CRS006

The clinical and biological effects of childhood maltreatment in eating disorders: toward a distinct maltreated ecophenotype

A. M. Monteleone

University of Campania L. Vanvitelli, Naples, Italy
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Introduction: Childhood maltreatment (CM) has been widely acknowledged as a risk factor for Eating Disorders (EDs). Although research has predominantly emphasized the role of sexual and physical abuse, literature has recently outlined the profound impact of childhood emotional abuse and neglect. However, the psychological and biological mechanisms underlying the associations between CM and EDs have not yet been clearly elucidated.
Objectives: The objective of this presentation is summarizing findings that support the existence of a maltreated echo-phenotype of EDs.
Methods: Data from our research group and from studies reported in the literature will be summerized and discussed.
Results: Individuals with EDs and a history of CM show a more severe clinical presentation than those without CM. Findings regarding treatment response are mixed. Among the biological signatures characterizing individuals with EDs and CM, the main evidence suggests the presence of neuroanatomical alterations (namely, reduced integrity of gray and white matter and decreased cortical thickness) as well as abnormalities in the basal and acute functioning of the endogenous stress response system, as indicated by impaired cortisol and alpha-amylase patterns.
Conclusions: The present findings suggest that, in addition to specific clinical features, CM is associated with distinct biological correlates in individuals with EDs, including neuroanatomical modifications, alterations in the endogenous stress response system, and changes in inflammation markers. This evidence supports the identification of a maltreated eco-phenotype of EDs, suggesting that CM acts as an etiological factor contributing to a distinct phenotypic expression of EDs that warrants specific attention to improve treatment outcomes.

Disclosure of Interest: None Declared

CRS007

Lithium first choice: not merely first line

M. Bauer

Psychiatry and Psychotherapy, University Hospital Dresden, Technische Universität Dresden, Dresden, Germany
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Abstract: More than 75 years after the breakthrough in identifying lithium salts as having antimanic and prophylactic activity, modern research continues to confirm lithium's position at the forefront of the treatment of bipolar disorder. Undoubtedly, lithium is an essential medication for patients with mood disorders and represents the most valuable treatment option in the long-term management of bipolar disorder. When used correctly, lithium unquestionably produces the most dramatic benefits of any medication in psychopharmacology. Since its introduction to modern psychiatry in 1949, basic and clinical research has uncovered many new aspects of its use in psychiatry, including antisuicidal and antidepressant properties. Lithium is considered the first-line "gold standard" medication for the maintenance treatment of bipolar disorder with serum lithium levels ideally in the range of 0.6-0.8 mmol/L. Over the past three decades, there has been increasing recognition of lithium's efficacy in conferring long-lasting mood stability, a perception of its capabilities that is reflected in clinical practice guidelines worldwide. Recent independently published meta-analyses included all available placebo randomized controlled trials (RCTs) and reached similar conclusions: lithium was statistically significantly superior to placebo for the prevention of affective episodes of any polarity, manic episodes, and, depending on the methodology used, depressive episodes. Although RCTs are fundamental for demonstrating the efficacy and safety of medications, their results do not reflect the entire population of patients with bipolar disorder seen in clinical practice. Given the limitations and uncertainties of RCTs, it is important to compare evidence from RCTs with evidence from observational studies of patients treated in so-called real-world clinical settings, e.g. using a naturalistic design and typically including a wide range of patients. A systematic review of nonrandomized controlled observational studies by a task force of the International Society for Bipolar Disorders (ISBD) found that in eight of nine studies identified, with a total of more than 14 000 patients, maintenance lithium therapy was associated with improved outcomes compared with another mood stabilizer in monotherapy.

Disclosure of Interest: M. Bauer Consultant of: In the past 3 years, MB has served as an advisor to Alfred E. Tiefenbacher GmbH Co. KG, COMPASS Pathfinder Ltd., GH Research, MedEd-Link Inc., Janssen Global Services, LLC, Livanova, Mindforce Game Lab AB, and Lilly.

CRS008

Predictive biomarkers of lithium response: preliminary results from the European R-LiNK initiative

F. Bellivier* and R-LiNK Consortium members

Therapeutic Optimization in Neuropharmacology, Université Paris Cité, INSERM UMRS 1144, Paris, France; Department of Psychiatry and Addiction Medicine, Hôpitaux Lariboisière-Fernand Widal, DMU Neurosciences, AP-HP.Nord, Université Paris Cité, Paris, France
*Corresponding author.
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Abstract: Lithium (Li) remains the gold standard for long-term bipolar disorder management, significantly reducing relapse, hospitalisation, suicidal behaviour, and all-cause mortality (Cipriani et al., 2013; Geddes et al., 2004; Pompili et al., 2025). However, only one-third of patients achieve an excellent response, while others experience partial or no benefit (Alda, 2015). The identification of markers predicting Li treatment response is crucial to optimise benefit-risk ratios, guide personalised treatment strategies and avoid empirical lengthy trials.
We present innovative longitudinal study designs and breakthroughs in -omics and neuroimaging, with a focus on the preliminary results of EU Horizon 2020-funded R-LiNK study. Our final goal is to translate these findings into clinical practice, reducing trial-and-error prescribing and improving patient outcomes.

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