

Classification of mental disorders

EPV0216

Paraphrenia – current psychopathological and diagnoses landmarks

E. Lukacs*, A. Nirestean, L. M. Grebenisan, A. Sima Comaniciu and E. G. Strete
Psychiatry, George Emil Palade University of Medicine, Pharmacy, Science, and Technology of Targu Mures, Targu Mures, Romania
*Corresponding author.
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Introduction: Paraphrenia, classically known as a chronic delusional-hallucinatory psychosis, currently has an uncertain nosological status, not being included in DSM-5 either. It can be integrated into the group of schizophrenic and delusional psychoses, but with obvious distinctive attributes. Currently, in the context of the increase in the incidence of childhood autism, the psychopathological pictures from the spectrum of psychoses in adulthood are also diversifying. Paraphrenic clinical pictures retain their specificity regarding the subject’s functioning in life roles and the absence of cognitive impairment despite the absurdity of delusional ideas while maintaining a good insertion in reality.

Objectives: We refer to patients who can be classically classified in the diagnosis of paraphrenia, with the aim of bringing back into question the validity and authenticity of this nosological entity.

Methods: The case descriptions aim to highlight the common clinical-evolutionary attributes and the distinctive ones between paraphrenia and other schizophrenic and delusional psychoses, emphasizing the differentiations corresponding to the involvement of personality and the ability to function in life roles.

Results: It is confirmed that in the case of subjects who can be classified as paraphrenic, fundamental personality structures are preserved, a good adaptation in roles with insignificant cognitive deterioration phenomena, a well-preserved insight but with a high potential of unpredictability so characteristic of the world of psychoses.

Conclusions: We believe that paraphrenia remains a psychopathological and clinical entity within which, although opposites coexist, the reporting and adaptation to objective reality is preserved - thanks to “double accounting”. From this perspective, paraphrenia confirms its distinct nosological status.

Disclosure of Interest: None Declared

EPV0219

Sex differences in diagnostic stability in first episode psychosis after 1-year follow-up

B. Jiménez-Fernández^{1*}, A. Toll-Privat^{1,2}, D. Bergé-Baquero^{2,3,4}, N. V. Motta-Rojas¹, M. Delgado-Marí¹, T. Legido-Gil^{2,3,4}, L. Martínez-Sarduni^{3,4}, T. Legido-Gil^{3,4}, J. Cuevas-Esteban¹ and A. Mané-Santacana^{3,4,5}
¹Psychiatry, Hospital Universitari Germans Trias i Pujol, Badalona; ²Centro de Investigación Biomédica en Red Salud Mental (CIBERSAM), Madrid; ³Institut de Neuropsiquiatria i Addiccions (INAD), Parc Salut Mar; ⁴Fundació Hospital del Mar Medical Research Institute (IMIM) and ⁵Centro de Investigación Biomédica en Red Salud Mental (CIBERSAM), Barcelona, Spain

*Corresponding author.
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Introduction: Diagnostic stability is a controversial issue in first episode psychosis (FEP) due to heterogenous symptoms and unclear affective symptoms. Differencing affective and non-affective psychoses is important as treatment strategies are different. Initial affective symptomatology has low specificity for predicting the subsequent diagnosis of affective psychosis. Sex has proven to be relevant for clinical and functional outcomes but it remains unclear how sex may contribute to diagnosis switch of FEP.

Objectives: To determine the role of sex in diagnostic stability in a sample of FEP after 1-year follow-up.

Methods: Diagnoses of FEP patients from Hospital del Mar of Barcelona were assessed at baseline and 1 year after. Univariate analyses was performed for all diagnoses and dichotomic variable (affective/non-affective). Logistic regression model was performed to know which variables predict diagnosis switch.

Results: 256 patients were enrolled. No differences were found at baseline between completers and non-completers (**Table 1**). No significant differences between men and women at baseline diagnosis were found, neither all diagnoses (p=0.274) nor the dichotomic variable affective/non-affective (p=0.829) (**Table 2AB**). Significant differences were found at 1-year follow-up between men and women, for all diagnoses (p=0.043) and the dichotomic variable (p=0.039). Sex was the only variable that predicted diagnosis switch (**Figure 1**), PANSS, CDSS, YMRS, GAF and cannabis did not.

Table 1. Baseline characteristics of participants

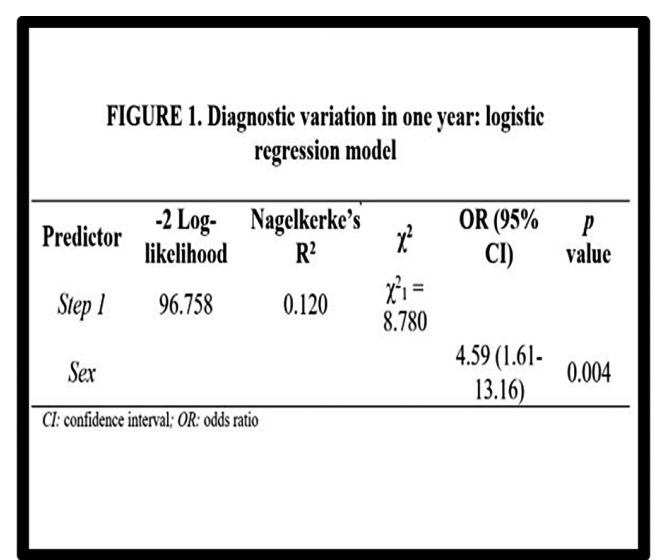
	Completers (n=188)	Non-completers (n=68)	p
Women (n, %)	71 (37.8)	30 (44.1)	0.111
Age (M, IQR)	24 (20-28)	22 (20-28)	0.899
Cannabis use (M, IQR)	5.5 (0-18)	7 (0-21)	0.231
DUP (M, IQR)	45 (12.5-130)	36 (11.25-115.75)	0.213
PANSS (m, sd)	44.55 (10.17)	40.93 (10.42)	0.761
CDSS (M, IQR)	2 (0-7)	3 (0-5.5)	0.199
YMRS (m, sd)	19 (9.64)	17.6 (9.15)	0.845
GAF (M, IQR)	30 (25-50)	30 (25-35)	0.114

TABLE 2A and 2B. Diagnosis comparison (n, %)

	Baseline Men	1-year follow-up Women	Total	Men	Women	Total
Psychosis NOS	69 (59)	39 (54.9)	108 (57.4)	28 (23.9)	10 (14.1)	38 (20.2)
Schizophreniform disorder	22 (18.8)	16 (22.5)	38 (20.2)	14 (12)	9 (12.7)	23 (12.2)
Induced psychosis	4 (3.4)	0 (0)	4 (2.1)	15 (12.8)	4 (5.6)	19 (10.1)
Affective psychosis	17 (14.5)	9 (12.7)	26 (13.8)	24 (20.5)	25 (35.2)	49 (26.1)
Schizophrenia	0 (0)	0 (0)	1 (0.4)	30 (25.6)	14 (19.7)	44 (23.4)
Brief psychotic disorder	5 (4.3)	7 (9.9)	12 (6.4)	6 (5.1)	8 (11.3)	14 (7.4)

	Baseline Men	1-year follow-up Women	Total	Men	Women	Total
Affective psychosis	17 (14.5)	9 (12.7)	26 (13.8)	24 (20.5)	25 (35.2)	49 (26.1)
Non-affective psychosis	100 (85.5)	62 (87.3)	162 (86.2)	93 (79.5)	46 (64.8)	139 (73.9)

Image:



Conclusions: Sex has proven to be the main predictor of switching initial diagnosis of FEP.

Disclosure of Interest: None Declared

EPV0220

Impulsivity: A Dimensional Perspective in PD and ED. Comparison of Results in a Case-Control Study.

M. Pérez-Lombardo^{1,2,*}, Í. Alberdi-Páramo^{1,2}, W. Ayad-Ahmed^{1,2}, J. L. Carrasco-Perera^{1,2} and M. Díaz-Marsá^{1,2}

¹Psiquiatría, Hospital Clínico San Carlos and ²Psiquiatría y Medicina Legal, Universidad Complutense de Madrid, Madrid, Spain

*Corresponding author.

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Introduction: Personality Disorders (PD) - specifically Borderline Personality Disorder (BPD), and certain Eating Disorders (ED) share common clinical features. One of these features is impulsivity, studied individually in each diagnostic group, and scarcely used to encompass specific profiles of these patients.

Understanding the common clinical variables of this patient population would facilitate therapeutic efforts and enable greater precision regarding the prognosis of these patients.

Objectives: This study aims to study impulsivity in a group collectively formed by BPD and ED, compared to a control group, in contrast to the individualized study approach typically conducted in the literature.

Methods: A cross-sectional descriptive study is conducted to assess impulsivity as a common diagnostic variable in a group of PD and ED in comparison with a healthy control group. The sample was collected between 2016 and 2019 at the Hospital Clínico San Carlos, totaling 108 subjects.

Results: A statistically significant difference is observed ($p < 0.005$ in all scales) in total impulsivity, cognitive impulsivity, motor impulsivity, and unplanned impulsivity in the cases group comprising patients diagnosed with PD and ED, compared to the control group from the general population.

Conclusions: Impulsivity is closely related to the concept of borderline personality disorder. This analysis also includes eating disorders, with the difference from the control group still statistically significant.

The presence of common clinical variables in these groups (PD and ED) may have clinical and therapeutic implications that differ from those pursued thus far. This allows moving away from the categorical model and understanding these disorders from a more enriching and advanced dimensional perspective.”

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EPV0221

Non-Standard Diagnostic Assessment reliability in psychiatry: A study in a Brazilian outpatient setting using Kappa

H. Rocha Neto¹, D. Telles-Correia^{1*}, L. Koiller² and M. Cavalcanti²

¹Psiquiatria, Faculdade de Medicina de Lisboa, Lisbon, Portugal and

²Programa de Pós Graduação em Psiquiatria e Saúde Mental, Universidade Federal do Rio de Janeiro, Rio de Janeiro, Brazil

*Corresponding author.

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Introduction: The use of Structured Diagnostic Assessments (SDAs) is a solution for unreliability in psychiatry and the gold standard for diagnosis. However, except for studies between the 50s and 70s, reliability without the use of Non-SDAs (NSDA) is seldom tested, especially in non-Western, Educated, Industrialized, Rich, and Democratic (WEIRD) countries.

Objectives: We aim to measure reliability between examiners with NSDAs for psychiatric disorders.

Methods: We compared diagnostic agreement after clinician change, in an outpatient academic setting. We used inter-rater Kappa measuring 8 diagnostic groups: Depression (DD: F32, F33), Anxiety Related Disorders (ARD: F40–F49, F50–F59), Personality Disorders (PD: F60–F69), Bipolar Disorder (BD: F30, F31, F34.0, F38.1), Organic Mental Disorders (Org: F00–F09), Neurodevelopment Disorders (ND: F70–F99) and Schizophrenia Spectrum Disorders (SE: F20–F29) (Check table 1 about diagnosis hierarchy and observed frequency in sample). Cohen’s Kappa measured agreement between groups, and Baphkar’s test assessed if any diagnostic group have a higher tendency to change after a new diagnostic assessment. This research was approved by IPUB’s ethical committee, registered under the CAAE33603220.1.0000.5263, and the UTN-U1111-1260-1212.

Results: We analyzed 739 reevaluation pairs, from 99 subjects who attended IPUB’s outpatient clinic. Overall inter-rater Kappa was moderate, and none of the groups had a different tendency to change (Check table 2 for diagnostic change distribution). Our