tive method for analyzing the details and for making conclusions in order to be apply in the delusional process.
Results (a) Understand the internal dynamic of delusion and how the delusion becomes the main axis of the patient life. (b) The patient finds on the delusion a life motive, which did not exist before.
Conclusion Paraphrasing Dr.Castilla del Pino, "the delusion is a necessary mistake". From the emotional point of view, it can be said "the delusion is a cry of a captured heart".
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1974

EV990

The psychopathology scan from the phenomenology

S. Rodrígue Vargas
Almería, Spain

Introduction This is a doctrinal movement that seeks to analyze mental illness without reductionism and seeks to grasp the nearest as possible to the reality of the patient.
Aims This is the analysis of an event, a concept, a feeling, trying to grasp as it is lived by the subject and in the direction you may have for him.
Methods Review of literature.
Results It was the first approach to the knowledge of the pathological experience and was the first scientific model to characterize the mental pathology. It was the central doctrine of psychiatry until the end of World War II, when the hegemony of the German psychiatric science gave way to the views that are primarily developed in Anglo-Saxon countries (psychoanalysis and behavioral psychology), although some European countries such as Germany and Spain continued growing until the 1980s, when it culminated in the publication of the DSM-III (1980).
Conclusions These approaches are "old fashioned" but are essential to understand and know the reality of human sick, "mentally ill man."
Disclosure of interest The author has not supplied his/her declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1975

EV992

Comparisons of psychological characteristics between schizophrenia, bipolar disorder and depressive disorder patients

M.S. Shin
Seoul National University College of Medicine, Psychiatry, Seoul, Korea

Introduction and objectives This study was conducted to examine the psychological characteristics of the schizophrenia ($n = 20$), bipolar disorder ($n = 20$) and depressive disorder ($n = 13$) patients on MMPI-2 and Rorschach responses.
Methods MMPI-2 and Rorschach was individually administered to all patients, and their Rorschach responses were scored by Exner's comprehensive scoring system. The means of T scores of MMPI-2 subscales and Rorschach scores were compared among the three groups.
Results The schizophrenic and bipolar disorder groups showed significantly higher scores on the MMPI-2 K scale than the depressive group, while the depressive group showed significantly higher score on MMPI-2 Si scale than the schizophrenic and bipolar groups. In Rorschach responses, the bipolar and depressive groups obtained significantly higher scores on two variables (FM + m, m) than the schizophrenic group. The bipolar group obtained significantly higher scores on three variables (es, CP, a), suggesting hyperactivity and mood dysregulation.
Conclusions These results suggested that patients with depressive disorder might subjectively suffer from more severe emotional and social discomfort than patients with the schizophrenia and bipolar disorder, while patients with bipolar disorder and schizophrenia would be more defensive than the depressive patients.
Disclosure of interest The author has not supplied his/her declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1977

EV994

A case report: Sanchís-Banús syndrome

J. Valdés Valdazo*, C.M. Franch Pato, C. Martínez Martínez, A. Serrano García, J. De Santiago Sastre, A. Ugidos Fernández, J. Min Kim
Caule, Psychiatry, Leon, Spain
* *Corresponding author.*

Introduction There are few reported cases relating visual acuity and psychosis. The Spanish psychiatrist Sanchís-Banús focused on two patients who became blind and who, due to stress developed paranoid and jealousy delusional ideas. He called it "Sanchís-Banús syndrome" (SBS) that is mentioned in the psychiatry literature.
Methodology A case report. We present a case of "paranoid delusion of the blind" (SBS), quite similar in its clinical characteristics to those of the original patients of the valencian psychiatrist Sanchís-Banús. In our case, we met a 46-years-old woman, who worked as a lottery seller because she had a visual problem: retinitis pigmentosa. She had had her first psychotic decompensation when the blindness started. In spite of having achieved good social and work performance with quetiapine 400 mg/daily, laboral conflicts and stress caused her delusional ideas again. She began to think that her mother was not her real mother (Capgras syndrome) and that she was being persecuted. She also did not eat the meal and did not drink water because she thought that they were contaminated.
Results We started treatment with clozapine at doses of 300 mg every day (50-50-200) combined with aripiprazole15 mg/day tolerating the medication without notable effects. After this adjustment of medication, remission and good criticism of hallucinatory and delusional clinical course. The nosological, clinical, and prognostic features of SBS are discussed in light of the current literature.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1979

EV995

Preliminary data from a longitudinal 3-year study of patients with adjustment disorder

B. Vallejo-Sánchez[1,*], J. Martinez Arnaiz[2], C. García Blanco[2], A.M. Pérez-García[3]
[1] *Santa Bárbara Hospital, Mental Health Unit, Puertollano-Ciudad Real, Spain*
[2] *Santa Barbara Hospital, Mental Health Unit, Puertollano-Ciudad Real, Spain*
[3] *UNED, Psychology Faculty, Madrid, Spain*
* *Corresponding author.*

Introduction Adjustment disorder (AD) is a common diagnosis, but there are relatively few studies, in part because the current definition is still poorly specified, inadequate and controversial. Some clinicians and researchers have pointed out that a psychiatric diagnosis should present a clinical description, as well as date based on psychological, biological and/or sociofamiliar studies, and

https://doi.org/10.1016/j.eurpsy.2016.01.1980 Published online by Cambridge University Press

follow-up investigation about outcome and prognosis, to increase the reliability and validity diagnosis and permits exclusion of other possible disorders and normality. There is much empirical evidence to indicate that AD is a transient disorder with a tendency to spontaneous remission. However, some studies have shown that patients with AD often develop major psychiatric disorders, presenting a higher rate of psychiatric morbidity, e.g., higher suicide rates.
Aim The aim of this study was to analyze the clinical and sociodemographic characteristics, as well as some possible personal vulnerability factors in patients with AD.
Method This longitudinal study was carried out on 80 outpatients diagnoses with AD at a Mental Health Unit, who were followed up for 3 years. It was analyzed different clinical and sociodemographic characteristics.
Results Significant differences between groups were found in some of the variables considered.
Conclusions The results add empirical evidence to a controversial and little-researched diagnostic category and provide guidelines for assessment and intervention. They also may contribute to improve diagnostic classifications.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1980

EV996

Soft neurological signs in schizoaffective disorder – Indicator of psychotic spectrum or diagnostic bias (case report)

V. Vukovic[1,*], S. Nikolic Lalic[1], J. Mitic[2], M. Stojanovic[3]
[1] *Special hospital for psychiatric disorders "dr Slavoljub Bakalovic", Affective disorders and borderline states unit, Vršac, Serbia*
[2] *Special hospital for psychiatric disorders "dr Slavoljub Bakalovic", Unit for geriatric psychiatry, Vršac, Serbia*
[3] *Special hospital for psychiatric disorders "dr Slavoljub Bakalovic", Acute psychosis unit "P", Vršac, Serbia*
* *Corresponding author.*

Introduction Neurological soft signs (NSS) refer to a group of neurological deficits with no apparent pathognomonic supstrate and comprise phenomena such as disorders of simple motor coordination, sensory integration, as well as disinhibition sings. Schizophrenia and other neuropsychiatric disorders are associated with a higher prevalence of NSS.
Case summary A 21-year-old male presented to our hospital with symptoms including anxiety, delusions, mood alterations, insomnia, and hypomania. Neurological assessment revealed presence of soft neurological signs. Personal history was positive for hypoxic birth injury and psychiatric heredity. During his stay, the patient showed not only partial response to treatment during several months, but also extrapyramidal symptomatology (limb hypertonia, decreased associated movements during walking, arm dropping, and rigidity of the neck, as well as elevated blood levels of CK, CRP, and high body temperature). There was no progression of NSS. The addition of valproate to antipsychotic treatment led to mild improvement. An MRI exam indicated presence of lesions in the white mass.
Discussion Although NSS have been more frequently associated with schizophrenia, especially in patients with dominant negative symptoms, there are findings, which suggest their presence in schizoaffective and bipolar disorders. Their presence is often an indicator of poor outcome, they can resemble EPS, and their association with frequency and severity of EPS is unclear.
Conclusion The presence of NSS is not enough to discriminate schizoaffective disorder, a "vague" diagnosis from others in what is considered the psychotic spectrum.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1981

EV997

Kraepelin's ghost: Late onset schizophrenia, dementia (non)praecox, or paraphrenia? (case report)

V. Vukovic[1,*], S. Nikolić Lalić[2], T. Voskresenski[3], S. Jokić[4]
[1] *Belgrade, Serbia*
[2] *Special hospital for psychiatric disorders "dr Slavoljub Bakalovic", Affective disorders and borderline states unit, Vrsac, Serbia*
[3] *Special hospital for psychiatric disorders "dr Slavoljub Bakalovic", Neurology unit, Vrsac, Serbia*
[4] *Special hospital for psychiatric disorders "dr Slavoljub Bakalovic", Acute psychosis unit, Vrsac, Serbia*
* *Corresponding author.*

Introduction It is difficult to establish whether a patient has late onset schizophrenia or frontotemporal dementia. The object of the following case report is to point out the difficulty of making a differential diagnosis between these two entities.
Case summary A 49-year-old female patient was admitted to our hospital after presenting with auditory and visual hallucinations, formal thought disorder, persecutory delusions, ideas of reference, insomnia. Memory, executive function and attentional tasks were severely compromised. Computerized tomography showed incipient frontal lobe atrophy. There were no significant abnormalities found in blood and urine samples or physical and neurological examinations. After showing no response to olanzapine, and extrapyramidal side effects to fluphenazine, risperidone was initiated which subsequently led to complete withdrawal of positive symptoms.
Discussion Patients presenting with psychotic symptoms after the age of 40 presented a diagnostic quandary, as they were less likely to present with negative symptoms, formal thought disorder or affective blunting, and more likely to have systematised delusions and visual hallucinations. Frontotemporal dementia is a disorder that can present itself with cognitive decline and a large range of psychiatric symptoms. The risk of late onset schizophrenia is greater in women, possibly implicating a causative role of female sex hormones. Atypical antipsychotics risperidone and olanzapine seem to be an adequate treatment.
Conclusion Schizophrenia is a heterogeneous disease with a large variety of clinical manifestations. Special care should be given to patients with age over 40, including neurocognitive assessment, laboratory and hormone tests, and a long-term follow-up.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1982

EV998

The importance of descriptive psychopathology in differential diagnosis of dissociative disorders: A case report

C.A. Welte-Santana*, L. Oliveira, L. Carvalho de Toledo, N. Merola Fontoura, M. Ribeiro Garcia de Rezende, C. Lima de Melo, A.F. Macedo de Queiroz
Hospital Municipal Jurandyr Manfredini, Ambulatório de Psiquiatria, Rio de Janeiro, Brazil
* *Corresponding author.*

Introduction Some kinds of hallucinations are misdiagnosed due to primary psychotic disorders. Hallucinations can be classified into 3 categories: true hallucinations, pseudo-hallucinations and hallu-