

**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

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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).

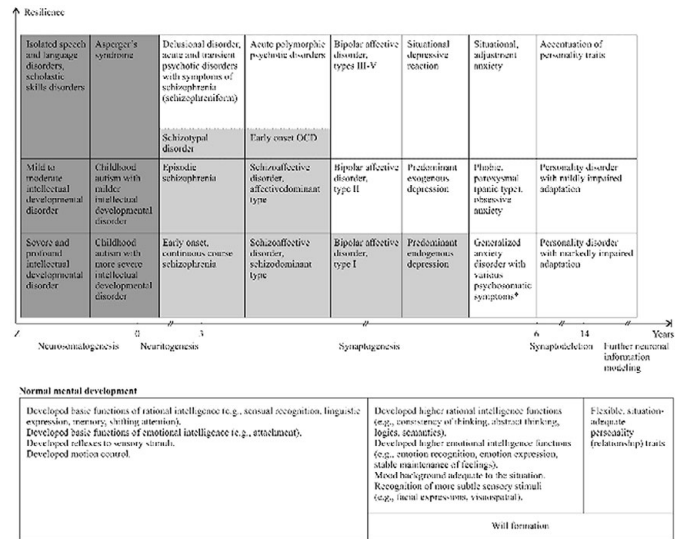


Fig. 1. Taxonomic classification scheme for mental disorders. The year scale reflects the time of CNS damage. Only in the case of disorders in dark gray boxes does it coincide with the time of onset of symptoms.

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

#### EPV0234

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

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

psychiatric disorders. However, to date, there is no specific diagnosis in the DSM-5 that capture the clinical complexity of these patients. Properly, the last version of the ICD-11 includes a diagnosis termed Complex Post-Traumatic Stress Disorder (CPTSD), which considers the pattern of post-traumatic stress symptoms, plus life-impairing disturbances in self-organization (emotion dysregulation, negative self-concept and interpersonal problems). Clinical research about CPTSD, especially in younger population, is still limited.

**Objectives:** To explore the symptomatology of CPTSD in a sample of youth exposed to CT and its association with worse clinical outcomes.

**Methods:** 187 youth aged 7 to 17 years participated in the EPI\_young\_stress\_project (116 with current psychiatric disorder and 71 healthy controls). CT was evaluated following the TASSCV criteria. To identify CPTSD symptomatology, we performed an exploratory factor analysis including CBCL and TEIQue items. The global level of functioning was measured by CGAS.

**Results:** Preliminary results pointed that youth exposed to CT showed greater internalizing ( $p < .001$ ) and externalizing ( $p < .001$ ) symptomatology. Regardless of their current primary diagnosis based on DSM-5, youth exposed to CT reported more CPTSD symptomatology ( $p < .001$ ). Moreover, youth with CPTSD showed greater use of psychotropic drugs ( $p < .001$ ), higher and longer hospitalizations ( $p = .002$ ) and worse overall functioning ( $p < .001$ ).

**Conclusions:** The inclusion of the CPTSD in future versions of mental disorders manuals should increase the implementation of early specific trauma interventions, which may improve victims' lives and reduce the risk of worse clinical outcomes.

**Disclosure:** No significant relationships.

**Keywords:** Maltreatment; complex trauma; youth; CPTSD

## EPV0236

### Simple Schizophrenia or Neurotic Disorder? Case report

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**Introduction:** The diagnosis of simple schizophrenia remains an unusual and controversial diagnosis today. The presentation of nonspecific symptoms shared by other nosological entities make differential diagnosis a challenge.

**Objectives:** The main objective of this case report is to review the diagnosis of simple schizophrenia and its differential diagnosis.

**Methods:** Case report and literature review. We present the case of a 52-year-old man who was admitted to a medium stay unit for psychosocial rehabilitation with the diagnosis of simple schizophrenia after his debut at 49 years of age with clinical manifestations of progressive self-care abandonment and personality change.

**Results:** Given the psychosocial deterioration observed and lack of response to pharmacological and psychotherapeutic treatments, the possible diagnoses of dementia praecox and simple schizophrenia were considered. Several individual and family interviews, neuropsychological and projective tests (HTP test, figure 1-3) were performed in order to define the diagnosis. The results revealed age-appropriate cognitive functioning and the absence of data suggestive of an underlying psychotic disorder. On the other hand, it was observed

that the patient was able to establish some social relationships and participate in group activities in the medium stay unit. These findings suggest the influence of factors related to the socio-familial environment and cast doubt on the initial diagnostic hypothesis.

