Recent developments

S076

ICD-11: Example of psychotic disorders



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The revision of the current classification criteria for disorders issued by the World Health Organization (WHO) (International Classification of Disorders, ICD-10) is underway and will also include a revision of the classification criteria of the mental and behavioural disorders. Working groups for specific groups of mental disorders had produced suggestions for revised diagnostic criteria and included a working group on schizophrenia and other primary psychotic disorders. This presentation will focus on this group of mental disorders. Major changes suggested were an introduction of symptom and course specifiers, the inclusion of cognitive symptoms and a de-emphasising of the so-called first rank symptoms of schizophrenia, a cross-sectional approach towards the classification of schizoaffective disorder and a reorganization of the acute psychotic disorders. Initial internet-based field trials showed some incremental improvements of diagnostic reliability, but more

crucial for an adjustment of the revised classification criteria will be the expected results of the upcoming clinic-based field trials. Disclosure of interest Unterstützung bei Symposien/Symposia Support.

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S077

SM-5, ICD-11, RDoC and the future of psychiatric classification



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The publication of the DSM-III in 1980 was intended to be a reaction to the evidence of the embarrassingly low reliability of psychiatric diagnoses, which was perceived as a major threat to the credibility of the psychiatric profession. The aims of the DSM-III project were actually two. First, the reliable definition of the diagnostic categories was expected to lead to the collection of research data that would validate those diagnostic entities and in particular elucidate their etiopathogenetic underpinnings. Second, there was an expectation that, by increasing reliability, communication among clinicians would be improved and clinical decisions made more rational. Today, one could say that the first aim of the project has not been achieved, while the fulfilment of the second aim has never been tested appropriately. The crisis of confidence in the DSM paradigm, clearly emerging from the debate following the publication of the DSM-5, has led on the one hand to a renewed emphasis on clinical utility, which is featuring prominently in the ongoing process of development of the ICD-11. On the other hand, it has led to a radical attempt to reform psychiatric nosology starting from neurobiological and behavioural phenotypes. This attempt does have its weaknesses, but may also represent a stimulus to reconceptualize some psychopathological constructs, especially in the area of psychoses, in order to reduce the gap between the level of neuroscience and that of clinical phenomenology.

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Symposium: Tobacco dependence and smoking cessation in people with mental illness

S078

PA Guidance paper on tobacco dependence and smoking cessation



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Tobacco dependence is the most common substance use disorder in adults with mental illness. The prevalence rates for tobacco dependence are two to four times higher in these patients than in the general population. Smoking has a strong, negative influence on the life expectancy and quality of life of mental health patients, and remains the leading preventable cause of death in this group. Despite these statistics, in some countries smokers