

psychiatric disorders. However, to date, there is no specific diagnosis in the DSM-5 that capture the clinical complexity of these patients. Properly, the last version of the ICD-11 includes a diagnosis termed Complex Post-Traumatic Stress Disorder (CPTSD), which considers the pattern of post-traumatic stress symptoms, plus life-impairing disturbances in self-organization (emotion dysregulation, negative self-concept and interpersonal problems). Clinical research about CPTSD, especially in younger population, is still limited.

**Objectives:** To explore the symptomatology of CPTSD in a sample of youth exposed to CT and its association with worse clinical outcomes.

**Methods:** 187 youth aged 7 to 17 years participated in the EPI\_young\_stress\_project (116 with current psychiatric disorder and 71 healthy controls). CT was evaluated following the TASSCV criteria. To identify CPTSD symptomatology, we performed an exploratory factor analysis including CBCL and TEIQue items. The global level of functioning was measured by CGAS.

**Results:** Preliminary results pointed that youth exposed to CT showed greater internalizing ( $p < .001$ ) and externalizing ( $p < .001$ ) symptomatology. Regardless of their current primary diagnosis based on DSM-5, youth exposed to CT reported more CPTSD symptomatology ( $p < .001$ ). Moreover, youth with CPTSD showed greater use of psychotropic drugs ( $p < .001$ ), higher and longer hospitalizations ( $p = .002$ ) and worse overall functioning ( $p < .001$ ).

**Conclusions:** The inclusion of the CPTSD in future versions of mental disorders manuals should increase the implementation of early specific trauma interventions, which may improve victims' lives and reduce the risk of worse clinical outcomes.

**Disclosure:** No significant relationships.

**Keywords:** Maltreatment; complex trauma; youth; CPTSD

## EPV0236

### Simple Schizophrenia or Neurotic Disorder? Case report

P. Suz Maroto<sup>1\*</sup>, B. Díez Valle<sup>2</sup>,

A. Hurtado De Mendoza Vázquez<sup>1</sup> and E. Navas Collado<sup>1</sup>

<sup>1</sup>Hospital Universitario José Germain, Psychiatry, Leganés, Spain and

<sup>2</sup>Hospital Severo Ochoa, Psychiatry, Leganés, Spain

\*Corresponding author.

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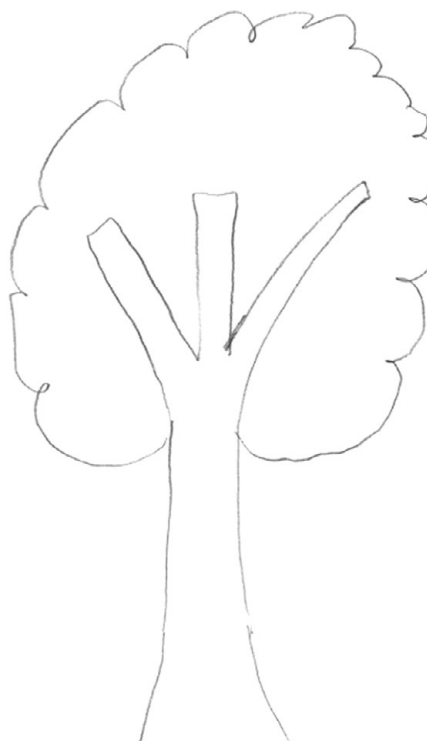
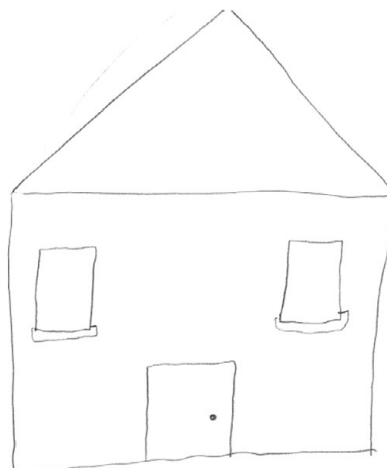
**Introduction:** The diagnosis of simple schizophrenia remains an unusual and controversial diagnosis today. The presentation of nonspecific symptoms shared by other nosological entities make differential diagnosis a challenge.

**Objectives:** The main objective of this case report is to review the diagnosis of simple schizophrenia and its differential diagnosis.

**Methods:** Case report and literature review. We present the case of a 52-year-old man who was admitted to a medium stay unit for psychosocial rehabilitation with the diagnosis of simple schizophrenia after his debut at 49 years of age with clinical manifestations of progressive self-care abandonment and personality change.

**Results:** Given the psychosocial deterioration observed and lack of response to pharmacological and psychotherapeutic treatments, the possible diagnoses of dementia praecox and simple schizophrenia were considered. Several individual and family interviews, neuropsychological and projective tests (HTP test, figure 1-3) were performed in order to define the diagnosis. The results revealed age-appropriate cognitive functioning and the absence of data suggestive of an underlying psychotic disorder. On the other hand, it was observed

that the patient was able to establish some social relationships and participate in group activities in the medium stay unit. These findings suggest the influence of factors related to the socio-familial environment and cast doubt on the initial diagnostic hypothesis.





**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<sup>1,2\*</sup>, A. León-Parente<sup>3</sup> and M.-D. Laura<sup>3</sup>

<sup>1</sup>Hospital General Universitario de Ciudad Real, Adolescents Inpatient Unit., Ciudad Real, Spain; <sup>2</sup>Hospital General Universitario de Ciudad Real, Adolescence Inpatient Unit., Ciudad Real, Spain and <sup>3</sup>Hospital General Universitario de Ciudad Real, Psychiatry, Ciudad Real, Spain

\*Corresponding author.

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**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 gen (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<sup>1\*</sup> and R. Roy<sup>2</sup>

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

\*Corresponding author.

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**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.