

S0057

What is the role of video feedback in supporting parents experiencing mental health problems?

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Abstract Body: Parental mental health problems have been found to have a significant impact on a range of aspects of parental caregiving during the postnatal period, with significant implications in terms of key aspects of the child's development. Video feedback is a generic term that refers to the use of videotaped interactions of the parent and child to promote parental sensitivity, and a recent meta-analysis of 20 studies (1757 parent-child dyads) found that video feedback can improve parental sensitivity compared with a control or no intervention up to six months' follow-up. This paper will examine the ways in which video feedback might contribute to the ability of parents with mental health problems to provide the type of caregiving that will promote the development of a secure attachment in the infant.

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S0052

Family healing: Contextual interventions in perinatal clinical practice

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Abstract Body: In perinatal clinical practice (PCP), the focus of care has shifted from the mother and then the baby-mother dyad to the emphasis on the role of fathers. Individual and therapeutic interventions are multimodal, and in almost all cases interdisciplinary cooperation is assumed. The preferred therapeutic methods for perinatal mental disorders are psychological and psychotherapeutic interventions. Through the life-course model, the central, therapeutic-conceptual role of the family can be understood, which - in clinical practice - reflects the need for "think-family" in psychiatric care. Hence there is a growing need for evidence-based family-interventions. Parental mental health disorders may have an impact on family functioning and partner relationship, as well as parent-child interactions, the quality of attachment and relationship with the child. Even though we have an increasing number of evidence regarding the aims and effectiveness of family interventions, additional evidence is needed to determine what interventions and modalities are effective in the perinatal period. And we also need information when these interventions are contraindicated and regarding their risk. It is conceivable that there is not much difference between the efficacy of family intervention methods used

in other indications and the perinatal application of the same methods. We have gathered evidence primarily on perinatal depression, which opens the path of family interventions in other disorders. When thinking in the family as a general framework, it should be filled with evidence-based quantitative and qualitative anchors. The conceptual framework can be based on systems- and network theory. The presentation is illustrated with clinical vignettes.

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Epigenetic and metabolic mechanisms of brain plasticity for personalised interventions in neuropsychiatric disorders

S0055

Neuropeptide y and neuropeptide s in major depressive disorder and post-traumatic stress disorder: Preclinical and clinical studies

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*MDD is the predominant cause of "Years of life lived with disability" and "Years of life lost because of premature death" as a consequence of the disorder per se, comorbidities (cardiovascular, diabetes) and the high suicide rate. The problem is increasing due to higher depression frequency with age and growing life-longevity. One third of patients do not respond adequately to conventional therapies and "more of the same" drugs will not solve the problem. Consequently, there exists a crucial need to develop treatments with different modes of action. *Neuropeptide Y (NPY) and neuropeptide S (NPS) have been mapped in brain of MDD and PTSD rodent models. NPY is reduced in genetic and environmental depression models and in PTSD and can be reversed by antidepressants. These findings are parallel to the decreased NPY in humans diagnosed with MDD and PTSD. *NPS found in locus caeruleus regulates anxiety and stress-related behaviors and intranasal administration is anxiolytic in rat. The intranasal effects in humans are being explored. *Based on known biology and our findings, we hypothesized that NPY could be a target for MDD and PTSD, the reasoning being analogous to insulin treatment in insulin deficient diabetes, and conducted - the first ever - double blind, placebo controlled trials of insufflated NPY in MDD and PTSD (Sayet et al 2018, Mathé et al 2020). In conclusion, intranasal NPY is opening a promising new avenue for efficient, fast acting treatment of MDD and PTSD. Support: The Swedish MRC #10414; Center Psychiatry Research-KI, The Torsten Söderbergs Stiftelse

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