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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.

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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.

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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-