

Disclosure of interest The author has not supplied his declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.962>

Schizophrenia research: The necessary link between psychopathology and clinical neuroscience

W29

From Griesinger to DSM-V: Do we need the diagnosis of schizophrenia?

A. Erfurth^{1,*}, G. Sachs²

¹ Otto-Wagner-Spital, 6th Psychiatric Department, Vienna, Austria

² Medical University of Vienna, Department of Psychiatry and Psychotherapy, Vienna, Austria

* Corresponding author.

The dichotomy between “dementia praecox” and “manic-depressive insanity” by Emil Kraepelin is one of the milestones of nosology in psychiatry [1].

This dichotomy reflects the necessity – particularly in the absence of effective treatment in Kraepelin’s time – to differentiate (and to predict) the functional outcome of individual patients. Since Kraepelin’s original division particularly the influence of Kurt Schneider has led to a full acknowledgment of the dichotomy in both ICD and DSM.

While this division has proven to be clinically useful, alternatives have been proposed covering a large spectrum from the idea of unitary psychosis as in Wilhelm Griesinger and Klaus Conrad to further subdivisions as in Karl Leonhard. Recent research in neuroscience suggests the presence of an overlap between schizophrenia and other psychiatric disorders [2–4].

Disclosure of interest The author has not supplied his declaration of competing interest.

References

- [1] Kraepelin E. *Psychiatrie*. 6th edition Leipzig: J.A. Barth; 1899.
- [2] Smoller JW, et al. *Lancet* 2013;381:1371–9.
- [3] Lee SH, et al. *Nat Genet* 2013;45:984–94.
- [4] Padmanabhan JL, et al. *Schizophr Bull* 2015;41(1):154–62.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.963>

W30

Role of psychopathology in elucidating the underlying neural mechanisms

F. Oyebo

Birmingham, United Kingdom

Introduction Psychopathology is the systematic study of abnormal subjective experience and behaviour and it aims to give precise description, categorisation and definition of abnormal subjective experiences.

Aim I aim to demonstrate that the most appropriate approach to elucidating the biological origins of psychiatric disorders is firstly to identify elementary abnormal phenomena and then to relate these to their underlying neural mechanisms. I will exemplify this by drawing attention to studies of Delusional Misidentification Syndromes (DSM).

Results I will show that there are impairments in face recognition memory in individuals with DSM without impairments in the recognition of emotion and that there are abnormalities of right hemisphere function and of the autonomic recognition pathways that determine sense of familiarity.

Conclusions Basic psychopathological phenomena are more likely to throw light on the basic neural mechanisms that are important in psychiatric disorders than studying disease level categories.

Disclosure of interest The author has not supplied his declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.964>

W31

The role of cognition in the psychopathology of schizophrenia: Assessment and treatment options

G. Sachs^{1,*}, I. Lasser¹, B. Winklbaur¹, E. Maihofer², A. Erfurth²

¹ Medical University of Vienna, Department of Psychiatry and

Psychotherapy, Vienna, Austria

² Otto Wagner Spital, Vienna, Austria

* Corresponding author.

Cognitive dysfunction is a characteristic feature of patients with schizophrenia. Traditionally, the main distinction between “dementia praecox” and “manic-depressive insanity” was in fact the cognitive outcome during the course of the disease [1].

For the assessment of cognitive dysfunction both large, detailed instruments [2] and brief screening scales for quick and multiple use [3,4] are available.

Recently, the role of social cognition has been thoroughly examined showing differential effects [5].

Treatment of cognitive dysfunction in schizophrenia comprises adherence to a therapy with atypical antipsychotics as well as specific treatment programs for cognitive [6] and social cognitive [7,8] dysfunction.

Disclosure of interest The authors have not supplied their declaration of competing interest.

References

- [1] Kraepelin E. *Psychiatrie*. 6th edition Leipzig: J.A. Barth; 1899.
- [2] Green MF, et al. *Am J Psychiatry* 2014;171(11):1151–4.
- [3] Sachs G, et al. *Eur Psychiatry* 2011;26(2):74–7.
- [4] Cuesta MJ, et al. *Schizophr Res* 2011;130(1–3):137–42.
- [5] Green MF, et al. *Nat Rev Neurosci* 2015;16(10):620–31.
- [6] Wykes T, et al. *Am J Psychiatry* 2011;168(5):472–85.
- [7] Kurtz MM, et al. *Clin Psychol Rev* 2015 [Epub ahead of print].
- [8] Sachs G, et al. *Schizophr Res* 2012;138(2–3):262–7.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.965>

Shaping the future of healthcare through innovation and technology

W32

New research in outcome management using apps and DSM-5 measures. Preliminary results

V.J.A. Buwalda

Vrije Universiteit/Victas addiction Center, Psychiatry, Amsterdam, Netherlands

The presentation is about the use of outcome measurements in combination of a newly developed app that enables psychiatrists and patients track the progress of their treatment process and adjust it if needed in a shared decision fashion.

In 2013 the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders was introduced. Around the same time there was the start of a paradigm shift in healthcare which increased the focus on patient involvement in individual health care decision-making and on measuring and improving outcomes of care (Sederer