S.E. Setterberg*, E. Nissen, W. Jonas, M. Niemi
Karolinska Institute, Department of Reproductive Health, Stockholm, Sweden
* *Corresponding author.*

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.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.149

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

S076

ICD-11: Example of psychotic disorders

W. Gaebel
Heinrich-Heine-Universität Düsseldorf, Germany

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.
– 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), Dänemark

http://dx.doi.org/10.1016/j.eurpsy.2017.01.150

S077

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

M. Maj
Department of Psychiatry, University of Largo Madonna delle Grazie, 80138 Naples, Italy

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.
Disclosure of interest The author has not supplied his declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.151

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

S078

PA Guidance paper on tobacco dependence and smoking cessation

H.J. Möller
Ludwig Maximilians University, Munich, Germany

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

with mental illness are disadvantaged in receiving intervention and support for their tobacco dependence, which is often overlooked or even tolerated. This statement from the European Psychiatric Association (EPA) systematically reviews the current evidence on tobacco dependence and withdrawal in patients with mental illness and their treatment. It provides seven recommendations for the core components of diagnostics and treatment in this patient group. These recommendations concern: (1) the recording process, (2) the timing of the intervention, (3) counselling specificities, (4) proposed treatments, (5) frequency of contact after stopping, (6) follow-up visits and (7) relapse prevention. They aim to help clinicians improve the care, health and well being of patients suffering from mental illness.

Disclosure of interest In the last three years, HJM received honoraria for lectures or for advisory activities by the following pharmaceutical companies: Lilly, Lundbeck, Servier, Schwabe and Bayer.

He was president or in the Executive Board of the following organisations: CINP, ECNP, WFSBP, EPA and chairman of the WPA-section on Pharmacopsychiatry.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.152

S079

Smoking cessation and soft signs of mental disorders

A. Batra [1,*], S. Eck [2]
[1] *Psychiatry and Psychotherapy, Germany*
[2] *University Hospital, Psychiatry and Psychotherapy, Tubingen, Germany*
[*] *Corresponding author.*

Smoking is associated with major depression, schizophrenia, anxiety and compulsive disorders, personality disorders, or substance abuse disorders [1,2]. More than that, smokers often report higher levels of novelty seeking, anxiety or depressive symptoms without fulfilling full diagnostic criteria for a psychiatric disorder.

In a former study, Batra et al. [3] had shown that smokers reporting higher levels of novelty seeking/hyperactivity, depressivity, and nicotine dependence evince higher relapse rates after completion of a six-weeks behavioural treatment program than smokers reporting low scores on self-report psychological symptom measures.

Another study [4] showed that a modified smoking cessation program matched to at-risk smokers' needs with $n = 268$ adult smokers leads to higher long-term abstinence rates.

All at-risk smokers had been randomly assigned to receive either a standard or modified treatment. Best results were shown for smokers with mild depressive symptoms. The talk reports results of former and recent studies and focuses on the German treatment guidelines for tobacco related disorders.

These [5] recommend to assess tobacco use among patients with mental disorders and should be offered smoking cessation support under consideration of the acuteness and the particularities of the mental disorder using the same psychotherapeutic and pharmaceutical measures as for smokers without additional mental disorders.

Disclosure of interest Financial support by Pfizer, Parexel, SKB, Novartis for smoking cessation studies.

Reference

[1] Batra A. Fortschr Neurol Psychiatr 2000;68:80–92.
[2] Rüther T, et al. European Psychiatry 2014;29:65–82.
[3] Batra A, et al. JSAT 2008;35:41–52.
[4] Batra A, et al. JSAT 2010;38:128–40.
[5] Batra A, et al. SUCHT 2016;62:139–52.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.153

S080

Smoking: A risk factor for suicide

H.J. Aubin
Univerity Hospital Paul Brousse, Addictologie, Villejuif, France

First demonstrated in 1976, the robust association between smoking and suicide mortality has been established and is dose-dependent, with an estimated increase in suicidal deaths risk of 24% for each increment of 10 cigarettes smoked per day. The statistical association has been shown to exist very soon after smoking initiation, during adolescence, and to withstand adjustments for confounding factors, such as demographics, socio-economic status, somatic and psychiatric comorbidity, and substance use. As the underlying mechanism of the greater suicide risk in smokers is not currently elucidated, we will briefly recapitulate the main hypotheses proposed to date: the toxic effects of nicotine, hypoxemia, monoamine oxidase activity inhibition, the high prevalence of psychiatric comorbidity and consequent suicide risk, and smoking-induced serious physical illness with pain and disability resulting in negative mood response. Smoking could also be an inadequate self-medication for psychological symptoms, themselves causing suicide, and finally the association could be due to a third underlying factor associated with both smoking and suicide.

Disclosure of interest Henri-Jean Aubin was member of advisory boards for Pfizer, D&A Pharma, Ethypharm, and Lundbeck, and has received sponsorship to attend scientific meetings, speaker honoraria and consultancy fees from Bioprojet, D&A Pharma, Ethypharm, Lundbeck, Merck-Serono, Novartis, and Pfizer.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.154

S081

Is it feasible and effective to help patients with severe mental disorders to quit smoking?

J. Bobes
University of Ovideo, Oviedo, Spain

Despite the proven association between smoking and high rates of medical morbidity and reduced life expectancy in people with severe mental disorders (SMD), their smoking rates do not decline as they do in the general population. We carried out a non-randomized, open-label, prospective, 9-month follow-up multicentre trial to investigate the clinical efficacy, safety and tolerability of a smoking cessation programme designed for the treatment of patients with SMD in the community under real-world clinical conditions. A total of 82 patients were enrolled. Short-term efficacy: The 12-week 7-day smoking cessation (self-reported cigarettes per day =0 and breath CO levels $\leq$9 ppm) prevalence was 49.3%, with no statistically significant differences between medications (transdermal nicotine patches 50.0% vs. varenicline 48.6%, chi-square =0.015, $P = 1.000$). Long-term efficacy: At weeks, 24 and 36, 41.3 and 37.3% of patients were abstinent, with no statistically significant differences between treatments. Safety and tolerability: No patients made suicide attempts or required hospitalization. There was no worsening of the scores on the psychometric scales. In both groups, patients significantly increased weight, without significant changes in vital signs or laboratory results, with the exception of significant decreases in ALP y LDL-cholesterol levels in the varenicline group. Patients under varenicline more frequently presented nausea/vomiting ($P < 0.0005$), patients under TNP experienced skin reactions more frequently ($P = 0.002$). Three patients under varenicline had elevated liver enzymes. In conclusion, we have demonstrated that in real-world clinical settings it is feasible and safe to help patients with stabilized severe mental disorders to quit smoking.

Disclosure of interest This work was partly supported by the Spanish Ministry of Science and Innovation, Instituto de Salud Carlos III (FIS PI10/01758) and Fondos Europeos de Desarrollo Regional