

CAN WE STILL TALK ABOUT PARAPHRENIA? A CASE REPORT

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Introduction: Paraphrenia is a disorder similar to paranoid schizophrenia characterized by *phantastic, paralogical and extraordinary imaginative* delusions, with better-preserved affect and rapport and much less personality and cognitive deterioration. Most affected patients are women, with onset of symptoms in late adulthood. It was firstly systematically described by Kraepelin in 1913 in order to define a group of psychotic patients who exhibited characteristic symptoms of dementia praecox, but with minimal disturbances of emotion and volition, and marked delusions. Later, it was considered to be unfounded and the term paraphrenia was not included in the current DSM-IV-TR and ICD-10 diagnostic criteria. However, several authors suggest that the concept of paraphrenia has not lost its usefulness and it seems to be that some psychiatrists recognize the illness, but labelled it as atypical psychosis or delusional disorder for the lack of a better diagnostic category.

Objectives/aims: The aim of this poster is to underline the modernity of Kraepelin's paraphrenia concept, suggesting that it could be possible to define and recognize the illness if practitioners would be induced to use a viable diagnostic entity.

Methods: Herein we report a case of a 51-year-old woman who presented three years ago with a psychotic disorder whose clinical features resemble de classical description of paraphrenia.

Results/conclusion: Very few systematic studies on paraphrenia have been carried out in the past 70 years. Further research in this field is needed in order to recognize the viability of this diagnosis and provide patients a better care and therapeutic management.