Classification of mental disorders

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Paraphrenia – current psychopathological and diagnoses landmarks

E. Lukacs*, A. Nirestean, L. M. Grebenisan, A. Sima Comaniciu and E. G. Strete

Psychiatry, George Emil Palade University of Medicine, Pharmacy, Science, and Technology of Targu Mures, Targu Mures, Romania
*Corresponding author.
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Introduction: Paraphrenia, classically known as a chronic delusional-hallucinatory psychosis, currently has an uncertain nosological status, not being included in DSM-5 either. It can be integrated into the group of schizophrenic and delusional psychoses, but with obvious distinctive attributes. Currently, in the context of the increase in the incidence of childhood autism, the psychopathological pictures from the spectrum of psychoses in adulthood are also diversifying. Paraphrenic clinical pictures retain their specificity regarding the subject's functioning in life roles and the absence of cognitive impairment despite the absurdity of delusional ideas while maintaining a good insertion in reality.
Objectives: We refer to patients who can be classically classified in the diagnosis of paraphrenia, with the aim of bringing back into question the validity and authenticity of this nosological entity.
Methods: The case descriptions aim to highlight the common clinical-evolutionary attributes and the distinctive ones between paraphrenia and other schizophrenic and delusional psychoses, emphasizing the differentiations corresponding to the involvement of personality and the ability to function in life roles.
Results: It is confirmed that in the case of subjects who can be classified as paraphrenic, fundamental personality structures are preserved, a good adaptation in roles with insignificant cognitive deterioration phenomena, a well-preserved insight but with a high potential of unpredictability so characteristic of the world of psychoses.
Conclusions: We believe that paraphrenia remains a psychopathological and clinical entity within which, although opposites coexist, the reporting and adaptation to objective reality is preserved - thanks to "double accounting". From this perspective, paraphrenia confirms its distinct nosological status.

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Sex differences in diagnostic stability in first episode psychosis after 1-year follow-up

B. Jiménez-Fernández[1]*, A. Toll-Privat[1,2], D. Bergé-Baquero[2,3,4], N. V. Motta-Rojas[1], M. Delgado-Marí[1], T. Legido-Gil[2,3,4], L. Martínez-Sarduní[3,4], T. Legido-Gil[3,4], J. Cuevas-Esteban[1] and A. Mané-Santacana[3,4,5]

[1]Psychiatry, Hospital Universitari Germans Trias i Pujol, Badalona; [2]Centro de Investigación Biomédica en Red Salud Mental (CIBERSAM), Madrid; [3]Institut de Neuropsiquiatria i Addiccions (INAD), Parc Salut Mar; [4]Fundació Hospital del Mar Medical Research Institute (IMIM) and [5]Centro de Investigación Biomédica en Red Salud Mental (CIBERSAM), Barcelona, Spain
*Corresponding author.
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Introduction: Diagnostic stability is a controversial issue in first episode psychosis (FEP) due to heterogenous symptoms and unclear affective symptoms. Differencing affective and non-affective psychoses is important as treatment strategies are different. Initial affective symptomatology has low specificity for predicting the subsequent diagnosis of affective psychosis. Sex has proven to be relevant for clinical and functional outcomes but it remains unclear how sex may contribute to diagnosis switch of FEP.
Objectives: To determine the role of sex in diagnostic stability in a sample of FEP after 1-year follow-up.
Methods: Diagnoses of FEP patients from Hospital del Mar of Barcelona were assessed at baseline and 1 year after. Univariate analyses was perfomed for all diagnoses and dichotomic variable (affective/non-affective). Logistic regression model was perfomed to know which variables predict diagnosis switch.
Results: 256 patients were enrolled. No differences were found at baseline between completers and non-completers (**Table 1).** No significant differences between men and women at baseline diagnosis were found, neither all diagnoses (p=0.274) nor the dichotomic variable affective/non-affective (p=0.829) (**Table 2AB**). Significant differences were found at 1-year follow-up between men and women, for all diagnoses (p=0.043) and the dichotomic variable (p=0.039). Sex was the only variable that predicted diagnosis switch **(Figure 1),** PANSS, CDSS, YMRS, GAF and cannabis did not.

Table 1. Baseline characteristics of participants

	Completers (n=188)	Non-completers (n=68)	p
Women (n, %)	71 (37.8)	30 (44.1)	0.111
Age (M, IQR)	24 (20-28)	22 (20-28)	0.899
Cannabis use (M, IQR)	5.5 (0-18)	7 (0-21)	0.231
DUP (M, IQR)	45 (12.5-130)	36 (11.25-115.75)	0.213
PANSS (m, sd)	44.55 (10.17)	40.93 (10.42)	0.761
CDSS (M, IQR)	2 (0-7)	3 (0-5.5)	0.199
YMRS (m, sd)	19 (9.64)	17.6 (9.15)	0.845
GAF (M, IQR)	30 (25-50)	30 (25-35)	0.114

TABLE 2A and 2B. Diagnosis comparison (n, %)

	Baseline Men	1-year follow-up Women	Total	Men	Women	Total
Psychosis NOS	69 (59)	39 (54.9)	108 (57.4)	28 (23.9)	10 (14.1)	38 (20.2)
Schizophreniform disorder	22 (18.8)	16 (22.5)	38 (20.2)	14 (12	9 (12.7)	23 (12.2)
Induced psychosis	4 (3.4)	0 (0)	4 (2.1)	15 (12.8)	4 (5.6)	19 (10.1)
Affective psychosis	17 (14.5)	9 (12.7)	26 (13.8)	24 (20.5)	25 (35.2)	49 (26.1)
Schizophrenia	0 (0)	0 (0)	1 (0.4)	30 (25.6)	14 (19.7)	44 (23.4)
Brief psychotic disorder	5 (4.3)	7 (9.9)	12 (6.4)	6 (5.1)	8 (11.3)	14 (7.4)