

a medical point of view, the use of antidepressants has not been associated with reduction of suicidal behavior. In BPD, the only treatment showing a consistent reduction of suicidal behavior is the maintenance therapy with lithium salts.

### S34.04

Suicidal behaviour in the forthcoming classifications of mental disorders

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While suicidal behavior is not necessarily always related to the presence of a mental illness, most psychiatric conditions carry a higher suicide risk over the general population, and the lethality of suicidal behavior is clearly correlated with the presence of mental disorder. Hence, it is quite striking that suicide and related behaviour are barely addressed in the currently official classifications of mental disorders. The forthcoming classifications DSM-V and ICD-11, to be due around 2012, should address the mentioned shortcomings of their predecessors. The best way to emphasize the importance of suicidal behavior is to facilitate its assessment across all mental conditions, and this should likely be done by means of dimensional assessment. Hence, both DSM-V and ICD-11 should include a dimensional module which would be complementary to the categorical module, and which would include, among other features, the assessment of suicide risk. As suicide is a behaviour linked to other relevant features also poorly covered in current nosology, such as impulsivity, guilt, and sometimes violence and psychosis, the dimensional assessment should also address all those psychopathological items. The categorical module should be refined and more data-driven. Other modules should include all the relevant information coming from biomarkers, physical health, psychological traits, social environment, treatment response, and family history, including family history of suicide. A major change in the classificatory systems should hopefully lead to better assessment of suicide risk and increased awareness on this issue by mental health care providers, resulting in more effective prevention of suicide.

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## 8 April 2008 Core Symposium: Phenotype genotype endophenotype and the development in eating disorders

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### CS08.01

Gene-environment interaction in anorexia nervosa

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**Purpose:** To analyse GxE interactions assess non-shared environmental (E) risk factors for the development of AN specific for sisters discordant for an ED, polymorphisms in the serotonin transporter (G).

**Methods:** We interviewed 128 sister pairs discordant for an eating disorder using the Oxford-RFI as part of the European "Healthy Eating" multicenter study at 3 university centres (Vienna, London, Barcelona) (AN-R: 58; AN-BP: 70; 128 sisters without ED). To examine association between AN, G and E, and G x E-interaction, conditional logistic regression was used with a Cox proportional hazards regression model using the exact method.

**Results:** Genotype (GT) distributions did not differ between the sister groups. Significant main effects were found for disruptive events, interpersonal problems and family dieting behaviour. The risk for AN increased with higher levels in these variables independently of the genotype. Significant interactions were found for G x parental problems and G x burden by parental psychiatric disorder. The increase of risk for AN with increasing number of problems with parents is larger for the S/S genotype than for L/L. However, a higher burden by parental psychiatric illness (subjective E according to Turkheimer 2000) increased the risk for AN-this was larger for the L/L than for the S/S GT.

**Conclusions:** This study suggests that there is an interaction between stress (problems with parents) and the ss GT which increases the risk of developing AN.

### CS08.02

Developmental continuities in eating and nutrition

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**Background and Aims:** The research on the aetiology of eating disorders (EDs) has implicated many apparently disparate risk factors, which include: biochemical, genetic, familial and psychological factors. In the environmental domain, the presence of particular traits such as perfectionism, comorbidity in the family, eating patterns during childhood and exposures to adverse events have been revealed to be implicated in the aetiology of EDs. Whereas, from a biological point of view some recent new findings have suggested the important role of genetic factors, in combination with share and non-share environmental factors, developmental factors seems to have also a crucial role in the development of EDs later in life.

**Method:** In order to replicate these findings in a larger sample, we performed several combined population (case-control) and family-based studies of eight independently recruited samples from several European countries participating in the European Community Framework V "Factors in Healthy Eating" project. We analyzed as well genetic as environmental factors, but also developmental factors that might be implicated.

**Results and Conclusions:** The findings of our studies agree with the growing body of research indicating that a variety of environmental and social factors are associated with unhealthy individual and family eating patterns during childhood and early adolescence, and which if not detected early could result in the development of a subsequent eating disorder.

### CS08.03

Cognitive inflexibility in anorexia nervosa - An FMRI perspective

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