

Methods: 1) Based on a systematic review, the best available evidence will serve for deriving hypotheses and providing assumptions for the decision-making model. 2) Decision analytic modeling will be used to determine the cost-effectiveness of inpatient-equivalent treatment compared to conservative inpatient treatment. 3) An additional systematic review will provide information on the use of telemedicine in inpatient equivalent treatment.

Results: The following questions need to be discussed: 1) Is there an indication for all psychiatric diseases and age groups? 2) Are there ethical considerations that need to be taken into account, especially in the use of telemedicine? What incentives need to be set for psychiatrists to opt for inpatient-equivalent treatment?

Conclusions: The results of the study may help to raise awareness of inpatient equivalent treatment among decision-makers. Furthermore, fears could be reduced, since admission to a psychiatric facility can mean a stigmatizing intervention in the lives of young patients.

Disclosure: No significant relationships.

Keywords: hometreatment; mental disorder; inpatient equivalent treatment; children and adolescents

Classification of Mental Disorders

EPV0232

Taxonomic classification of mental disorders

M. Šablevičius*

Private doctor's psychiatrist's practice, Private Doctor's Psychiatrist's Practice, Vilnius, Lithuania

*Corresponding author.

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Introduction: DSM-5, ICD-10, and ICD-11 classifications can be described as „incoherent“. Psychopathology depends on “time of damage and resilience” ratio. Continuums of mental disorders compose a table, like a periodic table of chemical elements. Similar psychopathology can have different neurobiological origin, and vice versa.

Objectives: Current classifications of mental disorders ICD-10, DSM-5, as well as the new ICD-11 being developed, do not show interrelations in pathogenesis between groups of mental disorders. This is a weak point of these classifications, although they serve a good purpose in relation to medical statistics and encoding requirements.

Methods: Taxonomic classification of mental disorders proposed in this empirical study reveals interrelations between diagnostic categories of mental disorders. Classification as an object of this empirical study is initially developed on author's observation of psychopathology in clinical practice. It also relies on scientific data of genetics and neurobiology of mental disorders.

Results: The classification is based on two axes system. First axis reflects the time of damage of neural tissue in specific stage, i.e. neuron body genesis, neuron growths genesis, synaptic pruning or further neural information modeling. The second axis is connected with resilience. The two axes system includes in one continuum and connects into one classification table (Figure 1) almost all diagnostic groups from ICD-10 or DSM-5 (with two exclusions: “organic” type mental disorders and pathology of myelination process).

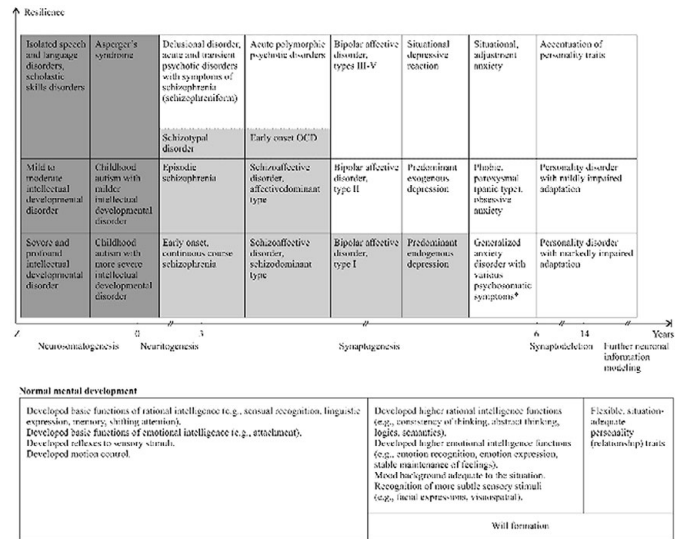


Fig. 1. Taxonomic classification scheme for mental disorders. The year scale reflects the time of CNS damage. Only in the case of disorders in dark gray boxes does it coincide with the time of onset of symptoms.
Dark gray – congenital and mental disorders occurring in childhood.
Lighter gray – mental disorders occurring in adolescence.
White – mental disorders that can occur during adolescence and at any time later.
Z – zygote.
OCD – obsessive-compulsive disorder.
*various psychosomatic symptoms: various forms of somatoform autonomic dysfunction, somatoform pain disorder, functional tics, sleep disorders, sexual dysfunction, eating disorders associated to psychological disturbances, dissociative function “drop out” disorders.

Conclusions: This empirically derived concept of classification could be used in clinical practice in differential diagnosis, discovering heterogeneities in patients with same diagnostic “code”, planning treatment strategies, predicting course of mental disorders.

Disclosure: No significant relationships.
Keywords: ICD-11; classification; DSM-5; ICD-10

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Reinforcing the new diagnosis of Complex Post-Traumatic Stress disorder (CPTSD) of ICD-11: exploring the clinical outcomes in youth exposed to complex trauma

L. Marques Feixa^{1*}, S. Romero², J. Moya-Higueras³, P. Santamarina-Pérez², J. March-Llanes³, M.J. Muñoz⁴, I. Zorrilla⁵, M. Rapado-Castro⁶, H. Blasco-Fontecilla⁷, E. Anglada⁸, M. Ramirez⁹ and L. Fañanas¹

¹University of Barcelona, Evolutionary Biology, Ecology And Environmental Sciences, Barcelona, Spain; ²Hospital Clínic of Barcelona, Department Of Child And Adolescent Psychiatry And Psychology, Barcelona, Spain; ³Universitat de Lleida, Department Of Psychology, Lleida, Spain; ⁴Hospital Benito Menni, Adolescent Crisis Unit, Sant Boi de Llobregat, Spain; ⁵Hospital Santiago Apostol, Department Of Psychiatry, Vitoria-Gasteiz, Spain; ⁶Hospital General Universitario Gregorio Marañón, Department Of Child And Adolescent Psychiatry, Madrid, Spain; ⁷Hospital Puerta de Hierro, Department Of Child And Adolescent Psychiatry, Majadahona, Spain; ⁸Fundació Orienta Gavà, Hospital For Adolescents, Gava, Spain and ⁹Galdakao Mental Health Services, Child And Adolescent Mental Health, Galdakao, Spain

*Corresponding author.
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Introduction: Youth exposed to complex trauma (CT) show an increased risk of psychiatric morbidity, including a wide range of