suicidal behaviours. Despite this evidence, the predictive role of affective temperaments on suicide behaviours is still poorly studied. In this contribution, we will report results of a study aiming at assessing the relationship between affective temperaments and personal history of violent suicide attempts, in 74 patients with BD. Violent suicide attempts were positively associated with cyclothymic temperament and inversely to hyperthymic one. BD-I patients and patients with a clinical history of rapid cycling were significantly more represented in the group of patients with a history of violent suicide attempts. Our results suggest the role of affective temperaments in the suicidality of patients with BD.

Disclosure: No significant relationships.
Keywords: affective temperament; BIPOLAR; violent suicide; Suicide

**Treatment-Resistant Depression: The Real World Evidence**

**S0088**

**Clinical characteristics of treatment-resistant depression in adults in Hungary: Real-world evidence from a 7-year-long retrospective data analysis**

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Treatment-resistant depression (TRD) is associated with poor quality of life, elevated morbidity and mortality and high economic burden. Our observational retrospective epidemiological study has estimated the rate of patients with TRD within a cohort of major depressive disorder (MDD) patients in Hungary and examine the comorbidities and mortality of patients with and without TRD. Our study included patients with MDD who experienced new onset of depressive episode and received antidepressant prescription between 01 January 2009 and 31 August 2015, using data from nationwide, longitudinal database. A patient was considered to have TRD if two different antidepressant treatments had failed during a given pharmacologically treated period. Overall, 99,531 MDD patients were included, of which 8,268 (8.3%) met the criteria of TRD. Patients with TRD had significantly higher rate of having “Neurotic, stress-related and somatoform disorders”, autoimmune disorders, cardio- or cerebrovascular diseases, thyroid disorders and suicide attempts than non-TRD patients (for all comparisons, p < 0.005). The first study to assess the frequency of TRD in Hungary have found that the proportion of TRD is in the same range as in studies with similar methodology reported from other countries. The majority of our other main findings are also in line with previous studies from other countries.

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Keywords: Antidepressants; Hungary; Treatment-resistant depression; Mortality

**Pharmacology**

**Psychotropic Drug Approvals Were Not Based on ICD-11: How to Treat Disorders Newly Defined in ICD-11?**

**S0089**

**ICD-11 Primary Psychotic Disorders: What is New and May Be Relevant for Treatment Selection and Outcome?**

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ICD-11 was released by WHO in 2018 and approved by the World Health Assembly (WHA) in 2019. The revision for all chapters was guided by the principles of global applicability, scientific validity and clinical utility. The new chapter for mental health is termed 06 Mental, Behavioural or Neurodevelopmental Disorders (MBND). The ICD-11 with its chapter on Mental, Behavioural or Neurodevelopmental Disorders, its Mortality and Morbidity Statistics (MMS), Coding Tool and Reference Guide, Clinical Descriptions and Diagnostic Guidelines (CDDG), and other tools for translation and implementation offers an innovative approach for individualised diagnosis, treatment and care of people with mental disorders. For supporting the international process of implementation, WHO has installed an International Advisory Group for Training and Implementation of ICD-11 MBND. Development, Concept and Structure of ICD-11 will be presented. Selected changes from ICD-10 to ICD-11 like new diagnostic categories, revision of diagnostic criteria, introduction of dimensional symptom qualifiers or course descriptors, and options for complex coding with regard to their innovative strength, controversial potential and impact on diagnostics, treatment and care will be briefly discussed. National challenges for implementation - partly informed by international field trials, administrative, organisational, educational and training requirements - will be outlined. The new ICD-11 chapter on Schizophrenia or other primary psychotic disorders will serve as an example to discuss potential impact on treatment selection and outcome.

Disclosure: No significant relationships.
Keywords: ICD-11; psychotic disorders; treatment

**S0090**

**Treating Catatonia: a Blind Spot of Psychiatry?**

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Catatonia is a syndrome of primarily psychomotor disturbances associated with typical abnormalities of muscle tone. It is characterized by the co-occurrence of several symptoms of decreased, increased, or abnormal psychomotor activity. Catatonia is a neuro-psychiatric syndrome, not an independent nosological entity.