

tive method for analyzing the details and for making conclusions in order to be apply in the delusional process.

**Results** (a) Understand the internal dynamic of delusion and how the delusion becomes the main axis of the patient life. (b) The patient finds on the delusion a life motive, which did not exist before.

**Conclusion** Paraphrasing Dr.Castilla del Pino, “the delusion is a necessary mistake”. From the emotional point of view, it can be said “the delusion is a cry of a captured heart”.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1974>

## EV990

### The psychopathology scan from the phenomenology

S. Rodríguez Vargas  
Almería, Spain

**Introduction** This is a doctrinal movement that seeks to analyze mental illness without reductionism and seeks to grasp the nearest as possible to the reality of the patient.

**Aims** This is the analysis of an event, a concept, a feeling, trying to grasp as it is lived by the subject and in the direction you may have for him.

**Methods** Review of literature.

**Results** It was the first approach to the knowledge of the pathological experience and was the first scientific model to characterize the mental pathology. It was the central doctrine of psychiatry until the end of World War II, when the hegemony of the German psychiatric science gave way to the views that are primarily developed in Anglo-Saxon countries (psychoanalysis and behavioral psychology), although some European countries such as Germany and Spain continued growing until the 1980s, when it culminated in the publication of the DSM-III (1980).

**Conclusions** These approaches are “old fashioned” but are essential to understand and know the reality of human sick, “mentally ill man.”

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1975>

## EV992

### Comparisons of psychological characteristics between schizophrenia, bipolar disorder and depressive disorder patients

M.S. Shin  
Seoul National University College of Medicine, Psychiatry, Seoul, Korea

**Introduction and objectives** This study was conducted to examine the psychological characteristics of the schizophrenia ( $n=20$ ), bipolar disorder ( $n=20$ ) and depressive disorder ( $n=13$ ) patients on MMPI-2 and Rorschach responses.

**Methods** MMPI-2 and Rorschach was individually administered to all patients, and their Rorschach responses were scored by Exner’s comprehensive scoring system. The means of T scores of MMPI-2 subscales and Rorschach scores were compared among the three groups.

**Results** The schizophrenic and bipolar disorder groups showed significantly higher scores on the MMPI-2 K scale than the depressive group, while the depressive group showed significantly higher score on MMPI-2 Si scale than the schizophrenic and bipolar groups. In Rorschach responses, the bipolar and depressive groups obtained significantly higher scores on two variables (FM + m, m) than the schizophrenic group. The bipolar group obtained sig-

nificantly higher scores on three variables (es, CP, a), suggesting hyperactivity and mood dysregulation.

**Conclusions** These results suggested that patients with depressive disorder might subjectively suffer from more severe emotional and social discomfort than patients with the schizophrenia and bipolar disorder, while patients with bipolar disorder and schizophrenia would be more defensive than the depressive patients.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1977>

## EV994

### A case report: Sanchís-Banús syndrome

J. Valdés Valdazo\*, C.M. Franch Pato, C. Martínez Martínez, A. Serrano García, J. De Santiago Sastre, A. Ugidos Fernández, J. Min Kim

Caule, Psychiatry, Leon, Spain

\* Corresponding author.

**Introduction** There are few reported cases relating visual acuity and psychosis. The Spanish psychiatrist Sanchís-Banús focused on two patients who became blind and who, due to stress developed paranoid and jealousy delusional ideas. He called it “Sanchís-Banús syndrome” (SBS) that is mentioned in the psychiatry literature.

**Methodology** A case report. We present a case of “paranoid delusion of the blind” (SBS), quite similar in its clinical characteristics to those of the original patients of the valencian psychiatrist Sanchís-Banús. In our case, we met a 46-years-old woman, who worked as a lottery seller because she had a visual problem: retinitis pigmentosa. She had had her first psychotic decompensation when the blindness started. In spite of having achieved good social and work performance with quetiapine 400 mg/daily, laboral conflicts and stress caused her delusional ideas again. She began to think that her mother was not her real mother (Capgras syndrome) and that she was being persecuted. She also did not eat the meal and did not drink water because she thought that they were contaminated.

**Results** We started treatment with clozapine at doses of 300 mg every day (50-50-200) combined with aripiprazole 15 mg/day tolerating the medication without notable effects. After this adjustment of medication, remission and good criticism of hallucinatory and delusional clinical course. The nosological, clinical, and prognostic features of SBS are discussed in light of the current literature.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1979>

## EV995

### Preliminary data from a longitudinal 3-year study of patients with adjustment disorder

B. Vallejo-Sánchez<sup>1,\*</sup>, J. Martínez Arnaiz<sup>2</sup>, C. García Blanco<sup>2</sup>, A.M. Pérez-García<sup>3</sup>

<sup>1</sup> Santa Bárbara Hospital, Mental Health Unit, Puertollano-Ciudad Real, Spain

<sup>2</sup> Santa Barbara Hospital, Mental Health Unit, Puertollano-Ciudad Real, Spain

<sup>3</sup> UNED, Psychology Faculty, Madrid, Spain

\* Corresponding author.

**Introduction** Adjustment disorder (AD) is a common diagnosis, but there are relatively few studies, in part because the current definition is still poorly specified, inadequate and controversial. Some clinicians and researchers have pointed out that a psychiatric diagnosis should present a clinical description, as well as date based on psychological, biological and/or sociofamiliar studies, and