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 that 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"). Magnan 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 became 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.

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EV975

Which type of management is most suited for patients with a diagnosis of false self personality (FSP) within a psychodynamically-oriented institutional day hospital? A study

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Introduction Our work team have already found that our Institutional Psychiatric Open Light Treatment (IPOLT) model allows the patient affected by severe mental illness (SMI) to more easily express her/his personal coping skills rather than behaving passively thanks to the "real free spaces" separating a structured intervention from another. Our work consisted in evaluating how patients with FSP respond to IPOLT.
Objectives This paper describes observations of psychotic patients operating from the position of FSP in order to evaluate how they respond to IPOLT compared with other patients according to three standards (day hospital attendance, psychotic episodes and hospital admissions).
Aims Identify the core factors for management of patients with FSP in the context of IPOLT.
Methods We isolated a sample including patients affected by severe mental illness (SMI); within this sample, we selected a small group of patients with FSP. During the last three years, we have been evaluating patients with FSP in terms of day hospital attendance, number of psychotic episodes and number of hospital admissions compared with data obtained from other patients with SMI without diagnosis of FSP.
Results The two data sets revealed no statistically significant differences in terms of the three standards.
Conclusions Our preliminary study showed a good effect for IPOLT treatment on patients with SMI. We expected that patients affected by SMI with FSP would have a different response to IPOLT, but it was not. We do not know whether such results depend on a too small sample of patients or inappropriate descriptors.
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EV977

Late onset psychosis. Review

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Introduction Several risk factors make older adults more prone to psychosis. The persistent growth in the elderly population makes important the necessity of accurate diagnosis of psychosis, since this population has special features especially regarding to the pharmacotherapy and side effects.
Objectives To review the medical literature related to late-life psychosis.
Methods Medline search and ulterior review of the related literature.
Results Reinhard et al. [1] highlight the fact that up to 60% of patients with late onset psychosis have a secondary psychosis, including: metabolic (electrolite abnormalities, vitamines defficiency...); infections (meningitides, encephalitides...); neurological (dementia, epilepsy...); endocrine (hypoglycemia...); and intoxication. Colijn et al. [2] describe the epidemiological and clinical features of the following disorders: schizophrenia (0.3% lifetime prevalence > 65 years); delusional disorder (0.18% lifetime prevalence); psychotic depression (0.35% lifetime prevalence); schizoaffective disorder (0.32% lifetime prevalence); Alzheimer disease (41.1% prevalence of psychotic symptoms); Parkinson's disease (43% prevalence of psychotic symptoms); Parkinson's disease dementia (89% prevalence of visual hallucinations); Lewy body dementia (up to 78% prevalence of hallucinations) and vascular dementia (variable estimates of psychotic symptoms). Recommendations for treatment include risperidone, olanzapine, quetiapine, aripiprazole, clozapine, donepezil and rivastigmine.
Conclusions Differential diagnosis is tremendously important in elderly people, as late-life psychosis can be a manifestation of organic disturbances. Mental disorders such as schizophrenia or psychotic depression may have different manifestations in comparison with early onset psychosis.
Keywords "Psychosis"; "Elderly"; "Late onset schizophrenia"
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV978

Late onset schizophrenia. A case report

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Introduction The presence of elderly people is more and more common in developed countries. Unlike other medical conditions, late onset psychosis includes organic and mental precipitants in its differential diagnosis.
Objectives To present a case of late onset schizophrenia.
Methods Medline search and review of the clinical history and the related literature.
Results We present the case of a 71-year-old woman with organic medical history of rectum adenocarcinoma in 2008 that underwent radiotherapy, chemotherapy and surgical resection with successful results. According to the psychiatric history, this patient has needed two admissions to the psychiatry ward, the first of them in 2012, (when the delusional symptoms started), due to deregulated behaviour in relation to persecutory delusions and auditory pseudo-hallucinations. In 2012, she was diagnosed with late onset schizophrenia. Blood tests (hemograme, biochemistry) and brain image were normal. Despite treatment with oral amisulpride and oral paliperidone and due to low compliance, delusional symptoms have remained. We started treatment with long-acting injectable papliperidone 75 mg/28 days having reached clinical stability.
Conclusions Late onset psychosis is due to a wide range of clinical conditions. In this case, our patient had no organic precipitants. The evolution and presentation of delusional symptoms in this patient made us think of late onset schizophrenia as main diagnosis.

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