SOA001

Working together for early detection of psychosis

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Introduction

In the last decades psychiatry has taken an important and overdue step which other medical disciplines had taken much earlier, i.e. recognizing the chances of early detection and intervention–first in the field of emerging psychosis, in the meantime also in other fields.

Objectives

To review new developments in the field of early detection of psychosis and to critically discuss the obstacles still depriving many of our patients of an immediate benefit.

Methods

Review and discussion.

Results

New developments are very promising. Identification of individuals at risk and prediction of transition to psychosis is possible with an excellent accuracy, comparable to other preventive approaches in medicine. And there is growing evidence how this accuracy can even be more improved by using not only clinical assessments but also additional domains such as neurocognition, neurophysiology, or MRI, as well as new methods for analyses such as pattern recognition. Staged intervention according to the degree of risk seems feasible. However, there are still many obstacles to a broad implementation of this new know-how into clinical practice such as lack of communication, political will and finances, or fears, stigma and prejudices.

Conclusions

For the benefit of those concerned - patients and their relatives - a great effort to work together is required from all of us: clinicians, researchers from psychiatry and many other fields, industry, politicians, and last, but not least, patients and their relatives.

Disclosure of interest

The author has not supplied his declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.006

State of the art: psychotherapies vs. pharmacotherapies vs. combination therapies in depressive and anxiety disorders

SOA002

Psychotherapies vs. pharmacotherapies vs. combination therapies in depressive and anxiety disorders

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Both psychological and pharmacological therapies have been found to be effective in the treatment of adult depression and anxiety disorders. Psychological treatments include cognitive behavior therapy, interpersonal therapy, behavioral activation, exposure therapies, and several other types of therapy. Pharmacological treatments include SSRIs, SNRIs TCAs, MAIOs and several other types. In this presentation the results of meta-analyses of trials directly comparing the effects of psychological and pharmacological treatments will be presented, as well as meta-analyses of combined treatments versus either psychotherapy alone or pharmacotherapy alone. Results show that psychological and pharmacological treatments are probably about equally effective at the short term, and combined treatment is more effective than either psychotherapy or pharmacotherapy alone. The presentation several other issues related to this group of trials will be discussed, like the influence of conflicts of interest and the (lack of) blinding in psychotherapy trials.

Disclosure of interest

The author has not supplied his declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.007