

Psychopathology

EPV0815

Textaphrenia: psychological repercussions among young adults

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Introduction: In the past ten years, the use of mobile phones for text messaging has increased dramatically. This is due to its utility in communication and interactions in the professional and personal spheres. Recent studies have demonstrated that the usage of text messaging via smart phones for social networking has also contributed to the reduction of loneliness. However, excessive usage of mobile phones is linked to certain psychiatric morbidities. Textaphrenia is one of these newly emerging mental health issues.

Objectives: The aim of this review is to analyze the effects of excessive use of mobile phones among young population.

Methods: Medical publications, studies, and specialized information on the subject were used to complete this work.

Results: Researchers have shown a correlation between excessive cell phone use and personality traits like neuroticism, extraversion, low self-esteem, and impulsivity. In addition to sleep disturbances, anxiety, tension, and depressed mood are all symptoms that have been linked to unhealthy cell phone use. These symptoms have also been linked to abusive use of the internet. Moreover, the current investigation sheds light on the coexisting link that exists between problematic cell phone use and the use of substances like tobacco and alcohol.

Conclusions: The evidence suggests that excessive usage of smart phones for text messaging might lead to the development of psychological dependence and can interfere with daily tasks.

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Types of apathetic depressions formed in endogenous diseases.

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Introduction: The topic of apathetic depression remains insufficiently studied to date. This is due to the lack of unity of views on the

definition of apathy and discrepancies in the definition of its phenomenological boundaries.

Objectives: The study of the psychopathological features of endogenous apathetic depression, the development of a typology of apathetic depression based on differences in the structure of apathetic phenomena.

Methods: The study included 70 patients (31 male, 39 female) suffering from endogenous apathetic depression in the framework of affective diseases – recurrent depressive and bipolar affective disorder (25 cases) and schizophrenia (45 cases). Clinical-psychopathological and clinical-catamnestic methods were used.

Results: Apathy in depressions differs in the disproportion of the representation of individual components of the apathetic syndrome. Based on the revealed differences, typological varieties of endogenous apathetic depressions were identified: with a predominance of a decrease in interests (30 cases, 42.9%); with a predominance of a decreased initiative (13 cases, 18.6%); with a predominance of a motivational decrease (27 cases, 38.6%). Last group, based on the degree of complicity of the adynamic component, was divided into apatheticadynamic and simple apathetic subtypes. Depression dominated by a decrease in interests was characterized by the predominance of the emotional component in the structure of apathy, consumatory anhedonia, but without loss of the ability to be involved in activities and volitional impairment. Depressions with a predominance of decreased initiative are characterized by the leading role of the cognitive component of apathy with the inability of patients to occupy themselves independently, with minimal severity of anhedonia and the formation of moral hypochondria phenomena. Depressions with a predominance of motivational decline are characterized by the dominance of the behavioral component of apathy with the loss of stimuli and motives for activity, anticipatory anhedonia, volitional deficit, with the inability to engage in any activities.

Conclusions: Apathetic disorders formed within the framework of endogenous depressions are characterized by heterogeneity, which is associated with an uneven representation of declining interests, the ability to show initiative and the motivational component of apathy.

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EPV0817

Symptomatological Transversality and the Absence of Pathognomonic Symptoms in Psychiatry

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Introduction: The diagnosis of the main psychiatric syndromes is still almost exclusively phenotypic and depends essentially of the recognition of characteristic signs and symptoms. The clinical evaluation allows the formulation of a set of differential diagnoses, according to the pathological meaning of certain symptomatic patterns and combinations. Aside from the entire dependence on the clinical interview, there are still no complementary psychiatric diagnostic exams and it is also worth noting the absence of pathognomonic symptoms.

Objectives: Through the presentation of the case of a patient with Bipolar Affective Disorder who manifests, during a manic episode, a Capgras delusion, we intend to approach the heterogeneity of the manifestation of some symptoms that tend to be specific of concrete psychiatric syndromes.

Methods: Clinical case presentation and non-systematic literature review using Pubmed platform.

Results: AB, female, 49 years old, diagnosed with Bipolar Affective Disorder. Hospitalized for a manic episode with dysphoric mood, increased energy levels and delusional activity of grandiose and persecutory content. During hospitalization, a Capgras delusion centered on the husband emerged: he was replaced by a stranger, I was able to detect him by smell.

Capgras delusion is a delusional misidentification syndrome characterized by the belief that someone close has been replaced by an imposter. Despite being a rare syndrome, vastly more common in schizophrenia, affecting about 73% of cases, it can also occur in other psychiatric conditions such as dementia syndromes and, less often, mood disorders (16.7%).

Additionally, there are several examples that demonstrate the versatility of psychiatric symptom occurrence in different diagnoses, with first-rank symptoms serving as an example. Described in 1959 by Kurt Schneider, they were considered specific symptoms of schizophrenia, assuming this diagnosis based on the recognition of only one symptom. Over time, its pathognomonic character has become extinct, and its detection in mood disorders and acute psychotic disorder is relatively common.

Another example is the overlap between depressive and anxious symptoms. In fact, anxiety symptoms occur in about 85% of patients diagnosed with depressive disorder and, in turn, the presence of depressive symptoms in about 90% of patients diagnosed with anxiety disorder. This evidence has allowed, over time, a review of the diagnostic criteria for these disorders, leading to a progressive blurring of the threshold between them.

Conclusions: Psychiatric diagnosis is still a delicate task, totally dependent on the clinical interview. The lack of analytical and imaging tests, as well as the absence of pathognomonic symptoms, constitute a particular challenge in diagnosis. For this reason, we highlight the importance of recognizing combinations and patterns of symptoms rather than the specificity of just one symptom.

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EPV0818

A very musical psychopathology – from intrusive musical imagery, to musical obsessions and hallucinations

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Introduction: The semiological spectrum that encompasses musical imagery is a very confusing field, as it is often difficult to understand the nature of the underlying psychopathological phenomenon from the patient's description.

Objectives: The purpose of the authors is to explore reviewing, distinguishing and organizing the concepts such as Intrusive

musical imagery, musical obsessions, musical hallucinations, pseudohallucinations and musical palinacousis.

Methods: A brief non-systematized review is presented, using the literature available on PubMed and Google Scholar.

Results: Intrusive musical imagery (earworms, *ohrwurms*, or involuntary musical imagery) occur in more than 85% of general population, without pathology or ear disease. It involves the involuntary repetition of 15-30 seconds of a fragment of music/tune, persisting like a looping soundtrack, not being aversive.

Musical obsessions are a rare form of intrusive imagery, occurring either with other symptoms of Obsessive Compulsive Disorder or isolated ("The stuck song syndrome"). It is recurrent, persistent, intrusive, unintentional, time consuming and causes distress or functional impairment (although not as ego-dystonic and aversive as usually intrusive visual imagery are); preserved insight.

Musical hallucinations occur only in 0,16% in a general hospital; they can be linked to psychiatric diseases, but they are more common in neurological diseases (cerebral lesions, Parkinson's disease, delirium, drug induced...). They are reported to with less controllability, less lyrical content, and lower familiarity, than other forms of inner music; are perceived to arise from an external source and are interpreted as veridical.

Musical Pseudohallucinations can arise after severe hearing loss, in hallucinogen intoxication and in psychotic or non-psychotic disorders (as dissociative states or in borderline personality disorder). They occur in inner/subjective space, but insight can fluctuate.

Musical palinacousis is associated with electroencephalogram and neuroimaging abnormalities, linked to structural brain pathology. There is perseveration (echoing) of an external auditory stimulus occurs after cessation of the stimulus.

Conclusions: A rash classification can lead to misdiagnosis (for e.g. interpreting obsessive symptoms as hallucinatory phenomena or rendering an organic pathology undiagnosed) and the institution of inappropriate therapy. It is important to carefully explore these musical imagery phenomena when patients present these complaints, taking some time to characterize them.

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EPV0819

Delusions of body control: Psychopathological description of a case.

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Introduction: A considerable number of patients with schizophrenia suffer from somatic passivity or delusions of control. So much so, that Schneider considered them as part of the first-rank symptoms.

In these cases, patients can think that feelings, impulses, thoughts, or actions are controlled or imposed by an external force.

Objectives: The objective is to make a psychopathological description of this symptomatology, based on a case report with Anomalous bodily experiences.