

between helplessness and sublimation concepts. Helplessness is considered a new theory, developed by David Maldivsky that uses the term *desvalimiento* to define a clinical condition described by the feeling of emptiness. To understand this concept, it is necessary to return to a primitive period, when the baby is beginning to qualify his affections. Thus, using historical construction, we start at Freud's works (focusing in the primitive period and the affections qualification), explore the "good-enough mother" importance, from Winnicott, and reaching the helplessness from the present-days Maldivsky's studies. The Frida Kahlo's history illustrates this work as much because of her toxic current as because of her talent to sublimate. The maternal failure, the toxic relationships, the trauma's imposition, the abuse of alcohol and drugs and the viscosity denounce her helplessness. Nevertheless, the art expresses her fight for life. The Frida Kahlo's works represent her suffering, but they also are her attempts to understand her feelings and to reframe her traumatic events. Therefore, we introduce the sublimation as an alternative to the helplessness. Although helplessness is the lack of the symbolic life, we present the art as an opportunity to confront experiences, which can allow the representation of the traumas and the qualification of affections. Through the sublimation, Frida Kahlo recreated her inner world and returned to life.

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EV969

Psychopathology and spiritual experiences: Criteria for differential assessment

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Introduction There is a plurality of differing opinions defining borders between mental disorders and spiritual experiences. This research proposes criteria for clarifying those boundaries.

Objectives Summarize practical criteria for clinicians to assess psychopathological symptoms with spiritual content and to attain a differential diagnosis from healthy spiritual experiences.

Aims Merge different approaches from psychopathology, psychology of religion and religious studies to attain practical criteria.

Methods Literature review using a phenomenological and critical approach.

Results 1. Severe psychiatric symptoms with religious content: (1) are usually in the context of personal impoverishment; (2) appear odd in cultural environments and within a person's biography; (3) do not enhance action or, in the phenomenological tradition, (4) these symptoms come from a weakening of the "intentional arc". 2. A guiding map is suggested to evaluate spiritual expressions and their relationships with mild or moderate mental disorders and with mental health and personal growth. This map is developed by combining different traditions from the psychology of religion. 3. Psychiatric and psychological judgment of religious/spiritual experiences should be self-limited. There is a judgment about its content and about its validity or truth, which is only possible within the different spiritual traditions.

Conclusions Psychopathology establishes principles to discriminate some psychotic symptoms from healthy spiritual experiences. Psychology of religion offers some general rules to guide the psychological evaluation of spiritual beliefs and their influence on mental well-being and personal growth. This review opens fields for future research in relating psychopathology and the study of religious experience.

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EV970

"... I just wanted to report me, I went into the subway without paying 9 times..."

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A clinical case is presented. The reason for admission was for behavioral disturbances and agitation *piscomotriz* episode in the street: she had gone to a library to "denounce" the police for entering the subway without paying several times. The patient was very distraught because she was heavily guarded (someone had tapped her phone, entered her house, changed objects place, she was chased down the street...). In the psychopathological examination revealed the sphere of language, her speech was fluid, with pressured speech, full of details, with loss of thread and highlighted the presence of neologisms and grammatical errors (changes of subject and predicate...) and changes some letters by others in the same word. She often used sayings incorrectly and, when you are exploring about this fact, objectively presenting alteration in abstract thinking. In addition, it presents self-references on television. The diagnostic impression was chronic psychotic process of years of evolution. In this case, it was decided to administer intramuscular antipsychotic treatment because she was not aware of the disease but presenting good tolerability profile because, otherwise, leave the track and also a good social functioning was sought. Currently, she continues in mental health, she has not reported new crisis and a progressive scan objective improvement in the organization of thought and speech, leaving the psychotic symptoms.

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EV971

Emotion dysregulation: A review of the concept and implications for clinical practice

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Introduction Over the past decade, emotion dysregulation has become a very popular term in the psychiatric and clinical psychology literature and it has been described as a key component in a range of mental disorders. For this reason, it has been recently called the "hallmark of psychopathology" (Beauchaine et al., 2007). However, many issues make this concept controversial.

Objectives To explore emotion dysregulation, focusing on problems related to its definition, meanings and role in many psychiatric disorders.

Aims To clarify the psychopathological core of emotion dysregulation and to discuss potential implications for clinical practice.

Methods A literature review was carried out by examining articles published in English between January 2003 and June 2015. A search of the databases PubMed, PsycINFO, Science Direct, Medline, EMBASE and Google Scholar was performed to identify the relevant papers.

Results Although, there is no agreement about the definition of emotion dysregulation, the following five overlapping, not mutually exclusive dimensions were identified: decreased emotional awareness, inadequate emotional reactivity, intense experience and expression of emotions, emotional rigidity and cognitive

reappraisal difficulty. These dimensions characterise a number of psychiatric disorders in different proportions, with borderline personality disorder and eating disorders seemingly more affected than other conditions.

Conclusions This review highlights a discrepancy between the widespread clinical use of emotion dysregulation and inadequate conceptual status of this construct. Better understanding of the various dimensions of emotion dysregulation has implications for treatment. Future research needs to address emotion dysregulation in all its multifaceted complexity.

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EV972

Ice bucket at first. . . and then? – Psychopathology in amyotrophic lateral sclerosis patients and their caregivers, a review



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Introduction Amyotrophic lateral sclerosis (ALS) is a progressive and fatal neurodegenerative disorder that affects motor neurons in the cerebral cortex, brainstem and spinal cord. The progressive loss of motor function creates profound changes on patient's lives and their caregivers.

Objective Assessment of eventual existence of psychopathology in ALS patients and their caregivers.

Methods Literature review using the terms: ALS, Amyotrophic Lateral Sclerosis, psychopathology, psychiatric disorder; depression; anxiety, caregivers.

Results Moderate depressive or anxious symptoms are often observed. The results are not consistent, some studies showing that major depression is less common than in general population, others that is mildly increased. Some studies show that depressive symptoms are related to poorer QoL and with faster disease progression, others suggests no correlations. Coping strategies, cognitive appraisal and social support are important factors to psychological adaptation to ALS. After the diagnosis, high levels of anxiety can be observed. Psychopathological features are observed at this time, and generally depression does not increase as death approaches. Beyond loss of physical functions, it seems that patients' neurobehavioral symptoms, such as aggressiveness, disinhibition and impulsivity, cognitive impairment, and also lack of social support have a negative effect on caregivers' mental health. Concordance between patient and caregiver distress was found.

Conclusions It is important to assess potential psychological distress in ALS patients and their caregivers, given that cope with disease can affect its course. Caregivers' needs should be addressed, to benefit their well-being and consequently patients' QoL. There are few studies about psychopharmacotherapy and/or psychotherapy in these patients.

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EV973

Paraphrenia: Evolution of the concept

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Paraphrenia was identified as a psychopathological entity characterized by chronic delirium, described next to schizophrenia, but with rich and fanciful elaborations, without social and cognitive impairment associated. Despite having been extensively described, paraphrenia fell into disuse. With this work, the authors intend to carry out a literature review on the concept of paraphrenia, since its first report to the extinction from the current practice of psychiatry. The term paraphrenia (para “near” phrenia “pathological mental state”) was first noted by Kahlbaum in 1863, who identified dementia and subdivided it into three types: “neofrenia”, “paraphrenia hebetica” and “senilis paraphrenia”). Mangan and Manager suggested the concept of “chronic hallucinatory psychosis” in 1963, while Kraepelin started jobs with similar characteristics, defining the concept of paraphrenia. Kraepelin distinguished dementia praecox from the later onset dementia, despite considering them closer to one another than any of them to paranoia. Paraphrenia would be characterized by less formal disturbances of thought and greater preservation of affection. In 1911, with “schizophrenia” expression, Bleuler broke with Kraepelin concept, as Mayer, who reviewed Kraepelin patients, concluding that more than half had progressed to a diagnosis of schizophrenia. At this time, paraphrenia was virtually abolished from the practice of psychiatry. Despite the observations made over the years, the concept of paraphrenia have revealed that the description proposal does not correspond to an isolated and distinct psychiatric condition, several times, in clinical practice we have encountered with patients presenting diagnostic criteria for schizophrenia but with the evolution of the disease showing no significant deterioration in several areas.

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EV974

Folie à deux: Shared or “infected” madness? About a case report



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The shared madness or *Folie à deux* was described in France in the nineteenth century by Charles Lasage and Pierre Falret, as a condition where a person (the primary) builds a delusional system, sharing it with another (the secondary), who must be very close to the first affected, becoming delirious with the same subject. Several theories attempt to explain the phenomenon that challenges theories of personality structures, rooted in relational and/or environmental features of psychosis. Theoretically, there are many attempts to classify this psychotic experience: in some manuals they distinguish various types of partners: the simultaneous psychosis, where the two people start to become delirious at once; imposed psychosis, in which the disorder arises first with one, then going on to “healthy” individual and symptomatology disappears after being separated; and communicated psychosis, where the first transmitted the psychotic experience to the second, and he or she develops his or her own delusion not interrupted even while separated. Other classifications about shared madness not only between two people, but three, and four, even a whole family show us how complicated the delirium systems can become. In our paper, we will discuss the different theories explaining this rare psychiatric condition based on a case about two brothers of 35 and 37, who live together with the rest of the family, and also come together to the same mental health center, although with different psychiatrists.