depression. A post-discontinuation visit was conducted 4 weeks following the treatment phase.

**Results:** The primary outcome of the study was mean change on the Montgomery-Asberg Depression Rating Scale. Secondary outcomes included functioning, substance use, mania ratings, and quality of life.

**Conclusion:** This study will firstly provide evidence as to whether a novel adjunctive treatment for bipolar depression targeting mitochondrial bioenergetics has efficacy for the depressive phase of the disorder, and will provide mechanistic support for the notion that there is a primary abnormality of mitochondrial bioenergetics in the disorder.

**References**

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**S25: The CINP bipolar algorithm project**

**Chair:** Hans Jürgen Möller, Germany  
**Co-Chair:** Andi Tanra, Indonesia

**Speaker 1: Hans Jürgen Möller, Germany**

**Title:** Are everyday clinical practice and guideline supported clinical decision making in contrast?

**Abstract**

Among psychiatrists there is a common feeling, that guidelines directives on psychopharmacological treatment are often in contrast to clinical decision making driven by clinical experience. This might be one reason, why compliance to guidelines is not as one might expect.

Reasons for this discrepancy are related among others in the way guidelines are developed by the respective commissions: the experts are often not or not any more clinically experienced, the priority given to meta-analyses lead to relative global results, for more differentiated treatment problems (drug resistance, predominance of certain sub-syndromes, psychiatric and non-psychiatric comorbidity, co-medication etc.) Sufficient data are not available, individual dispositions of the patients are not sufficiently considered in the EBM data base, the gap between phase-1 studies and phase-4 studies is difficult to overcome.

The current position of EBM neglects extremely the value of clinical practice and is not open enough for more critical reflections about is own methodological limitations. Especially the one-sided preference for meta-analyses should be replaced by a multi-methods approach, involving much more the evaluation of individual studies. This would help among others to give answers also to questions mentioned above, so far mostly not addressed sufficiently by the available guidelines.

**Speaker 2: Konstantinos N Fountoulakis, Greece**

**Title:** The Collegium International Neuro-Psychopharmacologicum (CINP) treatment guidelines for bipolar disorder in adults

**Abstract**

The CINP assembled a workgroup to develop guidelines and a precise algorithm for Bipolar disorder (BD). The works are still in progress and the actual guideline is expected to be published within 2016. These guidelines will be based on hard data and were intended to be as evidence based as possible. A new system of grading the evidence was developed. Monotherapy was given priority over combination therapy. The first approach led to draft detailed guidance for each phase of BD in a five-step way, by taking into consideration the specific clinical features if possible. The second includes a very precise algorithm. When released, the CINP guidelines will be the most recent fully updated and fully evidence based guidelines on the treatment of BD. Many issues need further study, data are rare and insufficient and many questions remain unanswered. The most important and still unmet need is to be able to merge all the guidelines which concern different phases of the illness into a single one, and in this way consider BD as a single unified disorder, which is the real world fact. However todato the research data do not permit such a unified approach.

**Speaker 3: Siegfried Kasper, Austria**

**Title:** Evidence based treatment of refractory bipolar patients.

**Abstract**

Definition of refractory bipolar patients is based on the course of the illness as well as current and past psychopathological status. Different steps of treatment considerations are considered for acute mania, hypomania as well as acute bipolar depression and thereafter for treatment during the maintenance phase. The steps can be grouped by evidence based from 1 to 5 and also non recommended types of medication need to be considered. Specific patient populations include those with agitation, pregnancy, lactation and the use of oral contraceptives as well as the management of somatic problems in bipolar disorder. It is obvious that evidence based guidelines like the CINP guidelines are limited by the data that is available and need to be regularly updated.

**Speaker 4: Lakshmi Yatham, Canada**

**Title:** How to incorporate the (CINP) algorithm into the everyday clinical

**Abstract**

How to incorporate the (CINP) algorithm into the everyday clinical

**S26: Modulation of emotion in psychiatric disorders**

**Chair:** Go Okada, Japan  
**Co-Chair:** Anton J M Loonen, Netherlands

**Speaker 1: Israel Liberzon, USA**

**Title:** Contextual modulation of fear in PTSD

**Abstract**

Background; The brain mechanisms that underlie PTSD are not yet understood. We had proposed that deficits in the processing of contextual information are at the core of PTSD pathophysiology, and they involve complex interplay between fear associated learning, memory, sleep, hyperarousal and stress responses in PTSD. We performed genetic and functional neuroimaging studies in PTSD subjects as well as translational studies in animal model of PTSD, to identify brain regions, as well as physiological