Psychiatric And Mental Health, University of Chile, Santiago, Chile
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Introduction: IIntentionality constitutes an essential phenomenon of psychic life (Brentano, 1874; Husserl, 1917). Its disturbance can be expected in schizophrenia and depression.
Objectives: To study how such fundamental psychic function is altered in these two diseases.
Methods: Phenomenological method allows to deepen in the structure of complex phenomena. Husserl's analysis of "consciousness of immanent time" helps in studying how intentionality functions in schizophrenia. In depression, we appeal to own previous phenomenological researches revealing three fundamental features: a specific change in body experience; inability to act, feel, think, etc. (inhibition); and alteration, inversion, and suspension of biorhythms.
Results: The intentional arc connects the beginning and the end of a phrase. This arc will keep tenser, the bigger is the potency of the aim of my speech and my capacity to exclude inadequate associations. In schizophrenia intentional arc expands and appear "lax associations" (Bleuler, 1911) and "overinclusion" (Cameron, 1968). Fuchs (2005) argues that also the rest of schizophrenic symptoms represent disturbances of intentionality, e. g., in paranoid ideas an inversion occurs. In depression, its three essential phenomena can be interpreted as different forms of intentionality failure: the compromise of lived body and its consequent loss of transparence lead to incapacity of projecting oneself toward action and future. "Not being able to" (inhibition) means a detention of intentionality. Closely related appears the inability to anticipate. Finally, the alteration, inversion or suspension of biorhythms is temporal and insofar implicates a disturbance of intentionality.
Conclusions: The main features of schizophrenia and depression represent specific forms of alteration of intentionality.

Disclosure: No significant relationships.
Keywords: intentionality; phenomenology; schizophrenia; depression

EPV0453

Borges and the art of forgetting

N. Ohri[1]*, A. Gill[2] and M. Saini[3]

[1]Psychiatry, New Life Hospital, Varanasi, India; [2]Psychiatry, New Life Hospital, Varanasi, India and [3]Psychiatry, Veer Chandra Singh Garhwali Govt. Institute of Medical Science & Research, Srinagar, India

*Corresponding author.
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Introduction: In 2005 Elizabeth Parker and fellow researchers described the first case of Hyperthymestic Syndrome, a woman going by initials AJ. Thereafter, a handful more of such cases have emerged. Older descriptions of extraordinary memory in medical literature mainly considered semantic and working memories. Jorge Luis Borges in his 1930s short story 'Funes, his Memory' writes about his, presumably fictitious, encounter with a man named Ireno Funes who possessed an extraordinary memory and a knack for keeping track of briefest of passing moment. Among many qualities that Funes and AJ share are their extraordinary memories, obsession for keeping track of time, and their problems with abstraction. After describing his extraordinary memory, Borges says of Funes, 'I suspect nevertheless, that he was not very good at thinking. To think is to ignore (or forget) differences, to generalize, to abstract.' Similarly, AJ has been described to have impaired abstraction, hypothesis formation and conceptual shifting. Moreover, both Funes and AJ see their capability as a burden rather than a gift. "My memory, sir, is like a garbage heap." Says Funes.
Objectives: A brief exploration of Jorge Luis Borges' works in the context of autobiographical memory.
Methods: The comparisons between Borges' description of his character's autobiographical memory and findings of modern research techniques will be done qualitatively.
Results: Effort is made to undersatnd Borges philosophy in context of mordern memory research.
Conclusions: An in depth look into Borges' philosohies linking perception of time, coding of memory, abstration and language can inform further line of research regarding autobiographical memory.

Disclosure: No significant relationships.
Keywords: Jorge Luis Borges; literary work review; Hyperthymestic Syndrome; Autobiographical Memory

Posttraumatic stress disorder

EPV0455

Posttraumatic stress disorder with psychotic symptoms. A case report

R. Galeron[1]*, M. Jiménez Cabañas[1], P. Albarracin[1], E. Herrero[2], M. Huete Naval[1] and B. Serván Rendón-Luna[1]

[1]Psychiatry And Mental Health, Hospital Clínico San Carlos, Madrid, Spain and [2]Psychiatry And Mental Health, Hospital Clinico San Carlos, Madrid, Spain

*Corresponding author.
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Introduction: We present a 29-year-old man with a family psychopathological history of depression and a personal history of Posttraumatic Stress Disorder after sexual and psychological abuse in childhood, depressive symptoms and substance use (cannabis), who experienced delusions that made him feel threatened and in danger, with huge anxiety and insomnia for one year after a heartbreak. In addition, the patient was dysphoric, verborrheic and presented ruminative thoughts and flashbacks of abuse suffered in childhood.
Objectives: To review the literature of Posttraumatic Stress Disorder with Psychotic Symptoms (PTSD-PS) and study the difference between PTSD-PS and other psychotic disorders.
Methods: Literature review of scientific articles searching in Pubmed and Medline. We considered articles in English and Spanish.
Results: Pharmacological treatment with antipsychotics and mood stabilizer was started with remission of anxiety and insomnia and recovery of euthymia. Delusions persisted but without affective and behavioral repercussions. With psychotherapeutic work in a psychiatric Day Hospital, complete remission and proper processing of traumatic experiences were achieved. The main psychotic symptoms in PTSD are hallucinations and delusions which tend to

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chronicity. The content is often paranoid and persecutory in nature but not complex or bizarre like those found in schizophrenia. These symptoms are not limited to flashback episodes and the content may or may not be trauma related.
Conclusions: Although the studies show PTSD-PS presents characteristic symptoms, more research about is needed.

Disclosure: No significant relationships.
Keywords: psychosis; Posttraumatic Stress Disorder; trauma

EPV0458

The overlap between complex posttraumatic stress disorder and borderline personality disorder

C. Álvarez García[1*], L. Nocete Navarro[1], M.D.C. Molina Lietor[2], I. Cuevas Iñiguez[2] and A. Sanz Giancola[2]

[1]Psychiatry, Hospital Universitario Príncipe de Asturias, Alcalá de Henares, Spain and [2]Psiquiatría, Hospital Universitario Príncipe de Asturias, Alcalá de Henares, Spain

*Corresponding author.
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Introduction: Research has shown the relationship between borderline personality disorder (BPD) and complex posttraumatic stress disorder (cPTSD), pointing out the overlapping nature and expression of both conditions. In order to understand their differences and similarities, we present a case of a 22-years-old patient with a history of repeated sexual trauma throughout all her adolescence, whose diagnose was changed from BPD to cPTSD after she was admitted in an acute inpatient mental health unit.
Objectives: To gather the similarities between borderline personality disorder and complex posttraumatic stress disorder.
Methods: A narrative review of the literature through the presentation of a case. Articles were chosen based on its clinical relevance.
Results: cPTSD merges the clinical features and symptoms of PTSD with affect dysregulation, negative self-perception, unstable relationships and somatization, also present in BPD. Furthermore, BPD is known to frequently have a traumatic etiology.
Conclusions: It is not always simple to draw a clear line between cPTSD and BPD conditions. However, each diagnosis may have a different impact on patient understanding and treatment.

Disclosure: No significant relationships.
Keywords: cPTSD; BPD; overlap

EPV0459

Trauma and sexual risk behaviors in an adolescent victim of sexual abuse: A case report

L. Borges

Psiquiatria, CHUA - Unidade de Portimão, Portimão, Portugal
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Introduction: Childhood and adolescence sexual abuse (CSA) is a risk factor for psychological trauma and a strong predictor of lifetime psychopathology, including depression, anxiety, inappropriate sexual behavior, anger, guilt, shame and other emotional and relationship problems.
Objectives: Describe a clinical case of a sexually abused adolescent admitted in a psychiatric unit for young adults and to correlate sexual abuse with trauma and sexual risk behaviors.
Methods: The data was collected through clinical and family interviews. The revision was made with the search terms “trauma”, “child and adolescence sexual abuse”, “sexual risk behaviors” in scientific databases.
Results: 16 year-old girl, high-school student, living with her nuclear family, was admitted in a psychiatric hospital with feelings of sadness and anxiety since the previous month, that lead to a voluntary medicine ingestion. She has been continuously sexually abused from the age of 12 to 16 by an older man, and once by her cousin and his friends. Since than, she refers feelings of anger, sadness, dissociative symptoms and intrusive images and nightmares related to the abuses, and continues to seek attention from older men. With medication and individual and family psychotherapeutic interventions, depressive, anxiety and dissociative symptoms have improved.
Conclusions: Literature concludes that there’s a strong correlation between CSA, trauma and sexual risk behaviors throughout adulthood. In fact, our patient met criteria for Pos-traumatic Stress Disorder and has sexual risk behaviors that must be worked through therapy. Due to it’s complexity, treatment of the adolescent and familial system after sexual abuse is multifaceted and requires a biopsychosocial approach.

Disclosure: No significant relationships.
Keywords: post-traumatic stress disorder; sexual abuse; sexual risk behaviors; trauma

Precision psychiatry

EPV0460

Application of the decision tree model in ADHD screening

L.R. Carreiro, M. Silva* and M.C. Teixeira

Developmental Disorders Graduate Program, Mackenzie Presbyterian University, São Paulo, Brazil

*Corresponding author.
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Introduction: Attention Deficit Hyperactivity Disorder (ADHD) is a Neurodevelopmental Disorder characterized by persistent pattern of inattention and hyperactivity / impulsivity. There is considerable difficulty in diagnosing ADHD, mainly to discriminate what could be symptoms arising from ADHD or typical age behaviors. The decision tree model is a statistical algorithm, a predictive model built with comparisons of values for a given objective that can be compared with other constant values, placing these variables in a database at hierarchical levels.
Objectives: This study aims to apply the decision tree model in directing the screening of ADHD complaints to analyze which cognitive and behavioral parameters would be better associations with ADHD accurate diagnosis
Methods: We used a database of research protocol with 202 children assessed with complaints of ADHD and a control group with 185 participants. Decision tree analyzed parameters selected from

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