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**Introduction** Paraphrenia is a poorly defined process whose uncertain origins date back to the German psychiatry mid-nineteenth century. Paraphrenia would be a subtype of schizophrenia characterized by a more benign clinical course in terms of volitional and emotional involvement. Certain types of serious sensoriperceptive distortions and paranoid symptoms are characteristics of this clinical variant. Despite its diverse presentation, its chronic development and its presence in the daily lives of the patient, the overall functionality is not deeply affected.

**Objectives** To discuss the validity of this and other clinical processes based on classical clinical descriptions for diagnostic approach of our current patients, in contrast to the common use simplified concept (forgetting in ICD-10 or disappeared in American manuals).

**Materials and methods** Clinical case a middle-aged woman diagnosed with longstanding paranoid schizophrenia who suffered from a highly systemized delusional and hallucinatory syndrome with chronic evolution after a first relapse due to abandonment of treatment, but keeping high functional performance even during phases of partial remission.

**Conclusions** Schizophrenia presents multiple symptomatic and prognostic paths. Classical authors named these different subtypes. Revisiting these subtypes could be useful as a complementary tool for predicting clinical outcome based on their descriptions, especially in the absence of reliable material instruments.

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#### EV0179

### A new syndrome? The sport identification addiction and the case of Italian football ultra-fanatical support

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The new DSM-5 has a number of changes to addictions and substance-related disorders. Internet Gaming for instance is a "Condition for Further Study". This means that it is not an "official" disorder in the DSM, but one on which the American Psychiatric Association request additional research.

The DSM diagnostic criteria for addictions to the X-subject generally include:

- repetitive use of X, that leads to significant issues with functioning;
- preoccupation or obsession with X;
- craving/withdrawal symptoms when not dealing with X;
- the person has tried to stop or curb X, but has failed to do so;
- the person has had a loss of interest in other life activities, such as hobbies;
- a person has had continued overuse of X even with the knowledge of how much they impact a person's life;
- the person uses X to relieve anxiety related to other issues;
- the person has lost or put at risk and opportunity or relationship because of X.

I suggest that some sport fans may:

- meet the above mentioned criteria;
- be subject to over-identification with "their team performances", superstitious conditioning and loss of self-consciousness that may lead to a full blown addictive syndrome, along with comorbidity with pathological gambling.

This seems particularly true in Italy, for example, as far as the phenomenon of ultra football supporters is concerned.

I argue that further research might be needed to explore the psycho-social consequences of obsessive sport addiction and how this may impact on a person's overall functioning.

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#### EV0180

### Depression across DSM and ICD editions: Psychiatric nosology's 'Black Dog'

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**Introduction** The diagnosis of depressive disorders has suffered important modifications throughout DSM and ICD editions. The history of those modifications is an important subject to fully understand the current diagnostic criteria and classification, with milestones often set not by scientific or theoretical data but rather by political decision and conflicting interests.

**Objective** The authors propose a review of how the concept of major depression has evolved along the several DSM and ICD editions.

**Methods** The results were obtained searching literature included on the platforms PubMed, Google Scholar, PsycINFO and Psychology and Behavioral Sciences Collection.

**Results** The current diagnostic entity lacks validity and utility and that is an obstacle to both scientific research and clinical practice.

**Conclusion** The authors also discuss alternative models which may contribute to a paradigm shift more suitable to clinical reality and to provide a useful framework for all levels of research.

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

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#### EV0181

### A descriptive study of a sample of 42 male diagnosed psychotic disorder

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The aim of this study is the approach to mental illness and specifically in serious mood disorders, long-term treatments that improve adherence as continuous treatments ensure compliance are needed, they minimize the risk of relapse and readmission and therefore increase the chances to have a good fit and social, relational and even occupational functioning. We analyzed a sample of 42 male diagnosed with schizophrenia, schizoaffective disorder, chronic delusional disorder that starts treatment with paliperidone palmitate in outpatients. It is analyzed the dose of paliperidone palmitate employed for stabilization and family satisfaction at the time of stabilization is analyzed in the study. Our results are that the mean dose of paliperidone palmitate is 138 mg. The patient diagnosed with schizophrenia are 47.6% and the average dose is 132.5 mg. Chronic delusional disorder is 2.3% and the mean dose 50 mg. Other comorbidity mood disorders are 21.4% and the mean dose is 183 mg. Other disorders (F70, F72. . .) are 28.5% and mean dose 133 mg. The average family satisfaction (minimum 1 up to 5) is 4, with the high-

est score among patients diagnosed with F20. Schizophrenia. To conclude, long lasting injectable achieves important adherence and high percentage of antipsychotic monotherapy, thus reducing the side effects although our sample 4.7% which has occurred removed therefore.

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#### EV0182

### Adherence to treatment program in mental health rehabilitation service

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**Aims** After several years of research to improve the action of antipsychotic medication and to reduce its side effects, we have realized the importance of an accurate intake of antipsychotic medication and because of it we started up a program in our Mental Health Rehabilitation Service. Therefore, we can affirm that outpatients behavior influence their intake medication and also the efficiency of the drug prescription. The main consequence of inadequate treatment compliance is an increase in relapses and hospital admission.

The aim of this program is to improve adherence to pharmacological treatment, to promote the quality of life for a better social integration, to know the use of prescribed medication, to know the health resources of the network to acquire the medication and to acquire skills for greater autonomy in the management and management of medication.

**Method** We analyzed a sample of 13 outpatient diagnosed with severe mental disorder that started up into our Program "Adherence to treatment" and their stabilization (less relapses and less admissions) in two years' time.

**Results** One of the patients have completed the aims of the program and he is living on his own, nine of them continue the program without relapses or admissions, one dropped out the program because of relapse and another one have also completed the program but he died because of somatic disease.

**Conclusions** The experience of this program in group format is positive, since patients acquire skills, knowledge and strategies in their own treatment in line with the recovery model in psychosocial rehabilitation.

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

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#### EV0183

### Profile of side effects on a sample of outpatient treated with long-lasting injection paliperidone (LLIP)

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**Aim** Assess the profile of side effects on sample of outpatients treated with long-lasting injection paliperidone LLIP.

**Method** Study of a population of 67 patients, 25 people are female and 42 are male. In female sample, more than 52% are diagnosed of Schizophrenia and the majority of female do not refer side effects (88%) and only a little percentage of 12 refer side effects such as amenorrhea (F20), stiffness (F20) and relapse (F25). In male sample, more than 54.7% are diagnosed of Schizophrenia and the majority of male do not refer side effects (80%) and only a little percentage of 20 refer side effects (F70) such fear of injection and sexual dysfunction (F21).

**Results and conclusions** In our sample, the number of women diagnosed with schizophrenia have a greater number of side effects respects to men with the same diagnosis. However, it would be important to increase the sample size of women to conduct a comparative study men/women to assess research in this field.

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#### EV0184

### Ganser's syndrome: A nosographic approach

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**Introduction** Ganser described a peculiar hysterical state, called Ganser's syndrome. This syndrome raises many etiological and psychopathological unresolved issues.

**Objectives** This article proposes to present the place of the Ganser's syndrome in the current nosographic framework through the analysis of a clinical case and a literature review.

**Observation** A 28-year-old man was admitted for fugue and memory loss. This symptomatology evolves since three days after an emotional conflict.

He complained from headache. He showed incoherent speech with approximate responses, lability, anxiety, auditory hallucinations, unstructured mild delusional ideation, cognitive difficulties, altered sleep-wake rhythm and anorexia.

Memory gaps were observed with difficulties in abstract thinking. Symptoms totally regressed after one week under anxiolytic treatment.

**Comments** Ganser's syndrome was evoked in the presence of suggestive symptoms: presence of a stressor factor, cardinal symptoms (approximate answers), associated symptoms (hallucinations + confusion + somatoform symptoms) and rapid restitution. Ganser considered this syndrome as a special case of crepuscular state, belonging to hysteria. Ganser's syndrome was included in DSM-III but located in factitious disorders against Ganser's position. In DSM-IV, it was positioned in unspecified dissociative disorders. In DSM-5, its place was reduced to a few words in the end of the introduction of dissociative disorders, and was no longer used as dissociative disorder.

**Conclusion** Although Ganser's syndrome is not part of current diagnostic criteria for dissociative disorders, clinical descriptions of Ganser remain of clinical interest by nosographic questions they have raised, in particular the link between simulation, psychiatric disorder and non psychiatric disorder.

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#### EV0185

### Psychotic and obsessive symptoms: A case report

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