Over the last decade, the "traditional" drug scene has been supplemented – but not replaced – by the emergence of a range of novel psychoactive substances (NPS), which are either newly created or existing drugs, including medications, now being used in novel ways. By the end of 2015, in excess of 700 NPS had been reported by a large number of countries in the world. Most recent data show however that synthetic cathinones; synthetic cannabinoids; and psychedelics/phenethylamines; account for the largest number of NPS. Given the vast range of medical and psychopathological issues associated with the molecules here described, it is crucial for health professionals to be aware of the effects and toxicity of NPS. The "Drugs 2.0." revolution facilitated the birth and growth of an "Online Drug Culture" which finds its main expression in chats/fora/blogs as well as the diffusion of online drug marketplaces (both in the surface and deep web). The web has progressively modified the drug market from a "street" into a "virtual" one, so by increasing the availability of new drugs/NPS/"legal highs" ("legal alternatives" to the traditional illegal drugs). The rapid pace of change in the NPS online market constitutes a major challenge to the provision of current and reliable scientific knowledge on these substances. The present lecture aims at providing an overview of the NPS phenomenon, also giving an overview of the main clinical and pharmacological issues relating to these most popular NPS categories.

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W12

Translational perspectives in addiction psychiatry

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Background Heritable factors account for approximately 50–60% of the risk for alcohol dependence. However, which genes confer this risk remains to elucidate. Moreover, genetic association studies are hampered by non-replication. Several strategies can be applied to approach this issue. One option is the application of intermediate phenotypes. Neurobiological measures that are closely related to the addiction phenotype may be more directly related to genetic variation. Intermediate phenotypes related to dopamine function seem particularly suitable, given the strong dopamine hypothesis in addiction. Another strategy is to include environmental factors, such as childhood adverse experience, in genetic association studies. We tested the effect of *COMT* Val158Met and *DRD2* Taq1A genotypes, as modulators of brain dopamine function in the context of self-reported environmental factors, like childhood adverse experience.

Methods Alcohol-dependent patients ($n = 110$) and healthy controls ($n = 99$) were genotyped for the *COMT* Val158Met and *DRD2* Taq1A genotypes. Childhood adversity was measured using self-report questionnaires. Dopamine sensitivity was assessed using an apomorphine challenge with cognitive performance and plasma growth hormone levels as main outcome measures.

Results *COMT* genotype modulated the effect of apomorphine on cognitive performance, but was not directly associated with alcohol dependence. Yet, the interaction between childhood adversity and *COMT* genotype did predict alcohol dependence. *DRD2* genotype modulated the effect of apomorphine on plasma growth hormone levels and was also not directly associated with alcohol dependence. Yet, the interaction between parental rule setting and *DRD2* genotype did predict alcohol use in a separate population-based sample of adolescents.

Conclusion This study provides evidence for a role of *COMT* and *DRD2* genotypes in alcohol dependence using both the GxE and intermediate phenotype approach. This confirms that both an intermediate phenotype approach and GxE interaction analyses can be useful tools in understanding mechanisms mediating addiction vulnerability. The clinical relevance of dopamine genes and intermediate phenotypes for staging and profiling of alcohol use disorders remains to be investigated.

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Getting started: The first steps in psychiatric consultations

W13

Short-term psychotherapeutic interventions in consultation-liaison psychiatry

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Due to a reduction in length of hospital stay of general hospital inpatients, CL-psychiatrists find themselves confronted with the problem of "less time to do more". This presentation will first outline procedural aspects of CL-psychiatry, delineating its development from the "situational approach" do becoming case managers. Then, short-term supportive interventions will be discussed with regard to their applicability and newer disorder specific techniques, such as ACT and DBT will be demonstrated in their usefulness for the medically ill.

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W14

The magic list of everyday problems in consultation-liaison psychiatry (and hints for solving them)

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Introduction Consultation-liaison psychiatry (CLP) deals with clinical, research and training activities at the interface between psychiatry and the rest of medicine. The main clinical competencies of CLP include medical-psychiatric comorbidity (co-existing psychiatric and non-psychiatric disorders affecting reciprocally); medically unexplained physical symptoms, "somatization" and functional disorders; and liaison activities, addressed to medical workers and teams.

Objectives/aims To describe and discuss typical clinical scenarios that CL psychiatrists have to work in, and suggest effective, evidence-based solutions.

Methods Long-standing everyday clinical experience of the authors combined to evidence derived from international literature consented to create a list of the most common and complex problems or difficulties typical of the CLP clinical context, and related possible solutions.

Results Most common/complex problems include the following: stigma and prejudice (of patients, relatives, colleagues, and own); excessive technicality of language; short/unpredictable duration of hospital stay of patients, and more in general pressure in clinical

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practice due to shortness of time and resources; tendency of colleagues from other disciplines to disregard setting features related to time and space (inadequate rooms, e.g. too busy or noisy); limited time for face-to-face discussion of cases or problems; conflicts with patients/relatives/colleagues, and fear of reciprocal manipulation.
Discussion Moving on the interface between psychiatry and the somatic disciplines, CL specialists need to develop special skills, not only those strictly technical, but also those "soft skills" including relational abilities and flexibility. Understanding the systemic aspects of referrals in the relationship between physician, staff and patients is usually essential in the process of consultation.
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W15

Psychotherapeutic interventions in consultation-liaison psychiatry implications for psychiatric trainees

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In clinical reality, psychiatric trainees working in consultation and liaison psychiatry (CLP) face a lot of obstacles to gain satisfactory results from their work on somatic wards. Specifically, the deliverance of psychotherapeutic interventions in every-day CLP is a topic of discussion. The talk will present a case of a young anorectic patient that will exemplify the difficulties in delivering psychotherapeutic treatment in every-day clinical work and will outline common difficulties, specifically in relation to interactions with staff of somatic units. The presentation will be wrapped-up by suggestions on how to deal with the most common problems.
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W16

Psychopharmacological treatments strategies in consultation-liaison psychiatry: Clinical vignette and pros and cons

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Introduction Multimorbidity and polipharmacotherapy are crucial features influencing the psychiatrist's prescription in the consultation-liaison psychiatry (CLP) setting.
Aims to provide an example of computer-assisted decision-making in psychotropic prescriptions and to provide hints for developing pharmacological treatment strategies in the CLP setting.
Methods Case report. A clinical vignette is presented, followed by a review of available online computer-assisted prescription software.
Results A woman in her seventies was repeatedly referred for psychiatric consultation. Eleven different medications were administered daily, because of multimorbidity. A diagnosis of distymia was established, with comorbid mixed pain (partly fulfilling the criteria of somatic symptom disorder) and substance use disorder (opioids). After the first assessment, six follow-up visits were needed during hospitalization. Mirtazapine and benzodiazepines were introduced. Beside the pharmacological intervention, conflict mediation was performed in the relationship with the patient, her relatives, the ward personnel and the GP, to develop a long-term rehabilitation project. Pros and cons of online computer-assisted prescription software were discussed together with the ward personnel, as well.
Conclusions Computer-assisted decision-making in psychotropic prescription is becoming more common and feasible. The use of available software may contribute to safety, effectiveness and cost-effectiveness of clinical decision-making. Risks are also possible: depending for example from regional differences in prescription indications, different guidelines, pharmacogenomics, frequency with which databases are updated, sponsorships, possible conflicts of interest, and real clinical significance of highlighted interactions – all issues the clinician willing to benefit from this modern tools should pay attention to.
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W17

Drugs pharmacokinetics interactions with cardiac and renal disease patients in consultation-liaison psychiatry

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The prevalence of psychiatric disturbances in patients with cardiovascular disease is elevated. For example the prevalence of major depression can reach 15–20% and of anxiety disturbances 5–20%.
When we treat psychiatric symptoms in cardiovascular disease we must have in mind four particular effects of psychiatric drugs: (1) disturbances of atrial-ventricular conduction; (2) QTc interval prolongation that can lead *to torsade de pointes* and ventricular fibrillation; (3) hypertension; (4) changes in platelet aggregation.
On the other hand, there is a great prevalence of psychiatric disease in patients with renal disease. For example, about 5–25% of the patients with advanced renal disease have major depression.
Renal disease patients can evidence changes in several pharmacokinetic parameters such as: (1) biodisponibility; (2) distribution; (3) metabolism; (4) excretion. Therefore, when we treat these patients we have to keep in mind the effect of psychiatric drugs over the renal functioning, but also the effect of the deficient renal function in the pharmacokinetics of the drugs.
I this presentation we intend to reveal what are the main concerns when we prescribe psychiatric drugs in patients with cardiovascular and renal disease.
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How should psychopharmacotherapy be learned by residents in psychiatry – proposals of psychopharmacology curricula

W18

The present situation of psychopharmacology teaching suggests the need for a European curriculum

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