S0057

What is the role of video feedback in supporting parents experiencing mental health problems?

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Abstract Body: Parental mental health problems have been found to have a significant impact on a range of aspects of parental caregiving during the postnatal period, with significant implications in terms of key aspects of the child's development. Video feedback is a generic term that refers to the use of videotaped interactions of the parent and child to promote parental sensitivity, and a recent meta-analysis of 20 studies (1757 parent-child dyads) found that video feedback can improve parental sensitivity compared with a control or no intervention up to six months' follow-up. This paper will examine the ways in which video feedback might contribute to the ability of parents with mental health problems to provide the type of caregiving that will promote the development of a secure attachment in the infant.

Disclosure: No significant relationships.

S0052

Family healing: Contextual interventions in perinatal clinical practice

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Abstract Body: In perinatal clinical practice (PCP), the focus of care has shifted from the mother and then the baby-mother dyad to the emphasis on the role of fathers. Individual and therapeutic interventions are multimodal, and in almost all cases interdisciplinary cooperation is assumed. The preferred therapeutic methods for perinatal mental disorders are psychological and psychotherapeutic interventions. Through the life-course model, the central, therapeutic-conceptual role of the family can be understood, which - in clinical practice - reflects the need for "think-family" in psychiatric care. Hence there is a growing need for evidence-based family-interventions. Parental mental health disorders may have an impact on family functioning and partner relationship, as well as parent-child interactions, the quality of attachment and relationship with the child. Even though we have an increasing number of evidence regarding the aims and effectiveness of family interventions, additional evidence is needed to determine what interventions and modalities are effective in the perinatal period. And we also need information when these interventions are contraindicated and regarding their risk. It is conceivable that there is not much difference between the efficacy of family intervention methods used in other indications and the perinatal application of the same methods. We have gathered evidence primarily on perinatal depression, which opens the path of family interventions in other disorders. When thinking in the family as a general framework, it should be filled with evidence-based quantitative and qualitative anchors. The conceptual framework can be based on systems- and network theory. The presentation is illustrated with clinical vignettes.

Disclosure: No significant relationships.

Epigenetic and metabolic mechanisms of brain plasticity for personalised interventions in neuropsychiatric disorders

S0055

Neuropeptide y and neuropeptide s in major depressive disorder and post-traumatic stress disorder: Preclinical andclinical studies

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*MDD is the predominant cause of "Years of life lived with disability" and "Years of life lost because of premature death" as a consequence of the disorder per se, comorbidities (cardiovascular, diabetes) and the high suicide rate. The problem is increasing due to higher depression frequency with age and growing life-longevity. One third of patients do not respond adequately to conventional therapies and "more of the same" drugs will not solve the problem. Consequently, there exists a crucial need to develop treatments with different modes of action. *Neuropeptide Y (NPY) and neuropeptide S (NPS) have been mapped in brain of MDD and PTSD rodent models. NPY is reduced in genetic and environmental depression models and in PTSD and can be reversed by antidepressants. These findings are parallel to the decreased NPY in humans diagnosed with MDD and PTSD. *NPS found in locus caeruleus regulates anxiety and stress–related behaviors and intranasal administration is anxiolytic in rat. The intranasal effects in humans are being explored. *Based on known biology and our findings, we hypothesized that NPY could be a target for MDD and PTSD, the reasoning being analogous to insulin treatment in insulin deficient diabetes, and conducted - the first ever - double blind, placebo controlled trials of insufflated NPY in MDD and PTSD (Sayed et al 2018, Mathé et al 2020). In conclusion, intranasal NPY is opening a promising new avenue for efficient, fast acting treatment of MDD and PTSD. Support: The Swedish MRC #10414; Center Psychiatry Research-KI, The Torsten Söderbergs Stiftelse

Disclosure: No significant relationships.
Keywords: Depression; Treatment; Neuropeptide y; intranasal

Social distancing and suicide in COVID-19 age

S0057

How COVID-19 related psycho-social stressors affect longevity

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Introduction: Before the COVID-19 pandemic, the literature on psychosocial stressors and psycho-social protective factors already clearly indicated that the two were linked in a multitude of ways to longevity. These ways include 1) directly through increased risk in suicides with respect to psycho-social stress or lack of connectivity 2) increased risk for psychopathologies such as depression, post-traumatic stress disorder and others, which in turn can decrease longevity in indirectly, and 3) a worse/healthier lifestyle that may be associated through decreased/improved social connectivity. With the advent of the COVID-19 pandemic, the ways in which these psychosocial factors could be impacted by policy came into focus. Attempting to quantify the potential future impact of such policies on longevity through psycho-social changes appeared necessary to allow better guidance of policy making.
Objective: This presentation aims to leverage the experience gained from making a projection of the impact of pandemic mitigation strategies on longevity in the early advent of the COVID-19 pandemic.
Results: The authors model indicated the high need for measures that are protective of the general populations' psychosocial health in the face of a pandemic and associated mitigation strategies.
Discussion: This presentation will discuss issues concerning quantifications of the impact of COVID-19 related policy on psychosocial health. The assumptions necessary to arrive at projective models may be at odds with parts of the current culture in the field. The presentation will discuss potential strategies in order for the scientific community to be better prepared for similar events in the future.

Disclosure: No significant relationships.
Keywords: Psychosocial Stress; Projection Studies; Covid; Longevity

S0060

Swedish perspectives and ethical discussion

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As COVID-19 spread, many countries in the world responded swiftly in an attempt to reduce transmission. Sweden, however, took a different approach to many other nations and did not implement a nationwide lockdown, instead deciding on a more "holistic approach to public health". The focus was on minimising transmission as much as possible, protecting those in risk groups, ensuring that the response strategies were sustainable long-term, mitigating other health concerns as a result of the response and that evidence-based methods were used as much as possible. At this stage, it is difficult to know how exactly the Swedish strategy has fared in comparison to other responses. In Sweden, there has been much debate about the strategy, particularly concerning the protection of the elderly due to unexpectedly high mortality rates in the older population as well as among residents in retirement homes. Many ethical questions remain in regard to which strategies would have been preferable.

Disclosure: No significant relationships.
Keywords: holistic approach; ethical questions; risk groups; Swedish COVID-19 response

Personalising ECT for depression

S0061

Effect of electrode placement on speed of response to ECT

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Objective: Electroconvulsive therapy (ECT) can be rapidly effective in treating severe depression. Right unilateral (RUL) or bitemporal (BT) electrode placement may affect the speed of ECT effectiveness although our current understanding of demographic and clinical factors for predicting predict speed of response and remission with ECT is limited. We investigated differences in improvement speed and also time to achieving response and remission criteria between brief-pulse moderate-dose (1.5 x seizure threshold) BT ECT and high-dose (6 x seizure threshold) RUL ECT. Additionally, we explored the influence of demographic and clinical characteristics.
Methods: Se analysed weekly 24-item Hamilton Depression Rating Scale scores obtained from severely depressed patients participating in the EFFECT-Dep trial (ISRCTN23577151). Improvement speeds in patients treated randomly with a course of either BT (n = 69) or RUL ECT (n = 69) were compared using independent sample t-tests. Weekly proportions of responders and remitters were compared using chi-square tests. Cox regression analyses were used to explore predictors of speed to achieve response and remission status.
Results: Se found no differences between RUL and BT ECT in speed of improvement or time to achieve response or remission. Exploratory analyses indicated that a wide variety of demographic and clinical features did not serve to predict speed of response and remission to ECT.
Conclusion: Electrode placement did not substantially influence speed of improvement, response and remission with twice-weekly brief-pulse ECT. Minimising the cognitive side-effects of ECT may be of more relevance when choosing between BT and RUL electrode placement for ECT.

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Keywords: response; Electroconvulsive therapy; Depression; remission

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