

## Abstract

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# State of the Art

## SOA0001

### Trauma, mind and brain: the impact of war on mental health

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**Abstract:** The PTSD diagnosis was in 1980 largely facilitated by consequences of the Vietnam War. Since then, there have been hundreds of other war-related conflicts in the world. My presentation will distinguish between war-related trauma effects on military personnel (where most research has been done) and on civilians, distinguishing effects on children/adolescents, adults and older people. I will answer the question, how do war-related trauma sequelae differ from other man-made or accidental traumas? Further, I will address the issue of whether “moral injury” research in military personnel after wartime operations is also relevant to similar phenomena in civilian populations traumatised by war? Which of the brain-related research approaches (localisation, network connectivity, altered RDoC functions) are particularly relevant in this context? Finally, emerging research priorities related to the current war of invasion against Ukraine will be addressed.

**Disclosure of Interest:** None Declared

## SOA0002

### Gambling disorder and other behavioral addictions: mechanisms, recognition and treatment

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**Abstract:** Gambling disorder was reclassified as a first behavioral addiction in the DSM-5 in 2013. In 2018, gaming disorder was included in the ICD-11. In this presentation, research findings regarding the psychological and neurobiological mechanisms in gambling disorder and other behavioral addictions are highlighted. Specifically, neural and behavioral responses regarding reward expectation, reward outcomes, and the role of specific mechanisms in gambling like near wins, and in gaming, like lootboxes are highlighted. Besides the recognition of gambling disorder, the broader perspective of gambling harms is highlighted and related to psychosocial, financial, and health consequences. The perspective of interaction between human design factors (e.g. psychological and neurobiological mechanisms, such as decision making, reward processing) and gambling design factors (e.g. near wins, multiline betting) is reviewed. Evidence with regard to psychological and pharmacological interventions are discussed and future directions for research perspectives are discussed.

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## SOA0003

### Beyond State of the Art: Digital psychiatry is coming of age!

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EUROPEAN PSYCHIATRIC ASSOCIATION

**Abstract:** Digital interventions for common mental disorders are coming of age. The uptake of evidence-based self-guided and guided (a-synchronous in time) cognitive behavioural digital interventions for depression and anxiety in routine care is however low. Blended treatment formats appear an attractive alternative for routine care settings as these combine face-to-face sessions with digital ones in integrated treatment protocols. Yet little is known about the clinical and cost-effectiveness of blended CBT (bCBT). In this presentation I will touch upon the current state of the art of digital interventions for depression and anxiety disorders, including blended formats in routine care and I will go beyond that state by addressing new developments. I will illustrate these new developments by virtue of several studies (RCT's) we conducted on the clinical and cost-effectiveness of blended CBT interventions (and their implementation) in routine care settings. A specific focus will be put on blending digital phenotyping in CBT treatment which includes mobile ecological momentary assessment tools and AI algorithms.

**Conclusion:** While digital mental health for depression and anxiety in routine care was boosted through the Covid-19 pandemic, the question remains whether the current knowledge base will leveraging digital mental health research and services to the next level. Implications for future research on blended treatments and clinical applications in routine care will be discussed.

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SOA0004

## Cost-effectiveness of psychotherapies and pharmacotherapies for mental disorders

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**Abstract:** Mental health problems have a substantial economic impact across the world. Those who have their problems detected may receive therapies (usually medication or psychological) or who packages of care (for example, early intervention or residential support). Some problems are transient while others will remain across the life course. Costs are closely associated with care received and it may be that costs need to rise in order to provide adequate support. Economic costs also occur due to lost opportunities such as work and leisure. This talk will summarise recent estimates of the cost of mental health problems in a number of countries. Establishing total costs does not tell us how to use limited resources. This requires the use of economic evaluation methods such as cost-effectiveness and cost-utility analyses. There is a growing evidence base from such evaluations for many psychological and pharmacological interventions and recent key findings will be discussed. The need for long-term, life course approaches to economic evaluation of mental health interventions will be proposed.

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