EPV0214

Chronic disease (CD) during transition from child to adult.Psychopathological consequences and coping strategies

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Introduction: CD is characterized by at least three features: its duration is prolonged, it does not resolve spontaneously and it is rarely completely cured. Approximately 10-15% of young people have CD. Adolescents with CD often have emotional and behavioral problems.
Objectives: To assess risk factors, derived psychiatric pathologies and coping strategies for a CD diagnosis in adolescence.
Methods: An extensive literature review was carried out on the subject in question, extracting information mainly from scientific articles, manuals and books.
Results: The main risk factors are those related with the CD in question, physical sequelae, the need for long-term hospital admissions or the use of drugs whose side effects include affective or behavioral symptoms; those related to the personality traits of the affected child or adolescent. In addition, as far as the family is concerned, the presence of a low level of education, lack of support or communication, as well as the presence of psychiatric disorders or serious medical conditions in parents. Among the most frequent psychiatric disorders associated with CD are affective and anxiety disorders, adaptive disorders, somatoform disorders, eating disorders and behavioral disorders. Whatever the CD is, it generates high levels of stress and uncertainty in the patient and family, which must be dealt together from a flexible perspective, allowing child or adolescent to adapt to the changes, reorganize and facing them with adaptive patterns of behavior. For this, it will be essential to have adequate social and family support with relational style based on communication, trust and acceptance.
Conclusions: In general, both adolescents with CD and their families have an adequate capacity to adapt to the repercussions and effects derived from the disease. Nevertheless, in case of possible emotional difficulties that may appear, a comprehensive and individualized approach to these adolescents and their families is necessary to provide them resources and coping strategies in different areas and contexts in which the disease debuts.The comprehensive therapeutic approach will consist of interventions at the individual and family level. Among the main objectives of these interventions are to achieve acceptance and adaptation to CD provinding adequate psychosocial support to enable them to cope with CD in the best possible way and to detect and address the emotional implications, even coexisting psychopathology.

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EPV0215

Is It 'Pseudoneurotic Psychosis'? Reporting Mystical Delusions in a Grieving Adolescent

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Introduction: The entity of 'pseudoneurotic schizophrenia' was coined in 1949 by Hoch and Polatin to define emerging psychotic symptoms, namely formal thought disorder and emotional dysregulation, in patients previously presenting with neurotic functioning. Although currently considered to be outdated, the term paved way for the concept of 'borderline disorders', known for their difficult assessment.
Objectives: To highlight the obstacles in diagnosing clinical presentations of overlapping psychotic and neurotic symptomatology.
Methods: We report a case of an adolescent admitted for presumed psychosis, later to display fast clinical improvement and significant neurotic personality traits.
Results: A 17-year-old male with no previous psychiatric follow-up, except for brief psychotherapeutic intervention at the age of 11, following the death of his grandfather.
He presented with a sudden change in behavior and sleep since the week before, coincident with acknowledging the loss of his best friend in a car accident. Upon evaluation, he presented with unstable gait. He seemed fatigued but displayed inappropriate restricted affect. He reported perceiving bizarre, meaningful signs everywhere concerning his own death since the event. Additionally, he detailed feelings of lethargy and unexplained sadness, relying on the nihilistic delusional beliefs that he had been in deep sleep and he would die soon. At admission, he was prescribed with aripriprazol 5mg id.
Throughout his stay in the hospital, he maintained consistently adequate, calm behavior. During inpatient clinical interviews, he showed clear insight into the aforementioned behavior. He provided clear, logical information referring to his past grief process and remaining trauma, reporting coping mechanisms based on spiritual beliefs
Prescription medication was interrupted soon after admission, with no noticeable changes. At dismissal, despite remaining sad concerning the death of his friend, there was no signs of psychotic symptoms or other significant mental distress.
Conclusions: In this report, we emphasize the hazards of differential diagnosis between psychosis and emotional dysregulation with underlying neurotic traits. There is conflicting evidence on the concept of 'pseudoneurotic' presentations, specifically 'pseudoneurotic schizophrenia'. Available information on distinguishing between overlapping psychotic and neurotic features in adolescents is even more scarce. To perform extended, multidisciplinary evaluations might be key in accurately assessing these patients.

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