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.

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EV996

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

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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.

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EV997

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

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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.

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EV998

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

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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-