



Conclusions: The diagnosis of simple schizophrenia continues to present itself as a complex diagnosis that requires a careful review of the differential diagnosis.

Disclosure: No significant relationships.

Keywords: psychiatric classifications; simple schizophrenia; diagnosis

EPV0237

Antisocial Personality disorder. A case report

V. Muñoz Martínez^{1,2*}, A. León-Parente³ and M.-D. Laura³

¹Hospital General Universitario de Ciudad Real, Adolescents Inpatient Unit., Ciudad Real, Spain; ²Hospital General Universitario de Ciudad Real, Adolescent Inpatient Unit., Ciudad Real, Spain and ³Hospital General Universitario de Ciudad Real, Psychiatry, Ciudad Real, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1141

Introduction: Antisocial disorder is characterised by difficulty to adapt to social norms that normally rule different aspects of the

person's conduct in adolescence and adulthood. According to DSM-V, this disorder's prevalence stands between 0.2% and 3%, and is more frequent in men.

Objectives: Numerous studies have been made about the influence between the environment and genetics for the development of this disorder, finding in several patients a punctual mutation of the monoamine oxidase gene (MAOA); although impulsive behaviour has also been associated to the 5-HT tranporte gene (5-HTT), and the protein coding gene for Tryptophan Hydroxylase TPH1

Methods: The hospital admission for these patients must be made when there's autoregressive or hetero aggressive behaviour, suicide attempts, psychotic symptoms, or symptoms that generate important repercussions in the person's normal functions. Nevertheless, is important to identify during the hospitalization the improvement possibilities of these patients in order to make drug or psychotherapy adjustments; in the case that we don't observe treatment benefits, the patient will be released from the hospitalization

Results: The main treatment is psychotherapy.

Conclusions: There's not much evidence of drug use in this disorder, however, mood stabilizers, antidepressants, atypical antipsychotics and benzodiazepines are used for rage control, impulsiveness, anxiety and aggressiveness.

Disclosure: No significant relationships.

Keywords: antisocial; personality; inpatient; disorder

EPV0238

A Literature Review of Diagnostic Applicability of ICD 11 Classification of Personality Disorders in Comparison with ICD 10

F. Ahmed^{1*} and R. Roy²

¹Central & North West London NHS Trust, Psychiatry, Milton Keynes, United Kingdom and ²Oxford Health NHS Trust, Psychiatry, Oxford, United Kingdom

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1142

Introduction: Personality disorders are frequently encountered by all healthcare professionals and can often pose a diagnostic dilemma due to the crossover of different traits amongst the various subtypes. The ICD 10 classification comprised of succinct parameters of the 10 subtypes of personality disorders but lacked a global approach to address the complexity of the disease. The ICD 11 classification provides a more structural approach to aid in clinical diagnosis.

Objectives: A literature review of the diagnostic applicability of ICD 11 classification of personality disorders is presented in comparison with the ICD 10 classification.

Methods: A retrospective analysis of the literature outlining the ICD 10 and 11 classifications of personality disorders, exploring the differences in evidence-based applications of both.

Results: The ICD 11 classification of personality disorders supersedes the ICD 10 classification in describing the severity of the personality dysfunction in conjunction with a wide range of trait domain qualifiers, thus enabling the clinician to portray the disease dynamically. The current evidence available on the utility of the ICD 11 classification gives a promising outlook for its application in clinical settings.