

– the restricted and repetitive interests and behaviors (RRIB) dimension whereas PDD is diagnosed using impairments in three dimensions.

All the studies indicate between 50 and 75% of individuals will maintain diagnoses.

**Objectives** The aim of the study is to quantify how many individuals with previous PDD diagnoses under DSM-IV-TR criteria would maintain a diagnosis of ASD under DSM-5 criteria.

**Methods** Our sample consists of 23 cases (21 males, 2 female) related to the treatment Centre “Una breccia nel muro” of Rome and Salerno. All the cases previous received a PDD diagnose according to DSM-IV TR criteria. The mean age of cases was 7.7 years. All the cases were diagnosed by our team according to DSM-5 criteria, clinicians also used to make diagnoses: the Autism Diagnostic Observation Schedule-2, the Autism Diagnostic Interview-Revised.

**Results** Eighty-seven percent of cases with PDD were classified as ASD using DSM-5 criteria. Thirteen percent of cases, that previous received an Asperger diagnose, did not meet the ASD criteria (Fig. 1).

**Conclusions** DSM-5 criteria may easily exclude cases with high functioning from ASD because they tend to be atypical for ASD according to this study.

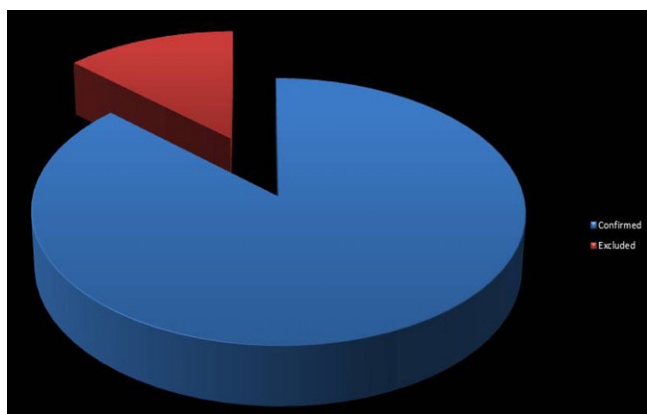


Fig. 1 Autism spectrum disorder according to DSM-5.

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

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#### EV0176

### Pattern of online technology and its impact on productivity at workplace

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**Background** Internet use has affected the pattern of working style at the workplace. Recent years have seen an increased use of online activities (especially pornography/gaming) at the workplace. It has been shown to affect productivity at the workplace. There is a dearth of literature from the Indian context in this area.

**Aim** This study was conducted to explore the pattern of pornography use and gaming at the workplace and its dysfunctions.

**Setting and design** The present study was a cross-sectional prospective study.

**Materials and methods** The objective of the study was to assess the pattern of pornography use at the workplace. Five hundred employees having experience of internet use for more than a year of various government/private sector organizations in Bengaluru were assessed using background data sheet, DSM-5 criteria, internet addiction test and pornography addiction screening instrument. Users who were unwilling to participate were excluded from the study.

**Results** Seven to 9% reported preference for Internet to work, meals, personal hygiene, sleep, and interaction with family members and effects on productivity. Three to 4% have excessive use of pornography and game.

**Conclusions** The present study has implications for evolving psychoeducational modules for the promotion of healthy use of technology.

**Disclosure of interest** The author has not supplied his declaration of competing interest.

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#### EV0177

### Mental Health Europe’s “beyond the bio-medical paradigm task force” issues on ICD-10

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**Introduction** Recent developments in psychiatric diagnosis risk downgrading psychological and social aspects of personal recovery and marginalise the individual needs and aspirations of people, considered in their local context. The publication of the fifth edition of the Diagnostic and Statistical Manual for Mental Health Disorders (DSM-5) by the American Psychiatric Association (APA) prompted MHE to establish the Beyond the Biomedical Paradigm Task Force (BBPtf) to investigate, debate and report on these issues.

**Objectives** Mental Health Europe (MHE) – along with others both within and outside mainstream psychiatry – has noted with concern the increasing dominance of a biological approach to mental health problems. We see a risk of diagnoses being misused when they become part of a complex managerial health system responding mainly to the economic and issues of safety or social control. This kind of misuse could breach the principles of the UN CRPD. MHE welcomes the role of the WHO in coordinating internationally appropriate classification systems. However, we want to ensure that systems based on biomedical, economic and managerial issues are balanced with systems based on knowledge of personal experiences, life stories and direct relationships, which have proven outcomes and which respect human rights and dignity.

**Aims** This workshop will explore the complex philosophical issues associated with psychiatric diagnosis and, in particular, the ICD-10 revision process.

**Disclosure of interest** I am President of the British Psychological Society and a member of both Mental Health Europe’s “Beyond the Bio-Medical Paradigm Task Force” and the Council for Evidence Based Psychiatry. I am currently in receipt of funding from the National Institute for Health Research (NIHR) and the Economic and Social Research Council (ESRC), and I have previously received funding from a variety of sources.

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

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#### EV0178

### Vintage mode: Expansive paraphrenia

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**Introduction** Paraphrenia is a poorly defined process whose uncertain origins date back to the German psychiatry mid-nineteenth century. Paraphrenia would be a subtype of schizophrenia characterized by a more benign clinical course in terms of volitional and emotional involvement. Certain types of serious sensoriperceptive distortions and paranoid symptoms are characteristics of this clinical variant. Despite its diverse presentation, its chronic development and its presence in the daily lives of the patient, the overall functionality is not deeply affected.

**Objectives** To discuss the validity of this and other clinical processes based on classical clinical descriptions for diagnostic approach of our current patients, in contrast to the common use simplified concept (forgetting in ICD-10 or disappeared in American manuals).

**Materials and methods** Clinical case a middle-aged woman diagnosed with longstanding paranoid schizophrenia who suffered from a highly systemized delusional and hallucinatory syndrome with chronic evolution after a first relapse due to abandonment of treatment, but keeping high functional performance even during phases of partial remission.

**Conclusions** Schizophrenia presents multiple symptomatic and prognostic paths. Classical authors named these different subtypes. Revisiting these subtypes could be useful as a complementary tool for predicting clinical outcome based on their descriptions, especially in the absence of reliable material instruments.

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

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#### EV0179

### A new syndrome? The sport identification addiction and the case of Italian football ultra-fanatical support

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The new DSM-5 has a number of changes to addictions and substance-related disorders. Internet Gaming for instance is a "Condition for Further Study". This means that it is not an "official" disorder in the DSM, but one on which the American Psychiatric Association request additional research.

The DSM diagnostic criteria for addictions to the X-subject generally include:

- repetitive use of X, that leads to significant issues with functioning;
- preoccupation or obsession with X;
- craving/withdrawal symptoms when not dealing with X;
- the person has tried to stop or curb X, but has failed to do so;
- the person has had a loss of interest in other life activities, such as hobbies;
- a person has had continued overuse of X even with the knowledge of how much they impact a person's life;
- the person uses X to relieve anxiety related to other issues;
- the person has lost or put at risk and opportunity or relationship because of X.

I suggest that some sport fans may:

- meet the above mentioned criteria;
- be subject to over-identification with "their team performances", superstitious conditioning and loss of self-consciousness that may lead to a full blown addictive syndrome, along with comorbidity with pathological gambling.

This seems particularly true in Italy, for example, as far as the phenomenon of ultra football supporters is concerned.

I argue that further research might be needed to explore the psycho-social consequences of obsessive sport addiction and how this may impact on a person's overall functioning.

**Disclosure of interest** The author has not supplied his declaration of competing interest.

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#### EV0180

### Depression across DSM and ICD editions: Psychiatric nosology's 'Black Dog'

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**Introduction** The diagnosis of depressive disorders has suffered important modifications throughout DSM and ICD editions. The history of those modifications is an important subject to fully understand the current diagnostic criteria and classification, with milestones often set not by scientific or theoretical data but rather by political decision and conflicting interests.

**Objective** The authors propose a review of how the concept of major depression has evolved along the several DSM and ICD editions.

**Methods** The results were obtained searching literature included on the platforms PubMed, Google Scholar, PsycINFO and Psychology and Behavioral Sciences Collection.

**Results** The current diagnostic entity lacks validity and utility and that is an obstacle to both scientific research and clinical practice.

**Conclusion** The authors also discuss alternative models which may contribute to a paradigm shift more suitable to clinical reality and to provide a useful framework for all levels of research.

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

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#### EV0181

### A descriptive study of a sample of 42 male diagnosed psychotic disorder

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The aim of this study is the approach to mental illness and specifically in serious mood disorders, long-term treatments that improve adherence as continuous treatments ensure compliance are needed, they minimize the risk of relapse and readmission and therefore increase the chances to have a good fit and social, relational and even occupational functioning. We analyzed a sample of 42 male diagnosed with schizophrenia, schizoaffective disorder, chronic delusional disorder that starts treatment with paliperidone palmitate in outpatients. It is analyzed the dose of paliperidone palmitate employed for stabilization and family satisfaction at the time of stabilization is analyzed in the study. Our results are that the mean dose of paliperidone palmitate is 138 mg. The patient diagnosed with schizophrenia are 47.6% and the average dose is 132.5 mg. Chronic delusional disorder is 2.3% and the mean dose 50 mg. Other comorbidity mood disorders are 21.4% and the mean dose is 183 mg. Other disorders (F70, F72. . .) are 28.5% and mean dose 133 mg. The average family satisfaction (minimum 1 up to 5) is 4, with the high-