approaches arise for psychiatry. PAT had decided to update the Code of Ethics about two years ago and the updating process is almost on the edge of finalization.
In this presentation, main points of the updated and newly written principles will be summarized with special references to recent developments in the world and updated or newly written international Code of Ethics such as, EPA, WPA, and several national associations' documents.
One of the most important outcome and benefit of such an updating process is modelling the project on a participatory base, having wide feedback and inputs from experts (as many as possible, enriched by diverse interests of related disciplines) and reaching as many colleagues as possible from different working conditions. A six step project with this perspective was prepared and implemented, and will be summarized in the presentation for international exchange of experiences.

Disclosure of Interest: None Declared

SP0039

Epigenetic biomarkers of borderline personality disorder with severe suicidal behaviors

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doi: 10.1192/j.eurpsy.2024.86

Abstract: Borderline personality disorder (BPD) is associated with excess suicide risk, natural-cause mortality, comorbid medical conditions, poor health habits and stress related epigenomic alterations. This presentation will report findings of *BDNF* and stress system associated epigenetic alterations in a group of severely impaired BPD and suicidal patients. Further, findings of GrimAge – a state-of-the-art epigenetic age (EA) estimator- in patients with BPD and attempted suicide patients will be presented. Genome-wide methylation patterns were measured using the Illumina Infinum Methylation Epic BeadChip in whole blood from well characterized 97 BPD patients, 88 suicide attempters and 32 healthy controls.

Disclosure of Interest: None Declared

SP0040

Energy metabolism disturbance, altered neuronal development and glutamatergic signalling in human derived neuronal cell models of ADHD

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doi: 10.1192/j.eurpsy.2024.87

Abstract: Despite major advances in research into the neurobiological basis of mental illness, there have been hardly any new developments in new drug therapies. As there are approximately 30% of affected individuals that do not respond sufficiently to available treatments, there is a significant unmet medical need for new therapeutic approaches. About 90% of novel substances that have shown promise in animal studies are not effective in clinical trials. Recent research on human induced pluripotent stem cells (hiPSC) could lead to the use of more human-tailored models in this field. IPSC-derived cell models and organoids may be very attractive for preclinical screening and bridge the gap between in vitro and in vivo studies, reducing animal testing. However, the next steps must first demonstrate the validity and reproducibility of the initial functional results from the hIPSC models of mental illness. In our own studies on neuronal cell models of patients with attention-deficit/hyperactivity disorder (ADHD) with rare PARK2 gene variants, we were able to show evidence of mitochondrial dysfunction and impaired energy metabolism. Additionally, we have first hints at a oxidative dysbalance which could be as well targeted by medication. In a model of cortical development of ADHD patients with common variants in the ADGRL3 gene, we found first evidence for altered neuronal maturation as well as abnormalities in calcium metabolism and glutamatergic functionality compared to cells from healthy controls. In summary, these first results are promising that hIPSC models can contribute new insights into cellular pathomechanisms of mental and neurodevelopmental disorders and the development of new, individualised therapeutic approaches.

Disclosure of Interest: S. Kittel-Schneider Grant / Research support from: The studies are funded by IZKF Wuerzburg and BBRF fund (to SKS and RMcN). SKS received speaker's honoraria from Takeda, Medice and Janssen.

SP0041

Liaison Psychiatry model intervention in Switzerland

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doi: 10.1192/j.eurpsy.2024.88

Abstract: Consultation and liaison psychiatry (C-L psychiatry) in Switzerland can look back on a long tradition. It began in French-speaking Switzerland back in the 1960s and gradually spread throughout the country. Currently, C-L services are present throughout the country, although they differ greatly in terms of their services and dimensions. University hospitals and larger cantonal hospitals have extensive and differentiated services, while smaller hospitals in peripheral regions only offer basic services. There are also major differences in the financing models, which are decisive for the range of services offered. The question of funding, which has not yet been resolved satisfactorily despite various models and strategies, including at national level, is highly relevant for the further development and even the continued existence of C-L services. The introduction of the subspecialization in C-L

psychiatry in 2010 and the lively training and CPD activities are of great importance for quality of the delivered services.

Disclosure of Interest: None Declared

SP0042

Consultation-Liaison Psychiatry in Italy: historical development and models of intervention

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doi: 10.1192/j.eurpsy.2024.89

Abstract: The birth of Consultation-Liaison (CLP) in Italy was made possible thanks to Act 180/1978, which started a 20-year-process that led to closing asylums and fostered the implementation of small psychiatric units within the general hospitals. In the meantime, Italian CLP grew steadily, fostered also by the enactment of two "Objective Mental Health Care" Plans (1994-1996 and 1998-2000), that led to the implementation of the organizational model of the mental health department (MHD).

As far as psychiatric referrals are concerned, the first Plan states that the MHD covers all territorial and hospital-based activities, in order to assure, among other services, the integration with hospital (with special attention paid to the Emergency Department and to consultation activity in non-psychiatric hospital wards) and general medicine (as well as other sectors, including mother and child health care).

With respect to psychiatric referral, the Second Plan states that "In the 24 months following the entry into force of the Plan, MHDs will adopt guidelines and procedure concerning several issues, including consultation-liaison activity in non-psychiatric hospital wards (which also includes mental health care for "psychiatric" patients hospitalized for non-psychiatric disease in the general hospital) and in Department of Addictions (for alcohol and other substances use disorders. According to the second Plan, Community Mental Health Services (CMHCs) provide, among other performances, CLP activity for general practitioners. Inside general hospitals, psychiatric referrals to non-psychiatric wards are provided by inpatient psychiatric units, when CLP Services are not available.

Since a standard definition of psychiatric consultation is not available, the one provided by the Italian region Emilia-Romagna will be used. The Region includes "consultation" among mental health services provided by CMHCs, and defines it as follows: "Psychiatric or psychological assessment carried out upon request from other [non psychiatric] Departments. The consultation includes both clinical interview with the patient and the medical report for the department that referred the patient." The ways to identify consultation as one among other types of services provided by the MHD are defined, to count the overall number of consultations and monitor the clinical activity of health professional working in the different branches of the MHD. The following types of consultations are reckoned: consultations requested by general practitioners (who work within the Primary Care Department); consultations requested by the Department of Addiction (a branch of the MHD); and consultations requested by the Department of Child-Adolescent Psychiatry (which, as the previous one, is a branch on the MHD).

Disclosure of Interest: None Declared

SP0043

Models of liaison psychiatry in different countries and the role of liaison psychiatrists as promotors of public and community mental health

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doi: 10.1192/j.eurpsy.2024.90

Abstract: Consultation-Liaison (CL) psychiatry is the branch of psychiatric practice developed to offer support to patients with concomitant non-psychiatric diseases. In Portugal, most hospitals follow a model delivered by teams with Psychiatrists and Psychologists that support the medical team in wards. They act by advising directly other specialties' colleagues after the observation of the patient and/or discussion of the case.

Bigger units, such as Santa Maria Hospital, in Lisbon, have tried a model of proximity to the community medical centers participating in local medical meetings, training of family doctors, discussing clinical situations directly and even doing psychiatric consultations, in community centers. This approach intends to extend primary mental health interventions and promote treatment in the community.

Disclosure of Interest: None Declared

SP0044

Sex differences in addiction: gonadal hormones and substance use effects in women

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doi: 10.1192/j.eurpsy.2024.91

Abstract: Substance use disorders (SUD) affect differentially women and men. Although the prevalence has been reported higher in men, those women with addictive disorders present a more vulnerable profile and are less likely to enter treatment than men. The aim of this presentation is to present an overview of how gonadal hormones may influence in response to substances, clinical differences in the addictive disorders and implications in treatment response.Ovarian steroid hormones (estrogen, progesterone), the metabolites of progesterone, and negative allosteric modulators of the gamma-aminobutyric acid A (GABA-A) receptor, such as dehydroepiandrostenedione (DHEA) may influence the behavioral effects of drugs.

Disclosure of Interest: None Declared

https://doi.org/10.1192/j.eurpsy.2024.88 Published online by Cambridge University Press