Conclusions: The ICD 11 has transformed the classification of personality disorders by projecting a dimensional description of personality functioning, aiming to overcome the diagnostic deficiencies in the ICD 10 classification. The versatility offered by the application of the ICD 11 classification can be pivotal in reshaping the focus and intensity of clinical management of the disease.

Disclosure: No significant relationships.
Keywords: personality disorder; psychiatric disorders; ICD 10; ICD 11

EPV0239

Evolution of Delusional Disorder across the DSM editions

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Introduction: States compatible with "Delusional disorder" have been described since the XIX century. Esquirol mentioned "irrational ideas and actions that would develop via logical and plausible arguments"; Kraepelin referred to the condition as "paranoia" and considered that hallucinations could not be present– unlike Bleuler, who considered them to be a possible feature. The criteria for delusional disorder have suffered several changes in the last centuries.
Objectives: We aim to review the evolution of the criteria for delusional disorder across the editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM).
Methods: Review of DSM editions.
Results: Criteria for the diagnosis of "paranoia" (DSM III) or "delusional disorder" (DSM III-IV.V) underwent several changes. In the first editions hallucinations could not be prominent (DSM-III-IIIR) and in the DSM IV, only tactile or olfactory hallucinations related to delusions could be present. In DSM-V hallucinations of other modalities related to the delusional theme can be present. Regarding delusional themes, the first edition of the DSM III regarded persecutory delusions only – which was changed in the DSM-III-R, with the inclusion of grandiose, jealous, erotomaniac, and somatic. Only in the DSM-V did the occurrence of bizarre delusions become possible in delusional disorder. Across the editions, there is a consensus about the absence of negative symptoms, absence of disorganized speech, and that the behavior is not odd aside from delusional content.
Conclusions: The most debatable symptoms across centuries in the classification of delusional disorders were: presence of hallucinations, the nature of the delusional content, and inclusion of bizarre delusions.

Disclosure: No significant relationships.
Keywords: Delusional disorder

Comorbidity/Dual Pathologies

EPV0241

Trait-anger, hostility, and the risk of incident type 2 diabetes and diabetes-related complications: a systematic review of longitudinal studies

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Introduction: There is a well-established association between anger, hostility, and an increased risk of cardiovascular disease. Emerging evidence also suggests associations between anger/hostility and type 2 diabetes (T2D), though evidence from longitudinal studies has not yet been synthesized.
Objectives: To systematically review findings from existing prospective cohort studies on trait anger/hostility and the risk of T2D and diabetes-related complications.
Methods: Electronic searches of MEDLINE (PubMed), PsychINFO, Web of Science, and CINAHL were performed for articles/abstracts published up to December 15, 2020. Peer-reviewed longitudinal studies conducted with adult samples, with effect estimates reported for trait anger or hostility and incident T2D or diabetes-related complications, were eligible for inclusion. Risk of bias/study quality was assessed. The review protocol was published a priori in PROSPERO (CRD42020216356) and was in keeping with PRISMA guidelines. Screening for eligibility, data extraction, and quality assessment was conducted by two independent reviewers.
Results: Four studies with a total of 155,146 participants met the inclusion criteria. A narrative synthesis of extracted data was conducted according to the Synthesis Without Meta-Analysis guidelines. While results were mixed, our synthesis suggested a positive association between high trait-anger/hostility and increased risk of incident T2D. No longitudinal studies were identified relating to anger/hostility and incident diabetes-related complications. Geographical locations of the study samples were limited to the USA and Japan.
Conclusions: Further research is needed to investigate whether trait-anger/hostility predicts incident type 2 diabetes after adjustments for potential confounding factors. Longitudinal studies are needed to investigate trait-anger/hostility and the risk of diabetes-related vascular complications.

Disclosure: No significant relationships.
Keywords: hostility; diabetes; systematic review; Anger