

## EV315

**Ganser syndrome: Review and case report**

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**Introduction** First described by Sigbert Ganser in 1887, Ganser syndrome consists in a rare condition, characterized by the following four clinical features: approximate answers, dulling of consciousness, conversion symptoms and hallucinations.

**Objectives** To present a case suggestive of Ganser Syndrome and to review the literature with particular regard to the aetiology of this condition.

**Methods** Literature review, using computerized databases (MEDLINE®, Medscape®). Articles were selected based on the content of their abstract and their relevance.

**Results** A 58-year-old woman was admitted to a Psychiatric Unit of a General Hospital for presenting behavioural abnormalities of acute onset. During hospitalization, the patient displayed indifference, incoherent speech with approximate answers, motor abnormalities and auditory pseudohallucinations. The patient was evaluated by a neurologist and various exams were performed (blood tests, CT, MRI, EEG) that showed no significant abnormalities. Pharmacological treatment consisted of antidepressant and antipsychotic medications. During the follow-up, there was a slow but gradual improvement of symptoms. Six months after hospitalization the patient decided to end up the follow-up.

**Conclusions** Little is still known about Ganser Syndrome. The four aetiological perspectives consider: hysterical origin, malingering or factitious disorder, psychotic origin and organic origin. The lack of reports and information about Ganser syndrome made it worthwhile reporting this case.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## EV316

**Evolution of diagnostic frequency in schizophrenia spectrum disorders in Acute Psychiatric Unit in Barcelona**

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**Introduction** Several studies have suggested variations in the prevalence of schizophrenia spectrum disorders diagnosis across time. This could be due to a change in diagnostic practice motivated either for changes in DSM criteria as for local culture factors. The aim of this study is to explore the evolution of the schizophrenia spectrum disorders. We hypothesize that we would observe a transference from the schizophrenia diagnosis to psychosis not otherwise specified.

**Methods** A retrospective review of all psychiatric discharges in acute unit in the INAD of Parc de Salut Mar of Barcelona, between 2002 and 2014 was performed, relating each discharge to its axis I psychiatric diagnosis. An ANOVA analysis was used to calculate the differences between the months and the frequency of the diagnosis.

**Conclusion** We have not been able to observe any transference between diagnoses across years. We observe a decrease of the proportion of schizophrenic spectrum disorders in its prevalence

at discharge from 2012 to 2014. The proportion of not otherwise specified psychosis remains quite constant as a third of the schizophrenia diagnoses.

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**Further readings**

Castagnini, A., Berrios, G. E. (2009). Acute and transient psychotic disorders (ICD-10 F23): a review from a European perspective. *Eur Arch Psychiatry Clin Neurosci* 259(8):433–43. <http://dx.doi.org/10.1007/s00406-009-0008-2>.

Mundt, A. P., Fakhridinov, S., Fayzirahmanova, M., Aichberger, M. C., Ivens, S., Schouler-Ocak, M., Ströhle, A. (2011). Use of psychiatric inpatient capacities and diagnostic practice in Tashkent/Uzbekistan as compared to Berlin/Germany. *Soc Psychiatry Psychiat Epidemiol* 46(12), 1295–302. <http://dx.doi.org/10.1007/s00127-010-0299-7>.

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## EV317

**Disruptive mood dysregulation disorder in adults: A case report**

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**Introduction** Disruptive mood dysregulation disorder (DMDD) defined by DSM-V is characterized by severe and recurrent temper outbursts and persistently irritable or angry mood.

**Objectives** Our aim is to attract attention to an adult case with DMDD since the literature is lacking adult manifestations.

**Case report** A 18-year-old boy have been on follow-up in our outpatient clinic since he was 12 with complaints of being increasingly irritable and angry during most of the day. He had temper tantrums six or seven times per week involving verbal rages, physical aggression and throwing things to friends and family members. There had never been a distinct period lasting more than one day during which the full symptom criteria, for a manic, hypomanic or a depressive episode had been met. He was also reported to be hyperactive, impulsive, and had difficulty concentrating and focusing since he was seven. Laboratory evaluations were within normal limits. Results of screening forms provided by parents and teachers supported the presence of attention deficit and hyperactivity disorder (ADHD). ASRS, YMRS, STAXI, SCID-I, Diagnostic Interview for Adult ADHD (DIVA) were the psychometric evaluations carried out in order better to characterize the clinical situation.

**Results** He was considered as fulfilling DSM-5 criteria for ADHD and DMDD, and started on sertraline 50mg/day and OROS methylphenidate 36 mg/day. At the following visits, temper tantrums were much reduced and there were moderate improvement in ADHD symptoms.

**Conclusions** By defining the adult manifestations of DMDD accurately, clinicians will be able to improve diagnosis and care.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## EV318

**Clinical manifestations in patients with acute and transient psychosis**

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**Introduction** The term, acute and transient psychosis, is comprehended as a heterogeneous group of disorders, which share, as a common feature, the abrupt and brief deployment of typical psychotic behaviour, either polymorph, delusional, or schizophreniform. This diversity of symptoms may also be present in other psychotic disorders, for which, some authors question its reliability.

**Objective** To analyse the clinical manifestations present in acute and transient psychotic disorders (ATPD), and determine the differences between its different subcategories.

**Method** Retrospective chart review study of adult patients admitted in our psychiatric unit between 2011 and 2015, with a mean diagnosis of ATPD at hospital discharge. Diagnostic criteria was according to the International Classification of Diseases (ICD-10). Symptoms were divided under operative procedures, as set out in psychopathologic descriptions. For methodological reasons, statistical analysis was conducted between polymorphic features group (PM) and nonpolymorphic group (NPM). Chi-squared test and Fisher's exact test (as appropriate) were performed, using MedCalc software.

**Results** Thirty-nine patients met the inclusion criteria. Acute polymorphic psychotic disorder with and without symptoms of schizophrenia (39%), acute schizophrenia-like psychotic disorder (20%), acute predominantly delusional psychotic disorder (23%), other and NOS (18%). There were statistically significant differences between PM and NPM groups in emotional turmoil ( $>PM$ ,  $P=0.0006$ ), grossly disorganized or abnormal motor behaviour ( $>PM$ ,  $P=0.0038$ ), and type of onset (sudden  $>PM$ ,  $P=0.0145$ ).

**Conclusion** Currently, the same concept encompasses two categories (PM and NPM) to be differentiated. The ATPD construct is under review, due its long-term instability.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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### EV319

#### Gender differences in acute and transient psychotic disorder

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**Introduction** In the recent decades, there is a growing interest in gender differences in psychotic disorders. Also, in the field of acute and transient psychosis, according to various studies, women seem to have higher prevalence and long-term diagnostic stability.

**Objectives** To determine whether there are gender differences in clinical features of acute and transient psychotic disorders (ATPD).

**Methods** Descriptive cross-sectional study in the adult patients with ATPD were admitted between 2011 and 2015 in our acute psychiatric ward. Diagnostic criteria was according to the International Classification of Diseases (ICD-10). Descriptive and inferential statistic procedures for clinical symptoms and diagnostic subcategories were performed, using the MedCalc software, version 15.8.

**Results** Thirty-nine patients met the inclusion criteria. Males were (MG) 41%, females (FG) 59%. There were some statistically significant differences between gender in the polymorphic features group ( $>FG$ ,  $P=0.048$ ), and in the presence of acute stress ( $>FG$ ,  $P=0.0277$ ). Length of stay was also different, but without statistical significance ( $>MG$ ,  $P=0.0607$ ). In contrast, symptomatic sets, family history of psychosis, and type of onset (sudden or acute) were similar for both groups.

**Conclusions** The gender differences seem to be in favour of a higher prevalence of polymorphic psychotic symptoms, in relation to stressful events in women. Somehow, these factors could be a

condition, which would determine a greater diagnostic stability in female patients, even in cases of recurrences.

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### EV320

#### Clinical and functional impact of differences between the diagnostic criteria of DSM IV-TR and DSM V for mental retardation: A case report

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**Introduction** The new edition of the DSM has introduced some changes involving differences, sometimes significant, in the conceptualization and classification of mental pathology. One of the most important has been the case of mental retardation.

**Objectives and aims** Discuss, with a clinical and pragmatic perspective, the relevance of those changes in the diagnosis and classification of mental retardation in DSM.

**Methods** A 45-year-old woman diagnosed with mental retardation is admitted in a psychiatric rehabilitation unit for behavioral disorders and psychotic symptoms. Once controlled the symptoms and studied the patient, a disability not corresponding with the diagnosis presented (mild mental retardation according to DSM IV) is shown. Clinicians start a reevaluation of the diagnosis.

**Results** A comprehensive rehabilitation program according to the pathology and deterioration of the patient is designed. With the diagnosis review is possible to find new resources and community programs, better fit for the patient needs.

**Conclusions** DSM V changes in mental retardation diagnosis and classification allows a better perspective of the disease and its impact of functionality.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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### EV321

#### A case of acute and transient psychosis—What to expect?

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**Introduction** The Tenth Revision of the International Classification of Diseases (ICD-10) introduced the category of Acute and transient psychotic disorders (ATPD), that assimilate clinical concepts such as the French Bouffée Délirante, Kleist and Leonhard's cycloid psychosis, and the scandinavian reactive psychosis.

**Methods and aims** The authors present a clinical case of ATPD and a literature review based on PubMed/MEDLINE, using the keywords: "acute and transient psychotic disorder", "prognosis" and "diagnostic stability", aiming to discuss the main challenges regarding the diagnosis, treatment and prognosis.

**Results** The patient is a male with 37 years old with two previous psychotic episodes (with 2.5 years of interval), both with an acute onset (of 7 and 3 days respectively), and a fast response to antipsychotic treatment, with periods of complete symptom's remission. He maintains treatment with 6 mg of paliperidone. In the literature, we found scarce information on ATPD. Though several variables have been described as having influence on the prognosis (gender, pre-morbid functioning, acute onset and presence of