Indeed, if the COVID-19 crisis has taught us anything, it is that education should be meeting learners where their attention is at, and that any healthcare organisation can be transformed within weeks when given the right incentives. In this workshop, Dr. De Picker will reflect on how post-COVID European psychiatric training can reinvent itself to address long-standing concerns and unmet needs. Innovative approaches will be needed to start shaping the psychiatrists of the future.

Disclosure: No significant relationships.
Keywords: trainees; Medical Education; innovation; postgraduate psychiatric training

W0079

Reforming cap training in latvia: Nowhere to go but up

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There is still substantial variation in the amount, structure and quality of child and adolescent psychiatry (CAP) training across European countries, both in the training process of general adult psychiatry and CAP specialists. Inconsistency, scarcity and low quality of CAP exposure has been consistently identified by psychiatric trainees as one of major issues in organization of training. In the decades of independence, following the collapse of the Soviet Union, Latvia has witnessed a gradual decline in the number of CAP specialists in the country due to chronically low recruitment rates, that has subsequently led to a critical human resource deficit in the field, and rapid deterioration of availability and quality of CAP care. Only since the year 2018, when the normative regulation, structure and contents of CAP training in Latvia have been significantly reformed, there was a change in recruitment trends, that gives hope for resolution of the human resource crisis in the CAP field in the years to come. In this talk the author will share his experience of redesigning the CAP training program in Latvia, and discuss the motivations, challenges and successes one might face while trying to improve CAP training in a particular European country.

Disclosure: No significant relationships.
Keywords: CAP training; child and adolescent psychiatry; Residency; Recruitment

Faster than time: Serious mental illness and accelerated biological aging

W0081

Chronological and biological age: Why relevant for psychiatrists?

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Introduction: Depression is the mental disorder with the largest disease burden impact. That is due to its high prevalence, chronicty, early onset but also due to its impact on various aging-related somatic morbidities and mortality. This talk will describes to what extent depression characteristics are related to chronologial and biological aging patterns.
Methods: Data will be shown from the Netherlands Study of Depression and Anxiety (NESDA, www.nesda.nl). In this study, a large cohort of over 3000 individuals (18-65 years), among which over 1200 with a DSM-based major depressive disorder (MDD), are now followed for 9 years. The association between depression characteristics and chronological and biological age will be described. Biological age was determined at various biological system-levels, including telomere length, epigenetics, transcriptomics, metabolomics and proteomics.
Results: Older persons with a current MDD do not differ in overall disease severity as compared to younger persons with a current MDD. However, older depressed persons do differ in the types of symptoms they experience (more neurovegetative, somatic symptoms and less mood symptoms) and in their chronic course (with twice more chronicity in the oldest depressed persons compare to the younges depressed persons). At all biological system-levels, there was evidence for more advaned biological aging among persons with depression. This was not differential across chronological age groups. Discussion: Findings suggest that depression characteristics are linked to both chronological and biological age. It will be discussed what this could mean for clinical practice and intervention.

Disclosure: No significant relationships.
Keyword: aging; biological aging; depression

W0082

The opportunities and obstacles of studying telomere length as a biological aging marker in psychiatry

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Aging can be described as the life-long accumulation of damage to the tissues, cells, and molecules of the body. One of the most widely used markers to study biological aging is telomere length. Telomeres are non-coding DNA structures located at the ends of chromosomes that become progressively shorter with age. Research in the past decade showed that persons with psychiatric disorders such as major depressive disorder, anxiety disorder or posttraumatic stress disorder on average have shorter telomeres, which might help explain the high levels of somatic morbidity in these patients. While telomere length is an elegant aging biomarker, reflecting a biological process in most living species, there are also some challenges. In human studies, the between-person variation is large and shortened telomeres showed not to be specific to psychiatric diagnosis but rather to a multitude of psychological and physiological stressors. Telomere length might therefore not be a diagnostic marker. It could, nonetheless, be an interesting target for pharmacological, psychological or exercise treatment. If persons with psychiatric disorders age biologically faster, to what extend can this be process be halted or even reversed with successful treatment? Other opportunities and obstacles of studying telomere length as a biological aging marker in psychiatry will be discussed in this session.

Disclosure: No significant relationships.
Keywords: Biology; Aging; telomere; Depression

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