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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 perinatal 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.

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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.

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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