

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.501>

EV0173

The WHO ICD-11 classification and diagnosis of mental disorder in people with disorders of intellectual development (PWDID): An international study on clinical utility

S.E. Cooray^{1,*},

Dr. R. Alexander (Honorary Senior Lecturer, Consultant Psychiatrist)²,

Professor G. Weber³, Professor S. Bhaumik⁴,

Dr. A. Roy (Consultant Psychiatrist, Chair)^{5,6}, Dr. M. Roy⁷,

Dr. A. Bakheet (Consultant Psychiatrist)⁸, Dr. J. Devapriam⁹,

J. Mendis¹⁰, Dr. A. Javed¹¹

¹ Royal College of Psychiatrists UK, Faculty of Psychiatry of Intellectual Disability, Radlett, United Kingdom

² Department of Health Sciences, University of Leicester, Partnership in Care, Leicester, United Kingdom

³ University of Vienna, Faculty of Psychology, Department of Health, Development and Intervention, Vienna, Austria

⁴ Department of Health Sciences, University of Leicester, Leicestershire Partnership NHS Trust, Leicester, United Kingdom

⁵ Faculty of Psychiatry of Intellectual Disability, Royal College of Psychiatry, Coventry, United Kingdom

⁶ Warwickshire Partnership Trust, London, United Kingdom

⁷ Royal College of Psychiatrists, Faculty of Psychiatry of Intellectual Disability, London, United Kingdom

⁸ University of Khartoum, Department of Psychiatry, Khartoum, Sudan

⁹ Royal College of Psychiatrists UK, Faculty of Psychiatry of Intellectual Disability, Leicester, United Kingdom

¹⁰ National Institute of Mental Health Sri Lanka, Department of Psychiatry, Angoda, Colombo, Sri Lanka

¹¹ Institute for Mental Health, Fountain House Institute for Mental Health, Lahore, Pakistan

* Corresponding author.

Introduction Constituting 2% of the population, PWDID are a vulnerable group with a higher prevalence of mental disorders than the general population. ICD diagnostic criteria often rely on adequate cognitive functioning and hence diagnosis of mental disorders in PWDID can be difficult, consequently leading to inequity of treatment, prognosis and stigma. Our study critically analysed the available evidence base and explored the feasibility of applying modified diagnostic criteria within the context of cumulative iterative iteration. We present the outcome using diagnosis of DID and anxiety disorder as examples.

Aims Address current shortcomings in ICD classification regarding PWDID by contributing effectively to the WHO ICD-11 consultation process in collaboration with international stakeholders.

Objectives Facilitate accessibility of ICD-11 criteria for diagnosis of mental disorders capable of engendering robust evidence based epidemiological data and healthcare in PWDID.

Methods We evaluated current evidence via a systematic literature search utilising PRISMA guidelines and developed pragmatic guidelines to adapt ICD diagnostic criteria in PWDID. A brief screener [Glasgow Level of Ability and Development Scale (GLADs)] for detecting DID was also studied internationally within the context of clinical utility ($n = 136$).

Results The evidence base relating to mental disorders in PWDID is poor, significantly hampered by difficulties in applicability of diagnostic criteria. The GLADs appears to be a promising screening tool with good clinical utility for detecting disorders of intellectual development (DID) particularly where resources are scarce.

Conclusions Pragmatic modifications to ICD-11 diagnostic criteria and the GLADs tool facilitates its clinical utility for PWDID and contributes significantly to enhancing research based evidence, and, ultimately their health access and well-being.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.502>

EV0174

Body dysmorphic disorder: Classification challenges and variants

N. De Uribe-Viloria*, A. Alonso-Sanchez, S. Cepedello Perez,

M. Gomez Garcia, M. De Lorenzo Calzon, H. De La Red Gallego,

A. Alvarez Astorga, G. Medina Ojeda,

F. De Uribe Ladron De Cegama

Hospital Clinico Universitario De Valladolid, Psychiatry, Valladolid, Spain

* Corresponding author.

Introduction The main feature of body dysmorphic disorder (BDD) is impairing preoccupation with a physical defect that appears slight to others. Previously, its delusional and nondelusional variants were sorted in two separate categories, but owing to new data suggesting that there are more similarities than differences between them, DSM-5 now classifies both as levels of insight of the same disorder.

Objectives To enunciate the similarities and differences between the two variants of BDD.

Aims To better understand the features and comorbidity of BDD, so as to improve its management and treatment.

Methods Taking DSM-5 and DSM-IV-TR as a reference, we have made a bibliographic search in MEDLINE (PubMed), reviewing articles no older than 5 years that fit into the following keywords: body dysmorphic disorder, delusions, comorbidity, DSM-IV, DSM-5.

Results Both the delusional and nondelusional form presented many similarities in different validators, which include family and personal history, pathophysiology, core symptoms, comorbidity, course and response to pharmacotherapy.

Conclusions The new classification of delusional and nondelusional forms of BDD as levels of insight of the same disorder, which places them closer to the obsessive-compulsive spectrum than to the psychotic one, not only improves treatment options, but also reinforces the theory that delusions are not exclusive of psychotic disorders, setting a precedent for the understanding and classification of other disorders with delusional/nondelusional symptoms.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.503>

EV0175

Underestimation of autism spectrum disorders according to DSM-5 criteria: A pilot study

R. Ferrara^{1,*}, M. Esposito²

¹ École doctorale de Lausanne, Department of Biology and Medicine, Roma, Italy

² Università "Sapienza" Roma, Medicina sociale, Roma, Italy

* Corresponding author.

Introduction Recent studies on autism concern the number of individuals diagnosed with pervasive developmental disorder (PDD) according to DSM-IV-TR who may no longer qualify for diagnoses under the new DSM-5 autism spectrum disorder (ASD). ASD is diagnosed using the impairments in two dimensions: – the social and communication dimension;