follow-up investigation about outcome and prognosis, to increase the reliability and validity diagnosis and permits exclusion of other possible disorders and normality. There is much empirical evidence to indicate that AD is a transient disorder with a tendency to spontaneous remission. However, some studies have shown that patients with AD often develop major psychiatric disorders, presenting a higher rate of psychiatric morbidity, e.g., higher suicide rates.
Aim The aim of this study was to analyze the clinical and sociodemographic characteristics, as well as some possible personal vulnerability factors in patients with AD.
Method This longitudinal study was carried out on 80 outpatients diagnoses with AD at a Mental Health Unit, who were followed up for 3 years. It was analyzed different clinical and sociodemographic characteristics.
Results Significant differences between groups were found in some of the variables considered.
Conclusions The results add empirical evidence to a controversial and little-researched diagnostic category and provide guidelines for assessment and intervention. They also may contribute to improve diagnostic classifications.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV996

Soft neurological signs in schizoaffective disorder – Indicator of psychotic spectrum or diagnostic bias (case report)

V. Vukovic[1,*], S. Nikolic Lalic[1], J. Mitic[2], M. Stojanovic[3]
[1] *Special hospital for psychiatric disorders "dr Slavoljub Bakalovic", Affective disorders and borderline states unit, Vršac, Serbia*
[2] *Special hospital for psychiatric disorders "dr Slavoljub Bakalovic", Unit for geriatric psychiatry, Vršac, Serbia*
[3] *Special hospital for psychiatric disorders "dr Slavoljub Bakalovic", Acute psychosis unit "P", Vršac, Serbia*
[*] *Corresponding author.*

Introduction Neurological soft signs (NSS) refer to a group of neurological deficits with no apparent pathognomonic supstrate and comprise phenomena such as disorders of simple motor coordination, sensory integration, as well as disinhibition sings. Schizophrenia and other neuropsychiatric disorders are associated with a higher prevalence of NSS.
Case summary A 21-year-old male presented to our hospital with symptoms including anxiety, delusions, mood alterations, insomnia, and hypomania. Neurological assessment revealed presence of soft neurological signs. Personal history was positive for hypoxic birth injury and psychiatric heredity. During his stay, the patient showed not only partial response to treatment during several months, but also extrapyramidal symptomatology (limb hypertonia, decreased associated movements during walking, arm dropping, and rigidity of the neck, as well as elevated blood levels of CK, CRP, and high body temperature). There was no progression of NSS. The addition of valproate to antipsychotic treatment led to mild improvement. An MRI exam indicated presence of lesions in the white mass.
Discussion Although NSS have been more frequently associated with schizophrenia, especially in patients with dominant negative symptoms, there are findings, which suggest their presence in schizoaffective and bipolar disorders. Their presence is often an indicator of poor outcome, they can resemble EPS, and their association with frequency and severity of EPS is unclear.
Conclusion The presence of NSS is not enough to discriminate schizoaffective disorder, a "vague" diagnosis from others in what is considered the psychotic spectrum.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV997

Kraepelin's ghost: Late onset schizophrenia, dementia (non)praecox, or paraphrenia? (case report)

V. Vukovic[1,*], S. Nikolić Lalić[2], T. Voskresenski[3], S. Jokić[4]
[1] *Belgrade, Serbia*
[2] *Special hospital for psychiatric disorders "dr Slavoljub Bakalovic", Affective disorders and borderline states unit, Vrsac, Serbia*
[3] *Special hospital for psychiatric disorders "dr Slavoljub Bakalovic", Neurology unit, Vrsac, Serbia*
[4] *Special hospital for psychiatric disorders "dr Slavoljub Bakalovic", Acute psychosis unit, Vrsac, Serbia*
[*] *Corresponding author.*

Introduction It is difficult to establish whether a patient has late onset schizophrenia or frontotemporal dementia. The object of the following case report is to point out the difficulty of making a differential diagnosis between these two entities.
Case summary A 49-year-old female patient was admitted to our hospital after presenting with auditory and visual hallucinations, formal thought disorder, persecutory delusions, ideas of reference, insomnia. Memory, executive function and attentional tasks were severely compromised. Computerized tomography showed incipient frontal lobe atrophy. There were no significant abnormalities found in blood and urine samples or physical and neurological examinations. After showing no response to olanzapine, and extrapyramidal side effects to fluphenazine, risperidone was initiated which subsequently led to complete withdrawal of positive symptoms.
Discussion Patients presenting with psychotic symptoms after the age of 40 presented a diagnostic quandary, as they were less likely to present with negative symptoms, formal thought disorder or affective blunting, and more likely to have systematised delusions and visual hallucinations. Frontotemporal dementia is a disorder that can present itself with cognitive decline and a large range of psychiatric symptoms. The risk of late onset schizophrenia is greater in women, possibly implicating a causative role of female sex hormones. Atypical antipsychotics risperidone and olanzapine seem to be an adequate treatment.
Conclusion Schizophrenia is a heterogeneous disease with a large variety of clinical manifestations. Special care should be given to patients with age over 40, including neurocognitive assessment, laboratory and hormone tests, and a long-term follow-up.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV998

The importance of descriptive psychopathology in differential diagnosis of dissociative disorders: A case report

C.A. Welte-Santana[*], L. Oliveira, L. Carvalho de Toledo, N. Merola Fontoura, M. Ribeiro Garcia de Rezende, C. Lima de Melo, A.F. Macedo de Queiroz
Hospital Municipal Jurandyr Manfredini, Ambulatório de Psiquiatria, Rio de Janeiro, Brazil
[*] *Corresponding author.*

Introduction Some kinds of hallucinations are misdiagnosed due to primary psychotic disorders. Hallucinations can be classified into 3 categories: true hallucinations, pseudo-hallucinations and hallu-

cinosis. True hallucinations are different from the others due to incapacity of insight of the unreal and pathologic character of the phenomenon.
Objectives This study reports a case initially diagnosed as psychotic depression that after a rigorous psychopathologic investigation revealed to be an unspecified dissociative disorder.
Case presentation Twenty-four-year-old female, with a past of psychiatric treatment since 18-years-old, reports brief dysphoric episodes associated with visions of bleeding clowns and skulls that were always connected to a psychosocial stressor. At the interview she asserts that she understands those symptoms as pathological and caused by her mind, and associate them with external stressors. These episodes were brief and remitted spontaneously. The mental state examination did not show any psychopathological disturbance. The reduction and suspension of antipsychotics did not result in worsening of these symptoms.
Results The psychopathological disturbances reported by the patient did not represent a true hallucination. The presence of insight, the evolution and duration of the symptoms, and the association with psychosocial stressors has shown that the phenomena and symptoms are associated to a dissociative disorder. Therefore, the prescription of antipsychotics involves unnecessary pharmacological and clinical risks for this patient at the moment.
Conclusion Despite the use of psychopathology is considered by some as outdated, it is still an important semiological instrument for an accurate diagnosis and planning therapeutic conduct.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV999

Atypical cognitive dysfunction due to brain damage: A case report

C.A. Welte-Santana*, A.F. Macedo de Queiroz, N. Merola Fontoura, C. Lima de Melo, M. Ribeiro Garcia de Rezende, P.C. Ferreira da Silva, L. Oliveira, L. Carvalho de Toledo
Hospital Municipal Jurandyr Manfredini, Ambulatório de Psiquiatria, Rio de Janeiro, Brazil
* *Corresponding author.*

Introduction The diagnosis of a primary psychiatric disorder requires the exclusion of an organic etiology. However, Brazilian public hospitals commonly lack resources. Diagnostic precision requires also the congruence of the clinical history and the natural history of the investigated disorder.
Objectives This study reports a rare case of hallucinations and retrograde amnesia, due to organic brain lesion but without other cognitive impairments.
Case presentation Fifty-three-years-old male Brazilian, was evaluated after one year in Brazil after being missing for 25 years in USA. Encountering his family, he did not recognize his mother, did not remember his life in Brazil, including his infancy, nationality and mother language. He was found as a homeless in poor hygiene. In the exam, he only presented retrograde amnesia, without any disturbances of fixation memory, intelligence, formal thought, affect or psychomotor function. Patient reported hallucinations. Blood tests showed no abnormalities. EEG showed diffuse slow rhythms. Brain MRI showed cortical and hippocampal atrophy. After weekly evaluations for 5 months, he remained stable despite lack of prescription. Some weeks after MRI, patient reported frequent alcohol and inhalant use when missing. No hints of secondary gain were found until present.
Discussion Organic etiology was suspected due to atypical presentation: hallucinations, evocative amnesia, with no further cognitive and affect disturbances. This is not compatible with schizophrenia, dementia or dissociative disorder. The brain abnormalities and recent data highly suggest this etiological hypothesis.
Conclusion Since this clinical presentation does not fit into any specific psychiatric category, the case will continue to be studied.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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Psychopharmacology and pharmacoeconomics

EV1000

Atypical antipsychotic switching versus atypical antipsychotic combination in schizoaffective disorder – A clinical case

A. Ballesteros[1,*], B. Cortés[2], A. Petcu[3], L. Montes[4], W. Jaimes[5], F. Inchausti[6]
[1] *Red de Salud Mental Gobierno de Navarra, CSM Estella, Estella, Spain*
[2] *Consulta Dr. B. Cortés, Psychiatry, Salamanca, Spain*
[3] *Greater Manchester West Mental Health NHS Foundation Trust, Psychiatry, Manchester, United Kingdom*
[4] *Red de Salud Mental Gobierno de Navarra, Complejo Hospitalario de Navarra, Pamplona, Spain*
[5] *Hospital de Donostia Osakidetza, Psychiatry, Donostia, Spain*
[6] *Proyecto Hombre de Navarra, Comunidad terapéutica Proyecto Hombre de Estella, Estella, Spain*
* *Corresponding author.*

Introduction Recent studies suggest that aripiprazole (ARP) shows a better profile in terms of mental state and extrapyramidal symptoms (EPS) in psychosis. However, other studies consider that a combination of atypical antipsychotics (AAP) may also be an option for some refractory patients. We present a case of a schizoaffective disorder, manic type (SAFM) (F25.0, ICD-10 criteria) that improved in terms of EPS adverse effects after switching from long-term fluphenazine (LTF) to Long-acting injectable aripiprazole (LAIA) but showed relapse symptoms.
Objective We present a clinical case of SAFM that improved clinically in our outpatient clinic after 1 month of bi-therapy with low doses of oral risperidone and standard dose of LAIA. We study oral AAP-LAIA drug combination utility in this clinical setting.
Aims To study "oral AAP-LAIA combo" benefits in refractory SAFM cases.
Methods Our patient is a 68-year-old female diagnosed of SAFM clinically stable with a combination of lithium and LTF. She presented severe cogwheel stiffness in the upper limbs and postural tremor. We switched from long-term fluphenazine to LAIA and 4 weeks later, she showed discrete cogwheel stiffness but also persecutory delusions and dysphoria.
Results We maintained LAIA (400 mg/28 days) and lithium (800 mg/day) doses and added-on risperidone 1 mg/day. She presented clinical relapse 1 month later. She kept her better EPS tolerance as she only had discrete cogwheel in upper limbs only by using attention distraction techniques.
Conclusions Oral risperidone-LAIA drug combination appears as an effective and well-tolerated treatment in refractory SAFM cases.
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