

**Results:** In control analysis, the existence of sodium levels of 127 and low osmolarity was observed. Therefore it was decided to suspend furosemide, close monitoring of water intake in order to rule out primary polydipsia and extra salt was introduced into the diet. Given the persistence of the symptoms, laboratory abnormalities and ruled out the existence of primary polydipsia, it was decided to suspend treatment with oxcarbazepine. After the discontinuation of the aforementioned drug the analytical findings went back to normal ranges and the symptoms disappeared.

**Conclusions:** Carrying out control tests in patients with psychiatric pathology and multiple psychiatric treatments is essential to be able to rule out analytical alterations which could be asymptomatic or with nonspecific symptoms that could be attributed to the underlying pathology. The easy reversal of symptoms encourages us to emphasize the study and differential diagnosis of each case.

**Disclosure:** No significant relationships.

**Keywords:** hyponatremia; Schizoaffective disorder; oxcarbazepine

## EPP0109

### Impact of childhood trauma on impulsivity in patients with bipolar disorder

D. Bougacha<sup>1\*</sup>, S. Ellouze<sup>2</sup>, R. Jenhani<sup>1</sup> and R. Ghachem<sup>1</sup>

<sup>1</sup>Razi hospital, B, Manouba, Tunisia and <sup>2</sup>Hedi Chaker University Hospital, Psychiatry, Sfax, Tunisia

\*Corresponding author.

doi: 10.1192/j.eurpsy.2022.433

**Introduction:** Childhood trauma has been demonstrated to be associated with several indicators of worse course in bipolar disorder (BD). Links between early adversity and the complexity of the disorder might be mediated by various dimensions of psychopathology, such as impulsivity.

**Objectives:** The aim of this study was to investigate the impact of traumatic childhood experiences on impulsivity in individuals with bipolar disorder.

**Methods:** We conducted a cross-sectional, descriptive, and analytical study. Sixty-one euthymic patients with bipolar disorder were recruited in the department of psychiatry B of Razi Hospital, during their follow-up. The Childhood Trauma Questionnaire (CTQ) and the Barratt Impulsiveness Scale-11 (BIS-11) were used to assess childhood traumatic experiences and impulsivity.

**Results:** The mean age of patients was 43.4. The sex ratio was 2.4. The mean score obtained on the Bis-11 scale was 74.8. More than half of patients (53%) had high levels of impulsivity. Almost two-thirds of patients (64%) had experienced at least one type of childhood trauma. Higher scores on the various dimensions of childhood trauma apart from physical neglect, were significantly associated with higher total BIS-11 score as well as with all its subscales. Linear regression with the CTQ total score as the independent variable showed a statistically significant effect of childhood trauma score on attentional impulsivity.

**Conclusions:** Our findings suggest that interventions that target impulsive behavior in individuals with bipolar disorder should pay particular attention to traumatic childhood experiences. Furthermore, early identification and management of childhood trauma

may reduce levels of impulsivity and thus improve the outcome and prognosis of bipolar disorder.

**Disclosure:** No significant relationships.

**Keywords:** bipolar disorder; Childhood Trauma; Impulsivity

## Consultation Liaison Psychiatry and Psychosomatics 01/ Classification of Mental Disorders

### EPP0110

#### Kappa accuracy of prototypical diagnosis and ICD-10 criteria for mental disorders: A cross-sectional study in a real-life setting

H.G.D. Rocha Neto<sup>1\*</sup>, M. Cavalcanti<sup>2</sup> and D. Telles Correia<sup>3,4</sup>

<sup>1</sup>Universidade Federal do Rio de Janeiro, Instituto De Psiquiatria Da Ufrj, Rio de Janeiro, Brazil; <sup>2</sup>Universidade Federal do Rio de Janeiro, Centro De Ciências Da Saúde, Rio de Janeiro, Brazil; <sup>3</sup>Lisbon Medical University, Psychiatry, Lisbon, Portugal and <sup>4</sup>FACULDADE DE MEDICINA UNIVERSIDADE DE LISBOA, Psychiatry, Lisboa, Portugal

\*Corresponding author.

doi: 10.1192/j.eurpsy.2022.434

**Introduction:** The use of “operational criteria” in DSM-III was proposed as a solution to low reliability among psychiatrist’s diagnosis. It is considered a turning point in the psychiatric classification and diagnostic process, furtherly adopted in ICD. However, the utility of using such criteria in everyday clinical practice is still not clear.

**Objectives:** To measure agreement between prototypical and ICD-10 categorical diagnosis.

**Methods:** In IPUB’s outpatient clinics, psychiatry residents work in a real-life clinical scenario, attending patients from Rio de Janeiro/RJ-Brazil. Although regularly trained in ICD criteria, it is not usual to check every criterion in their daily practice. Thus, patients are diagnosed with a prototype-based disorder, not necessarily strictly attached to ICD criteria. We propose a cross-sectional study, where psychiatry residents check their clinical diagnosis according to ICD criteria and compare its agreement with kappa statistics.

**Results:** Three of thirty residents joined the study, providing diagnosis for 146 patients under their care. Forty-five diagnoses were obtained before and 51 after ICD-10 criterion application. Diagnoses were grouped under 8 groups (Organic, Schizophrenia Spectrum Disorders, Bipolar Affective Disorder, Depression, Anxiety-Related Disorders, Personality Disorders, Neurodevelopmental Disorders), and kappa agreement obtained using ICD-10 diagnosis as the gold standard against prototypical diagnoses. Overall kappa was 0.77 (IC - 0.69 - 0.85), ranging from 0.58 (Personality Disorders) to 0.91 (Schizophrenia Spectrum Disorder). These findings also were reflected as high sensibility, specificity, Positive Predictive, and Negative Predictive values in all groups.

**Conclusions:** Prototypical diagnostic elaboration, while probably based on previously learned, but not applied operational criteria, was equivalent to diagnostic obtained through ICD-10 categories.

**Disclosure:** No significant relationships.

**Keywords:** reliability; psychiatry; diagnosis; validity