(F20.8 – 16 patients of MHRC mean age 10,2; F21 – 18 patients of MHRC mean age 10.0).

Methods   Battery of pathopsychological tests for assessing cognitive functions (memory, attention, thinking), test figures of Leeper for visual perception. Z-scales were used for estimation of cognitive deficit or defect.

Results   Patients demonstrate variety of cognitive functioning. Normal cognitive functioning: ASD1* – 22%, F20.8 – 18%, F21* – 50% (* – $P \leq 0.05$); partial cognitive defect: ASD1 – 27%, F20.8 – 18%, F21 – 22%; total cognitive defect: ASD1** – 50%, F20.8 – 64%, F21** – 27% (** – $P \leq 0.01$). ASD1 and F20 were the worth in thinking. Children ASD1 and ASD2 demonstrate similar success in recognizing Leeper's figures.

Conclusions   There are some common features of cognitive development in children with severe forms of ASD and early onset schizophrenia, first of all in thinking.

No significant differences obtained between severe – mild forms of autistic disorders in visual perception (ASD1 and ASD2).

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

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e-Poster viewing: Classification of mental disorders

EV0170

Complicated grief: Is there a place in psychiatry?

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Introduction   Grief is as normal reactive to a significant personal loss. It is characterized by affective, cognitive, behavioural and physiological symptoms. The grieving process is usually divided in five different stages, but in most cases presents a benign course, with decreased suffering and better adaptation to the new context. However, when high levels of emotional suffering or disability persist over a long time period, it becomes a case of complicated grief (CG), which should be adequately addressed.

Objectives   To review the characteristics of CG, the evidence that supports it as an individual pathological entity, and its place in current classification systems.

Methods   We performed a bibliographic search in Pubmed and PsychInfo, of articles written in English, Portuguese and Spanish, containing the key words: grief, bereavement, psychiatry, classification.

Results   The main issue regarding grief is the degree to which it is reasonable to interfere with a usually benign process. Since DSM-III bereavement has been referred to as an adaptive reaction to an important loss, which should not be diagnosed as major depressive disorder or adjustment disorder. However, DSM-5 has stated persistent complex bereavement disorder as an independent entity. In fact, CG fulfils the general criteria of every psychiatric syndrome, namely regarding specific diagnosis criteria, differential diagnosis from depressive disorders and post-traumatic stress disorder, and improvement with adequate treatment.

Conclusion   It is important to correctly approach CG, since it presents with characteristic diagnosis features and much improvement may be achieved once adequate treatment is provided.

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

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EV0171

Bipolar spectrum – A helpful concept?

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Introduction   Many patients seen in clinical practice have a mood disorder not well described by the existing diagnostic categories. Formally, they would be called "not otherwise specified" but this creates a huge single category for many patients that belies the richness and complexity of their symptoms.

Objectives   Review the existing information regarding the bipolar spectrum concept and reflect about its importance and utility.

Methods   Nonsystematic review of the literature – scientific publications from Pubmed and Psychiatry Textbooks.

Results   The "bipolar spectrum disorder", designating those patients who fall in the middle of the mood spectrum between the classic unipolar and type I bipolar extremes, would represent recurrent severe depression, but with a family history of bipolar disorder or antidepressant-induced mania or a number of other features of bipolarity in addiction to depressive symptoms, course, or treatment response. The presence of hyperthymic or cyclothymic mood temperaments has also been suggested as part of this bipolar spectrum concept. Several arguments can be found supporting the existence of this spectrum. A validated bipolar spectrum concept will allow a decrease in the diagnostic underestimation of bipolar disease and a more differentiated investigation and treatment model. Bipolar spectrum concepts will help identify those patients to whom antidepressants are not the best therapeutic approach, in relation to mood stabilizers and/or neuroleptics.

Discussion   The bipolar spectrum concept has considerable supporting evidence and utility, theoretical as well as practical. Its development and diagnostic acceptance shall allow new discriminated investigation and better patient outcomes.

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

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EV0172

The profile of female crack users undergoing treatment on psychosocial care center for alcohol and others drugs in Brazil

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Background   The prevalence of crack cocaine on Brazil reveal an increase since 2009 and represents a public health problem.

Aims   To describe and study the socio-demographic profile of female crack users undergoing treatment in psychosocial care center for alcohol and others drugs (CAPS AD).

Methods   This is a qualitative, ethnographic study of 9 female crack users that was conduct from February until September 2015 at CAPS AD in Brazil. This is study is part of a research entitled "The daily life of female crack users: public service access".

Results   These women are young, have children that most of them are separated and have at least primary school. All of them have a long time using crack and different attempts of abstinence. They access different public health programs.

Conclusion   The results show the vulnerable profile of female crack users. These findings indicate the need specific public intervention in other to improve social and health conditions.

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

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EV0173

The WHO ICD-11 classification and diagnosis of mental disorder in people with disorders of intellectual development (PWDID): An international study on clinical utility

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Introduction   Constituting 2% of the population, PWDID are a vulnerable group with a higher prevalence of mental disorders than the general population. ICD diagnostic criteria often rely on adequate cognitive functioning and hence diagnosis of mental disorders in PWDID can be difficult, consequently leading to inequity of treatment, prognosis and stigma. Our study critically analysed the available evidence base and explored the feasibility of applying modified diagnostic criteria within the context of cumulative iterative iteration. We present the outcome using diagnosis of DID and anxiety disorder as examples.
Aims   Address current shortcomings in ICD classification regarding PWDID by contributing effectively to the WHO ICD-11 consultation process in collaboration with international stakeholders.
Objectives   Facilitate accessibility of ICD-11 criteria for diagnosis of mental disorders capable of engendering robust evidence based epidemiological data and healthcare in PWDID.
Methods   We evaluated current evidence via a systematic literature search utilising PRISMA guidelines and developed pragmatic guidelines to adapt ICD diagnostic criteria in PWDID. A brief screener [Glasgow Level of Ability and Development Scale (GLADs)] for detecting DID was also studied internationally within the context of clinical utility (*n* = 136).
Results   The evidence base relating to mental disorders in PWDID is poor, significantly hampered by difficulties in applicability of diagnostic criteria. The GLADs appears to be a promising screening tool with good clinical utility for detecting disorders of intellectual development (DID) particularly where resources are scarce.

Conclusions   Pragmatic modifications to ICD-11 diagnostic criteria and the GLADS tool facilitates its clinical utility for PWDID and contributes significantly to enhancing research based evidence, and, ultimately their health access and well-being.
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EV0174

Body dysmorphic disorder: Classification challenges and variants

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Introduction   The main feature of body dysmorphic disorder (BDD) is impairing preoccupation with a physical defect that appears slight to others. Previously, its delusional and nondelusional variants were sorted in two separate categories, but owing to new data suggesting that there are more similitudes than differences between them, DSM-5 now classifies both as levels of insight of the same disorder.
Objectives   To enunciate the similarities and differences between the two variants of BDD.
Aims   To better understand the features and comorbidity of BDD, so as to improve its management and treatment.
Methods   Taking DSM-5 and DSM-IV-TR as a reference, we have made a bibliographic search in MEDLINE (PubMed), reviewing articles no older than 5 years that fit into the following keywords: body dysmorphic disorder, delusions, comorbidity, DSM-IV, DSM-5.
Results   Both the delusional and nondelusional form presented many similarities in different validators, which include family and personal history, pathophysiology, core symptoms, comorbidity, course and response to pharmacotherapy.
Conclusions   The new classification of delusional and nondelusional forms of BDD as levels of insight of the same disorder, which places them closer to the obsessive-compulsive spectrum than to the psychotic one, not only improves treatment options, but also reinforces the theory that delusions are not exclusive of psychotic disorders, setting a precedent for the understanding and classification of other disorders with delusional/nondelusional symptoms.
Disclosure of interest   The authors have not supplied their declaration of competing interest.

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EV0175

Underestimation of autism spectrum disorders according to DSM-5 criteria: A pilot study

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Introduction   Recent studies on autism concern the number of individuals diagnosed with pervasive developmental disorder (PDD) according to DSM-IV-TR who may no longer qualify for diagnoses under the new DSM-5 autism spectrum disorder (ASD). ASD is diagnosed using the impairments in two dimensions:
– the social and communication dimension;