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## Symposium: Early detection and early intervention for psychosis—the European status and perspectives

S064

### The current European status

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In the last two decades, both early detection (ED) and early intervention (EI) programs and services have gradually become important and innovative components of contemporary mental health care. However, it is unclear whether ED/EI programs have consistently been implemented throughout Europe.

Here, we report results of the EPA Survey on ED/EI Programs in Europe in 2016.

A 16 item questionnaire was sent to representatives (presidents and secretariats) of 40 EPA National Societies/Associations (NPAs), representing 37 countries. The representatives were also invited to recommend a person for additional information about ED/EI services/programs in the country.

The response rate was 59.4% (22 NPAs). Fifteen out of 28 NPAs were from developed, and 7 out of 8 from economies in transition. ED/EI services have been implemented in 54.5% of the included countries, mean duration  $10.0 \pm 4.9$  yrs. Mostly, neither ED were separated from EI, not the adults from adolescents. National plans to develop ED/EI were reported in four countries. Although national guidelines for schizophrenia exist in most of the countries (73.9%), specific chapters focusing on ED/EI and/or at-risk mental states were not included in the majority of them. Duration of untreated psychosis was unknown in 63.6%. In those who gave the estimation it was 12–100 weeks (median in weeks: 33 developed economies; 44 economies in transition).

The fields of ED/EI have been unequally developed across Europe. Still, many NPAs are without the development plans. EPA and its Sections should address the identified gaps and suggest how to harmonize services for the full range of assessments and interventions.

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S065

### Diagnostic procedures for prediction of psychosis - Achievements and challenges

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Individualized prognostic predictions in people at clinical high risk are crucial to tailor suitable interventions and personalized prevention. Furthermore, in recent years, the synergy between fast-pace technical sophistication in neuroscience (e.g. neuroimaging and neurophysiological) and novel bio-statistical tools (e.g. machine learning algorithms) has accelerated the development of more inclusive predictive models and magnified the potential for such individualized risk stratification enriching classical psychopathological tools. However, the clinical translation of such research insights is still circumscribed and, despite incremental optimization of assessment tools, increasingly accepted criteria to characterize at risk mental states and tumultuous advance in the field, the prediction of psychosis at such individual level remains a not fully accomplished target.

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S066

### Intervention in clinical high risk states - Current status and future perspectives

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*Introduction* During the last twenty years, international efforts advanced the prevention of psychosis considerably. However, improved predictions as well as well-tolerated and needs-tailored interventions are still required.

*Objectives* Prediction and Prevention of Psychosis

*Aims* Presenting the current state and new developments, including the European Union funded multi-center project PRONIA with regard to prediction ([www.pronia.eu](http://www.pronia.eu), 7<sup>th</sup> Framework Programme grant agreement n° 602152) and the German multi-center trial ESPRIT funded by the Federal Ministry of Education and Research (BMBF grants 01EE1407C and 01EE1407I) with regard to prevention.

*Methods* Results of meta-analyses will be presented and discussed with regard to achievements and challenges. Possible advances by current projects will be discussed.

*Results* Pharmacological as well as psychological prevention has been shown to reduce the incidence rate of psychosis in the respective samples considerably. However, particularly social and role functioning, which are prognostically most important, are still an unsolved challenge. Furthermore, new interventions providing an improved tolerability and acceptance by the patients are required. On the level of prediction, a further improvement of predictive validity, particularly with regard to individualized risk estimation is desired.

*Conclusions* The achievements in the field of prevention of psychosis are impressive, but further progress is needed. This should be achieved by studies like PRONIA, which aims at improving risk estimation by an advanced assessment concept as well as a sophisticated data analysis, and ESPRIT, which compares the effects of N-Acetylcysteine with an innovative, modular psychological