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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W0085

Brain aging in major depressive disorder

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Depression and anxiety are common and often comorbid mental health disorders that represent risk factors for aging-related conditions. Brain aging has shown to be more advanced in patients with Major Depressive Disorder (MDD). Here, we extend prior work by investigating multivariate brain aging in patients with MDD and/or anxiety disorders and examine which factors contribute to older appearing brains. Adults aged 18-57 years from the Netherlands Study of Depression and Anxiety underwent structural MRI. A pre-trained brain age prediction model based on >2,000 samples from the ENIGMA consortium was applied to obtain brain-predicted age differences (brain-PAD, predicted brain age minus chronological age) in 65 controls and 220 patients with current MDD and/or anxiety. Brain-PAD estimates were associated with clinical, somatic, lifestyle, and biological factors. After correcting for antidepressant use, brain-PAD was significantly higher in MDD (+2.78 years, Cohen's d=0.25, 95% CI -0.10-0.60) and anxiety patients (+2.91 years, Cohen's d=0.27, 95% CI -0.08-0.61), compared to controls. There were no significant associations with lifestyle or biological stress systems. A multivariable model indicated unique contributions of higher severity of somatic depression symptoms (b=4.21 years per unit increase on average sum score) and antidepressant use (-2.53 years) to brain-PAD. Advanced brain aging in patients with MDD and anxiety was most strongly associated with somatic depressive symptomatology. We also present clinically relevant evidence for a potential neuroprotective antidepressant effect on the brain-PAD metric that requires follow-up in future research.

Disclosure: No significant relationships.
Keywords: Depression; brain age; antidepressant use; Anxiety

W0086

Frailty index as a clinical measure of biological age in psychiatry

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The concepts of "accelerated biological ageing" and "premature biological senescence" have been receiving increasing attention in relation to psychiatric diseases, with clinical, epidemiological and molecular observations suggesting that psychopathological processes can have significant relationships with aging-related phenomena. The deficit accumulation model postulates that the individual's biological age and functional status is related to the amount of health deficits accumulated over time and that one's biological age can be estimated by summarizing health deficits in a single continuous variable, the so-called "frailty index" (FI). In this presentation it will be discussed the possibility that the FI, which condenses information arising from multidimensional evaluations, represents a potential clinically-useful macroscopic indicator of biological age which can add relevant information to the measurements currently implemented in the study of accelerated biological age in psychiatric diseases.

Disclosure: No significant relationships.
Keywords: comorbidity; accelerated biological aging; frailty index; deficit accumulation model

Mental Health Policy

A role for the ICF: Advantages and limitations of using the ICF in the treatment and care of individuals with mental health services

W0087

International classification of functioning, disability and health (ICF) in daily clinical practice: Structure, benefits and limitations

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Introduction: The diagnosis of intellectual disability (ID) alone does not predict the level of required care, functional outcomes or limitations in social and occupational participation. The International Classification of Functioning, Disability and Health (ICF) is a taxonomy of health and health-related domains. It provides a common language and framework for describing the level of functioning of a person within their unique environment. Furthermore, it helps to describe health problems of a person in line with the International Classification of Diseases (ICD-10).
Objective: Introducing the ICF taxonomy exemplary in the care of individuals with ID and mental health problems in Germany.
Method: Comparison of the ICF's comprehensive multidisciplinary approach to assess an individual's level of functioning and care in relation to assessing the needs of persons with ID based on clinical experience.
Results: The ICF provides a standardised assessment instrument to determine individual functional needs for the care, rehabilitation and societal integration of individuals with disabilities, which is a statutory requirement in many European countries.
Conclusion: Using the ICF for the assessment and management of patients with chronic health conditions, mental disorders and ID can help to accurately define individual therapeutic goals and monitor functional outcomes. A comprehensive narrative description of the patient's functional status and clinical needs is comparatively time-consuming, requires greater effort by the assessing clinician and carries a higher risk of omission of pertinent functional domains; furthermore, a single ICF item confers little additional benefit to the patient in terms of the treatment or care they subsequently receive.

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