Introduction: Praecox feeling (PF) is a characteristic feeling of bizarreness or unease that a psychiatrist experiences when facing a patient with schizophrenia. This term, proposed by Rumke in 1941, was considered an important feature of a schizophrenia diagnosis. However, since the movement toward operational diagnostic methods in the late 1970s, it has fallen out of use.
Objectives: This work aims to discuss the role of Praecox Feeling in the clinical approach to schizophrenia diagnosis.
Methods: PubMed database was searched using combinations of the terms "praecox", combined with "feeling" and "schizophrenia".
Results: PF is sometimes experienced silently before the patient participates verbally. An experienced and attentive clinician can intuitively feels changes in the body posture, facial expression, the tone of the voice, motor behavior, and attitude that could look insignificant, but as a whole they present the patient as "definitely un-understandable." Although there is lacking evidence to sustain the rehabilitation of the PF as a reliable and valid clinical criterion consistent with the operational approach, a broader scientific approach is called for. PF should not be trivialized, as is sometimes the case, into a quick diagnosis but could be a real determinant of medical decision.
Conclusions: Even though there may not be sufficient evidence to consider it valid clinical diagnostic criteria, it still appears to play an important role in the clinical decision-making process and should not be underestimated or stigmatized. This concept is not completely subjective and does rely on objective information, such as the patient's behaviour and body language.

Disclosure: No significant relationships.
Keywords: schizophrénia; Psychopathology; Praecox Feeling; diagnostic judgment

EPP0279

Anhedonia. Depressive versus negative symptom.

T. Reynolds De Sousa*, M. Ribeiro, A. Lourenço and F. Novais

Centro Hospitalar Universitário Lisboa Norte, Psychiatry, Lisboa, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.570

Introduction: Anhedonia is a symptom usually, and probably simplistically, defined as the inability to experience pleasure. It is considered one of the core symptoms of depression and a negative symptom of schizophrenia.
Objectives: We intend to explore whether previous studies found common or dissimilar experiences of anhedonia in depression and schizophrenia.
Methods: We performed a review of the published literature on the subject using PubMed. We conducted a search using 'anhedonia', 'schizophrenia', and 'depression' as keywords.
Results: There is different and diverging evidence on the matter. Historical reports associated schizophrenia with trait anhedonia, and depression with state anhedonia. More recently, some authors correlated appetitive anhedonia (lack of interest/desire) with schizophrenia, and consummatory anhedonia (lack of pleasure/enjoyment) with depression, but this was not corroborated by other studies. However, in line with it, there are findings of a normal physiological response to pleasurable stimuli among schizophrenics. Some authors propose that, in schizophrenia, this symptom might not represent an inability to feel pleasure but rather a deficient expression of its experience, as a part of blunted affect. Reward models highlight a deficit in reward learning in depression, but disorganization of reward processing and a focus on irrelevant clues in schizophrenia, which prevent patients from pursuing a pleasurable experience.
Conclusions: There are still limited studies comparing the experience of anhedonia in depression and schizophrenia. There seem to be significant differences between the two, but further studies are needed. In particular, this could be important in screening schizophrenic patients for depression.

Disclosure: No significant relationships.
Keywords: anhedonia; negative symptom; schizophrénia; Depression

EPP0281

The prevalence of common mental disorders among Syrian refugees resettled in The Netherlands

M. Patanè, P. Cuijpers, A. De Graaff*, R. Farell and M. Sijbrandij

Vrije Universiteit Amsterdam, Clinical, Neuro- And Developmental Psychology, Amsterdam, Netherlands
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.571

Introduction: Refugees are at elevated risk of developing common mental disorders (CMD) as they may have been exposed to stressors and traumatic experiences before, during and after their movement. However, prevalence rates of CMDs among refugees reported across studies vary strongly.
Objectives: To examine the prevalence of CMDs (PTSD, anxiety, depression and somatic disorder) among Syrian refugees in the Netherlands, and the diagnostic accuracy of self-reporting questionnaires in Arabic.
Methods: A sample of N=1339 adult Syrian refugees was randomly selected from the Dutch national population registry. Participants were approached in December 2020-March 2021 to complete questionnaires on symptoms of PTSD (PCL-5), anxiety/depression (HSCL-25), and somatic disorder (SSS-8). After the survey, a subsample was invited for a clinical interview using the Structured Clinical Interview for DSM-5 (SCID-5) to enquire about the presence or absence of PTSD, anxiety, depression or somatic disorder.
Results: In total, 407 participants (53.6% female, M age=34.2yrs, SD=14.1) completed the survey. The majority (65.9%) arrived in the Netherlands in 2015-2017. Using a cut-off of PCL-5 ^{3}33, 75 participants (18.4%) reported probable PTSD. Using a cut-off of ^{3}1.83 on the HSCL-25 depression subscale and ^{3}1.75 on the anxiety subscale, 153 participants (37.6%) reported depression and 135 (33.2%) reported anxiety, and using a cut-off of ^{3}12.0 on the SSS-8, 121 (29.8%) reported somatic complaints. A sub-sample of 214 participants (52.6%) were followed-up with the SCID-5. Psychometric properties will be presented.
Conclusions: Syrian refugees in the Netherlands are at high risk for the development of a CMD. Implications, strengths and limitations of the study will be discussed.

Disclosure: No significant relationships.
Keywords: Refugees; Epidemiology; Common mental disorders; Structured Clinical Interview