S0064

Cannabis and cannabinoids for mental health indications: evidence of effect and adverse events

J. G. Bramness on behalf of No Conflicts of Interest

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Abstract: Cannabis and cannabinoids have been marketed and sold for a variety of different psychiatric conditions like e.g., anxiety, sleep problems, ADHD, PTSD, and even psychosis. Some of these indications may be reasonable, but for some a more conservative approach should be upheld. There are quite a few open studies and case reports on effects, while larger blinded RCTs either fail to find these effects or are lacking. The lecture aims at presenting the most recent evidence for the use of cannabis and cannabinoids for psychiatric indications, alongside a presentation of adverse effects.

Disclosure of Interest: None Declared

S0065

Defining and Understanding Treatment Resistance in Obsessive-Compulsive Disorder

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Abstract: Previously considered a rare condition, OCD is now recognized as a common psychiatric disorder, with lifetime prevalence estimates ranging between 2% to 5%. Rates of resistance to first-line OCD treatments have been reported to be as high as 60%. Several clinical, biological and genetic factors have been investigated as treatment response moderators in OCD. These have included age at OCD onset, symptom subtypes, comorbidity patterns, gender and pharmacogenomics. This presentation will explore the definitions of treatment resistance in OCD as well as what is known about the epidemiology and clinical correlates associated with treatment resistance.

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S0066

It works - but how? Influence of a Recovery-oriented concept on coercive measures on acute psychiatric wards

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Abstract: The United Nations Convention on the Rights of Persons with Disabilities as well as the new guidance on community mental health services recently published by the World Health Organization formulate clear goals for the future of psychiatry and psychosocial support. Innovative concepts of psychiatric care that focus on full participation, recovery-orientation and the prevention of coercion play an important role in achieving these goals. Implementing and scientifically evaluating the effects of such models in mental health services needs to be prioritized in national mental health planning and budgeting decisions.

In 2010, a new recovery-oriented treatment concept, the "Weddinger Modell", was developed and implemented at the Psychiatric University Clinic of the Charité in St. Hedwig Hospital (PUK-SHK). After 13 years of working with the Weddinger Model, there are, in addition to good practical experiences, numerous scientific findings that prove its effectiveness with regard to relationship promotion and reduction of coercive measures on various dimensions. These effects have encouraged many clinics, especially in German-speaking countries, to adopt principles of the "best-practice" model.

The "Weddinger Modell" shows that consistent adjustments of clinic structures and a recovery-oriented attitude of staff lead to a comprehensive improvement of treatment (Mahler et al. 2014; Mahler et al. 2019) and thus to a reduction of coercive measures to an absolute minimum (Czernin et al. 2020; Czernin 2021). Additionally, current studies found that coercive measures can be reduced almost exclusively to the first 24 hours of treatment (Cole et al. 2020). Working with the "Weddinger Modell" shows that coercion can be minimized "without evading responsibility for people with severe mental illness and without denying them responsibility for themselves" (Mahler et al. 2014).

In this lecture, the basic components of the "Weddinger Modell", the attitudes behind it, and the scientific data on effects of the model will be presented and discussed.

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S0067

An update on the Pharmacological and Psychotherapeutic Management of Treatment Resistant OCD

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Abstract: Although the rates of response to first-line pharmacological treatments (serotonin reuptake inhibitors – SRIs) are generally twice that of placebo, only 40-60% of patients respond sufficiently or are able to tolerate traditional first-line pharmacotherapy. Augmentation with dopamine antagonist medications is associated with the strongest evidence, yet dopamine antagonists benefit only a minority of those who try them and carry elevated risks of adverse effects. Based on evolving pathophysiologic models of OCD, a variety of agents targeting serotonin, dopamine, norepinephrine, glutamate, and anti-inflammatory pathways have been explored as alternative or adjunctive therapies for treatment-resistant OCD and have at least preliminary evidence of efficacy. Similarly, approximately 50% of patients do not respond optimally to first psychotherapeutic treatments including cognitive