specialist ED services collect routine outcome measures (ROMs) which serve to assess illness severity, patients' quality of life and function. The repeated collection of ROMs over the course of treatment allows for the objective evaluation of patient progress towards recovery. Recent National Health Service (NHS) guidance on adult ED care in England suggests that all services should use ROMs, not just to track progress, but also to support the achievement of collaboratively identified, person-specific recovery goals, to empower patients and inform individualised treatment. To achieve this objective, clinicians need access to psychometrically sound ROMs which can be utilised in a collaborative and person-centred manner. Traditionally, ROMs have been collected using standardised patient-reported outcome measures (PROMs), but increasingly individualised PROMs (i-PROMs) are also being developed. Methods & Findings: In this talk I will review the 'why, what and how' of ROMs, PROMs, I-PROMS and of associated normative and ipsative feedback on these measures in the eating disorders context. Conclusions: Use of PROMs has much to be commended both in regard to treating individual patients, at service level and also the wider health care system.

Preclinical and Clinical Factors and Outcome in Bipolar Disorders

S0018

Predictors of Functional Outcome in Patients with Bipolar Disorder

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Introduction Bipolar disorder is a severe disorder that is often accompanied by deficits in both neurocognitive (1) and psychosocial function (2). At the Department of Psychiatry and Psychotherapy of the Medical University of Vienna we performed a study to further identify potential cognitive, clinical and treatment-dependent predictors for functional impairment, symptom severity and early recurrence in bipolar patients (3). Methods Forty-three remitted bipolar patients and 40 healthy probands were assessed with a cognitive battery. In a randomized controlled trial, remitted patients were assigned to two treatment conditions as add-on to state-of-the-art pharmacotherapy: cognitive psychoeducational group therapy (CPEGT) over 14 weeks or treatment-as-usual. At 1 year after therapy, functional impairment and severity of symptoms were assessed. Results As compared to healthy probands, bipolar patients showed lower performance in executive function, sustained attention, verbal learning and verbal fluency. Both attention and CPEGT predicted occupational functioning. In our study verbal memory recall was a predictor for symptom severity. Discussion Our data suggest that bipolar patients benefit from CPEGT in the domain of occupational life. Implications for treatment strategies are discussed. Solé B, Jiménez E, Torrent C,

Reinares M, Bonnin CDM, Torres I, Varo C, Grande I, Valls E, Salagre E, Sanchez-Moreno J, Martinez-Aran A, Carvalho AF, Vieta E. Int J Neuropsychopharmacol (2017) 20:670–80. Tohen M, Zarate CA Jr, Hennen J, Khalsa HM, Strakowski SM, Gebre-Medhin P, Salvatore P, Baldessarini RJ. Am J Psychiatry (2003) 160:2099–107. Sachs G, Berg A, Jagsch R, Lenz G, Erfurth A. Front Psychiatry (2020) 23;11:530026.

Disentangling Bipolar Disorders: Clinical and Neurobiological Markers of Disease Expression

S0019

The Genetic Underpinnings of Affective Temperaments: Identifying Novel Risk Variants with a Whole Genome Analytical Approach

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One reason behind the failure to understand the neurobiological background of affective disorders and develop more effective treatments is their heterogeneity warranting identification of clinically meaningful endophenotypes. Affective temperaments, considered subclinical manifestations and pathoplastic contributors of affective illnesses may constitute such endophenotypes. 775 general population subjects were phenotyped for affective temperaments using TEMPS-A, and genotyped using Illumina's CoreExom PsychChip yielding 573141 variants. Primary SNP-based association tests were calculated using linear regression models assuming an additive genetic effect with the first 10 calculated principal components, gender, age, and other affective temperaments as covariates; a Bonferroni-corrected genome-wide significance threshold set at $p \leq 5.0 \times 10^{-8}$, and suggestive significance threshold set at $p \leq 1.0 \times 10^{-5}$. SNP-level relevances were aggregated to gene-level with the PEGASUS method, with a Bonferroni-corrected significance level set at 2.0×10^{-6}, and suggestive significance thrshold set at $p \leq 4.0 \times 10^{-4}$. Functional effects of most significant SNPs as reported in public open databases based on expression quantitative trait loci (eQTL) and 3D-chromatin interactions were explored using FUMA v1.3.5. In SNP-based tests a novel genome-wide significant variant, rs3798978 ($p=4.44 \times 10^{-8}$) and several other suggestively significant SNPs in ADGRB3 were found for anxious temperament along with suggestively significant SNPs for the other four affective temperaments. In gene-based tests suggestively significant findings emerged for all five temperaments. Functional analysis suggested

that several of the identified variants influence gene-expression levels or participate in chromatin interactions in brain areas implicated in affective disorders. In the next step these findings should be investigated in patient samples, and in other models of affective disorders and related phenotypes.

Adult Patients With ADHD at the Interface of General and Forensic Psychiatry

S0020

ADHD in Prisoners.

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The risk rate of criminality is increased in ADHD, especially in children who, in addition to ADHD, express externalizing behavior of oppositional defiant disorder (ODD), later followed by conduct disorder (CD), substance misuse and antisocial personality disorder (ASPD). Studies report ADHD to be about ten times more common in prison populations than in the general adult population. Prisoners with ADHD have compared to prisoners without ADHD, an earlier onset of offending, higher rates of coexistent psychiatric disorders, and are more often incarcerated due to violent- and drug-related offences. Within prison settings, inmates with ADHD are more often reported for intra-institutional aggression and they are often experienced as more difficult to manage and costly to rehabilitate. Further, they relapse comparably more often and faster into criminality after being conditionally released. Despite high prevalence rates of ADHD within prisons and serious consequences related to untreated ADHD, few controlled trials have evaluated methylphenidate treatment in prisoners with ADHD and coexistent disorders. Evidence and clinical experience of pharmacological and psychosocial interventions of prison populations with ADHD will be presented briefly.

S0021

Impact of ADHD as a Risk and a Treatment Factor in Intimate Partner Violence.

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Intimate partner violence (IPV) has a very high prevalence (25%) in society and has serious consequences for its victims. As former studies showed minimal effectiveness of therapeutic interventions addressing IPV, the Dutch guideline for Familial/Domestic Violence (NVVP, 2008) recommends to focus more on systemic factors and on individual risk factors of IPV. ADHD is one of these individual risk factors. This presentation focuses on the association between ADHD and IPV, presenting data and clinical examples. ADHD was missed in 56% of a sample of forensic outpatients. Reasons for this issue of underdiagnosis of ADHD in case of aggression and IPV are discussed. Also, data of the ITAP (impact of treatment of ADHD on IPV) study are presented, showing that ADHD in offenders of IPV with ADHD scored higher on minor physical aggression, minor and severe psychological aggression and clinician-rated IPV than offenders without ADHD. Further, after a one year treatment of ADHD and IPV, decrease in IPV was mainly associated with decrease in ADHD symptoms. The importance of screening and treatment of ADHD symptoms in all IPV offenders is discussed to make treatment of IPV more effective.

Novel Options to Treat Cognitive Dysfunction in Schizophrenia?

S0022

Psychotherapy of Biases in Cognition in Schizophrenia: the SlowMo Randomised Controlled Trial for Paranoia, Outcomes and Mechanisms

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Reasoning biases, specifically jumping to conclusions and belief inflexibility, may play a causal role in persistent paranoia. SlowMo, a new digitally supported blended cognitive-behavioural therapy, targets these biases. Adopting the terms 'fast' and 'slow thinking' as a heuristic to support therapy, SlowMo encourages people to notice a tendency to fast thinking, and to slow down for a moment to reduce paranoia. SlowMo therapy is the first digital blended therapy for paranoia, employing face to face therapy sessions with interactive digital content, and using mobile technology to promote generalisation to daily life. We report a randomised controlled trial with N=362 participants with distressing and persistent (3+months) paranoia, comparing 8 sessions of SlowMo plus Treatment as Usual (TAU) with TAU alone. We examined SlowMo's effectiveness in reducing paranoia and improving reasoning biases; its mechanisms of action; usability; and acceptability (Garety et al., 2021). Outcomes: SlowMo was beneficial for paranoia: 10 /11 paranoia measures at 12 weeks and 8/11 at 24 weeks demonstrated significant effects, and sustained moderate effects were observed on all observer-rated measures of persecutory delusions. Improvements in self-esteem, worry, wellbeing and quality of life were also reported. Mediation: Consistent with the theory-driven design and treatment rationale, improvements in slower thinking were found to mediate change in paranoia at 12- and 24-week follow-ups. However contrary to hypothesis, reduced fast thinking did not mediate change in paranoia, whereas worry did. These findings highlight the potential therapeutic mechanisms of action of SlowMo which which are discussed further. Garety P, Ward T,