

Classification of mental disorders

EPV0227

Differential diagnosis of psychosis and dissociative disorder: a case report

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Introduction: Psychosis and dissociative disorders are both described in the DSM-5 as different diagnostic categories. However, a high comorbidity of these diagnoses has been observed in different studies, perhaps due to the overlapping of symptoms between them.

Objectives: A systematic review about overlapping symptoms in psychotic spectrum and dissociative disorders

Methods: Presentation of the case of a patient and review of the existing literature on the differential diagnosis between dissociative disorder and other psychotic spectrum disorders.

Results: Both similarities and differences have been found between both diagnoses. Patients with dissociative disorder experienced more dissociative and positive symptoms while those on the psychotic spectrum experienced more negative symptoms. The literature reflects that the two entities overlap on many of their diagnostic symptoms. On some occasions, more dissociation has been detected in patients diagnosed with the psychotic spectrum than those with a diagnosis of dissociative disorder.

Conclusions: Despite the fact of being different diagnostic entities, the literature does not reflect clear boundaries between psychosis spectrum symptoms and dissociative disorder.

Disclosure of Interest: None Declared

EPV0228

Big data networks: Dynamic Time Warping as a statistical tool for network analysis using Ecological Momentary Assessment data

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Introduction: In recent research, psychological disorders have been increasingly defined as complex dynamic systems in which symptoms are interconnected and influence each other, thereby forming symptom networks. This paradigm shift calls for the analysis and interpretation of relationships between symptoms that are complex, potentially non-linear, and dynamic. Dynamic Time Warping (DTW) is used to measure similarity in temporal

sequences, and has recently been found effective in modelling psychopathology symptom networks.

Objectives: We aim to demonstrate that DTW could also be used to model the network structure in Ecological Momentary Assessment (EMA) data.

Methods: 355 participants of the Netherlands Study of Depression and Anxiety (NESDA), of which 100 with and 255 without current disorder, completed EMA assessments of 20 symptoms (e.g., feeling sad, tired, satisfied) five times a day for two weeks. DTW analysis was performed on the group level, comparing participants suffering from mood disorders to healthy controls. DTW distances were visualized as an undirected symptom network, in which we adjusted for the average symptom severity per item per person.

Results: DTW analysis of close to half a million symptom scores yielded six symptom dimensions based on their aggregated similarity of changes over time within the participants. Surprisingly, negative affect symptom networks were found to be less strongly connected in those currently suffering from mood disorders than in controls, whereas the network density of (reverse-coded) positive affect symptoms was more closely connected in this group. This is contrary to the results of previous studies, where negative affect-related symptom networks of those with mood disorders were found to be more strongly interconnected.

Conclusions: DTW is a promising new technique for analyzing EMA data and modeling dynamic symptom networks at both the individual and group levels. Using EMA data, symptom networks and dimensions can be modeled with great structural and temporal detail. Incorporating the temporal symptom dynamics may highlight the importance of the independent trajectories of negative mood symptoms.

Disclosure of Interest: None Declared

EPV0229

Kraepelin, the unitary psychosis theory and the classification in psychiatry

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Introduction: The history of psychiatry is the history of the unitary psychosis concept. Recent studies on this subject by prominent authors (Huda, Stanghellini, Broome, etc.) confirm that the problem has not been resolved but that it reappears now with more force from skeptical positions, based above all on the insufficiency of the classification criteria official (ICD-10, DSM-V). This skepticism has led to an attempt to make the line that separates normality from mental illness disappear with the weak argument that isolated psychotic symptoms are detected in the general population. The proposals to stop these movements that border on the denial of mental illness try to provide more information on the contextual and subjective factors of mental illness, thus reinforcing the so-called biopsychosocial model formulated by Engel in 1976, whose conceptual imprecision is largely responsible for the problems before indicated as well as other more serious ones for the organization of psychiatric care.

Objectives: Point out the insufficiencies of the biopsychosocial model.-Point out the advantages of acquiring a classic evolutionary

approach such as the one designed by Iván Pavlov besides the Volga and improved by some followers.-highlight the differences between researching in psychopathology, a true science, or doing it in clinical psychiatry, its practical application. This distinction is essential.

Methods: The works of some authors who have approached this conflict with dedication and rigor will be reviewed. Research lines followed during last hundred years in psychiatry will be contrasted with the results obtained.

Results: New points of view and new tools need to be incorporated to solve this conflict that confuses experts so much are proposed. Ways of working are indicated that should avoid confusion between psychopathology and clinical psychiatry

Conclusions: A psychiatric diagnosis must be established on solid conceptual basis that we currently lack.-Both Kraepelin and Kurt Schneider are two key figures to recover and keep current in our daily practice.-The importance of patient's subjectivity when taking an anamnesis of their problems seems very important. The question is how to manage that subjectivity in order to analyze it from a classical scientific model, Pavlov's great desire.-A revisiting of Husserlian phenomenology is essential in the training plans of young psychiatrists and in daily psychiatric care. But this is not enough. We need new tools and new conceptual frameworks so that the phenomenological perspective can contribute to put light in problems as important as those generated by the constant change of diagnosis that is carried out with many patients. If we want a scientific psychiatry we cannot handle with tools that have failed since their creation.

Disclosure of Interest: None Declared

Climate change

EPV0231

Definitions and scope of the mental health burden of global climate change

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Introduction: Climate change is increasing the frequency of extreme weather events – such as heatwaves, droughts, floods, and wildfires – and undermining the mental health and wellbeing of global populations, but the dimensions and scope of this burden remain under-studied.

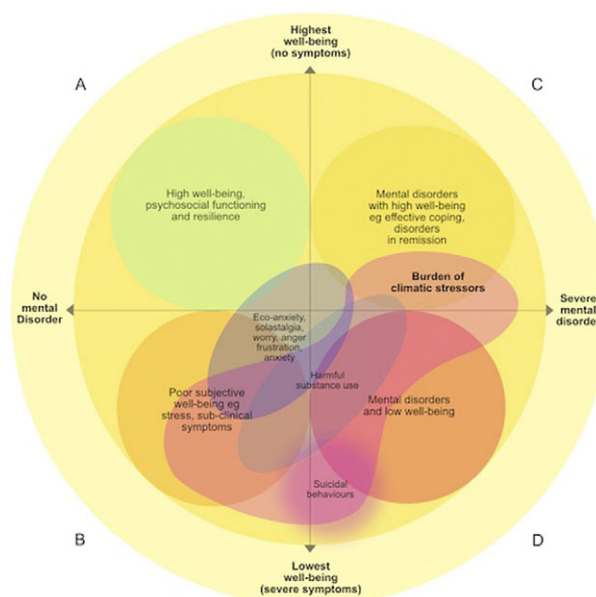
Objectives: To identify the distinct but overlapping mental health domains that are being impacted by climate change-related stressors and how these domains relate to and interact with one another.

Methods: A narrative synthesis of conceptual and empirical studies of climate change and mental health.

Results: We find strong empirical evidence that climate change is already harming mental health across multiple mental health domains, including through increased rates of psychiatric disorders

(e.g., PTSD, depression, anxiety), sub-clinical psychological distress, harmful substance use, self-harm/suicidal behaviors, and worry about the observed and anticipated impacts of climate change. Most of the mental health burden is likely to occur in the form of sub-clinical symptoms, including lowered resilience and subjective well-being, while negative psychological states (e.g., eco-anxiety) are likely to constitute a smaller proportion of the overall burden. We argue that the mental health burden can be helpfully conceptualised within a dual-continuum model that considers the presence/absence of psychiatric diagnosis on the one hand, and high/low psychosocial wellbeing on the other.

Image:



Conclusions: Climate change is already harming the mental health of global populations across multiple functional domains. Defining and tracking the scope of this growing burden is essential so that effective preventive and adaptive action can be taken.

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EPV0232

Psychotropic drugs and the environment: a comprehensive analysis of surface water concentrations and associated risks

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Introduction: For most countries it is currently unknown to what degree concentrations of psychotropic drugs in surface water exceed environmental threshold concentrations (ETCs) [MOU1] for ecosystems and what risk mitigation could be applied. ETCs are