

care providers were required to ponder over ethical dilemmas or decisions. Several challenges were reported, such as: taking into account and articulating personal freedom or needs with collective functioning or organizational constraints before, during and after the assisted suicide; reconciling self-determination with protection towards vulnerable people (beneficere, non maleficere).

**Conclusions** Assisted suicide challenges and changes professional end-of-life practices. Education and support should be provided to health and social care providers faced with it.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.087>

## Symposium: Is it possible to prevent Alzheimer's disease?

### S014

#### Setting the scene: The evidence for pre-clinical change, projections of the impact of intervention, and implications for public health

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Alzheimer's disease has long been considered a neurodegenerative disorder of late life for which there is currently no disease-modifying treatment. This view is now being revised as increasing evidence suggests a long pre-clinical phase extending back into mid-life during which there is exposure to multiple potentially reversible risk factors. Further thought is now being given to the possibility of both early life intervention programs and development of new drug treatments focusing on the pre-dementia period. But how can the impact of such treatments be measured at this early stage since overt dementia may not be diagnosed for decades? In the four talks in this symposium, we will discuss evidence for pre-clinical change, theoretical models which have been used to project the possible impact of risk factor modification in mid-life and their integration into a future public health strategies. The development of new statistical risk models to determine the impact of such prevention measures will be outlined. We will consider the possibilities for drug development targeting the pre-clinical period before presenting the PREVENT Project and EPAD (<http://ep-ad.org/>), a multi-million euro IMI-Horizon 2020 funded project for the development of pre-clinical proof of concept trials. Titles of the four presentations: 1. Setting the scene: the evidence for pre-clinical change, projections of the impact of intervention, and implications for public health (TCR) 2. New statistical risk models for determining the impact of prevention measures in the pre-dementia period (GMT) 3. The PREVENT Study: a prospective cohort study to identify mid-life biomarkers of late-onset Alzheimer's disease (KR) 4. The European Prevention of Alzheimer's Dementia (EPAD) Project: developing interventions for the secondary prevention of Alzheimer's dementia (CWR)

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.088>

## Symposium: Upscaling mental healthcare - Implementing guidance and mental health care recommendations in Europe

### S015

#### How can guidance recommendations contribute to better mental health?

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**Introduction** In European countries, the quality of mental healthcare services is often limited due to scarce and inequitable distributed resources, and inefficient use of existing resources. Against this background, the EPA Guidance provides recommendations on how to optimize quality of mental healthcare for all European countries.

**Objectives** Provision of guidance recommendations in order to support optimization and harmonization of mental healthcare services in European countries.

**Methods** By means of evidence and consensus-based methods EPA guidance papers are developed by experts in psychiatry and related fields [1].

**Results** As of 2012, five EPA guidance series have been developed and published [2]. They focus on various aspects of mental healthcare and clinical situations that have not been covered by medical guidelines yet but are considered important to deliver high quality mental healthcare. Papers deal amongst others with topics relating to quality assurance of mental health services, as quality of mental health service structures and processes, and building trust in mental health services.

**Conclusions** EPA guidance recommendations can improve mental healthcare provision and thereby contribute to better mental health of persons receiving mental healthcare. For this purpose, recommendations need to be widely disseminated and implemented in European countries.

**Disclosure of interest** Unterstützung bei Symposien/Symposia Support

– Janssen-Cilag GmbH, Neuss

– Aristo Pharma GmbH, Berlin

– Lilly Deutschland GmbH, Bad Homburg

– Servier Deutschland GmbH, München – Fakultätsmitglied/Faculty Member

– Lundbeck International Neuroscience Foundation (LINF), Denmark

**References**

[1] Gaebel W, Becker T, Janssen B, Munk-Jorgensen P, Musalek M, Rössler W, Sommerlad K, Tansella M, Thornicroft G, Zielasek J. EPA guidance on the quality of mental health services. *Eur Psychiatry* 2012;27:87–113.

[2] Gaebel W, Möller H-J. European Guidance - a project of the European Psychiatric Association. *European Psychiatry* 2012;27:65–7.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.089>

### S016

#### Implementation of EPA guidance - One way for all countries?

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The European Psychiatric Association (EPA) guidance project launched in 2008 has the aim of providing European psychiatry with guidance in topics, which are relevant for European mental health care. Guidance from a European perspective can be favorable against the background of a growing sense of Europe and the desirable associated harmonization on all levels of health care policy.