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

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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

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affective symptoms), this topic remains controversial. Another difficult aspect about ATPD seems to be its low diagnostic stability, with diagnosis changing mostly to Schizophrenia, Schizoaffective disorder and Bipolar disorder. Duration of treatment after complete remission of symptoms is another controversial aspect of this disease.

Conclusions ATPD seems to have low diagnostic stability and poor research investment, and so it represents a challenge for psychiatrists on managing these patients in terms of treatment and follow-up plan. Further studies should be held regarding prognosis and treatment.

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EV322

Folie à deux through a case report

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Introduction The first reference to the shared delusions emerged in France in the nineteenth century. Shared delusions can be classified in three frames with different nosological value: simultaneous *folie à deux*, imposed *folie à deux* and communicated *folie à deux*.

Objectives A review of the structures of presentation of this psychiatric disorder through a case report and checking the categorization of the classic *folie à deux* in the current diagnostic manuals.

Methods Discussion through a case report of delusional disorder among twins. After several interviews with the patients we found that both have a complex delusional system, structured and bizarre at the same time. There was a clearly paranoid tinge in the narration which main theme is religion.

Results Delusional clinical appears identically and simultaneously in both subjects with equal readiness and doesn't give up after the admission of the patients in two different psychiatric hospitalization units.

Conclusions In the ICD-10 and DSM-5, diagnostics would be different depending on the kind of *folie à deux*. In simultaneous *folie à deux* and communicated *folie à deux* the dominant partner would receive a diagnosis of delusional disorder with ICD-10 and DSM-5. The acceptor partner would receive a diagnosis of delusional disorder induced with the ICD-10 and a diagnosis of unspecified schizophrenia spectrum and other psychotic disorder with the DSM-5. In a simultaneous *folie à deux*, both subjects would have a diagnosis of delusional disorder in both manuals. We think that this is the right choice.

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EV323

Presentation of the Comprehensive and Brief International Classification of Functioning, Disability and Health Core Sets (ICF-CS) for schizophrenia

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Objective The aim this presentation is present the results of the preparatory studies were presented at an international consensus conference, a multi-stage, iterative, decision-making and consensus process that took place 12–14 May 2015 in Barcelona, Spain. At this consensus conference, schizophrenia experts from different countries worldwide and working in a broad range of professions decided which ICF categories should be included in the first version of the ICF Core Sets for schizophrenia.

Method Four preliminary studies intend to capture the researcher's perspective, the patient's perspective, the expert's perspective and the clinician's perspective, respectively, on the most relevant aspects of functioning of persons living with schizophrenia. The final definition of ICF Core Sets for schizophrenia have been determined by integrating the results of preliminary studies in a consensus conference with international expert.

Result The experts included 97 categories in the Comprehensive ICF Core Set and 25 categories in the Brief ICF-CS. The specific categories of each ICF-CS are shown in this presentation. The Comprehensive ICF-CS can guide multidisciplinary assessments of functioning in persons with schizophrenia, and the brief version is ideal for use in both clinical and epidemiological research, since it includes a small and practical number of categories, but sufficiently wide for finding utility in clinical assessments.

Conclusion ICF-CS are being designed with the goal of providing useful standards for research, clinical practice and teaching, and it will stimulate research and will improve understanding of functioning, health and environmental factors in schizophrenia.

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EV325

Olfactory reference syndrome

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Introduction The term "olfactory reference syndrome" (ORS), introduced by Pryse-Phillips in 1971, is a persistent false belief and preoccupation with body odor accompanied by significant distress and functional impairment. Nowadays, it is not a distinct syndrome and it is currently classified as a delusional or obsessive-compulsive disorder.

Objectives and aims Review the history of ORSs classification and discuss why it should be considered as a separate diagnostic in the current health care classification systems.

Methods Description of a clinical case of a 36-year-old man and review the published articles on ORS by using PubMed database with the keywords: "olfactory reference syndrome", "chronic olfactory paranoid syndrome", "hallucinations of smell", "chronic olfactory paranoid syndrome", "delusions of bromosis" and "taijin kyofusho".

Results The published literature on ORS spans more than a century and provides consistent descriptions of its clinical features but nowadays is not explicitly mentioned in current classification systems as Diagnostic and Statistical Manual of Mental Disorders (DSM) or International Statistical Classification of Diseases and Related Health Problems (ICD). ORS is overlap with different diagnostics such as delusional disorder, body dysmorphic disorder, obsessive-compulsive disorder, and hypochondriasis.

Conclusions Right now, it is not clear how the ORSs should best be classified so we consider interesting to include it as a separate diagnosis in our set classifications, since we understand that an adjusted