S448 **E-Poster Viewing** 

Methods: 1) Based on a systematic review, the best available evidence will serve for deriving hypotheses and providing assumptions for the decision-making model. 2) Decision analytic modeling will be used to determine the cost-effectiveness of inpatient-equivalent treatment compared to conservative inpatient treatment. 3) An additional systematic review will provide information on the use of telemedicine in inpatient equivalent treatment.

Results: The following questions need to be discussed: 1)Is there an indication for all psychiatric diseases and age groups? 2) Are there ethical considerations that need to be taken into account, especially in the use of telemedicine? What incentives need to be set for psychiatrists to opt for inpatient-equivalent treatment?

**Conclusions:** The results of the study may help to raise awareness of inpatient equivalent treatment among decision-makers. Furthermore, fears could be reduced, since admission to a psychiatric facility can mean a stigmatizing intervention in the lives of young patients.

**Disclosure:** No significant relationships.

**Keywords:** hometreatment; mental disorder; inpatient equivalent treatment; children and adolescents

## Classification of Mental Disorders

## **EPV0232**

## Taxonomic classification of mental disorders

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Introduction: DSM-5, ICD-10, and ICD-11 classifications can be described as "incoherent". Psychopathology depends on "time of damage and resilience" ratio. Continuums of mental disorders compose a table, like a periodic table of chemical elements. Similar psychopathology can have different neurobiological origin, and vice versa.

Objectives: Current classifications of mental disorders ICD-10, DSM-5, as well as the new ICD-11 being developed, do not show interrelations in pathogenesis between groups of mental disorders. This is a weak point of these classifications, although they serve a good purpose in relation to medical statistics and encoding requirements. Methods: Taxonomic classification of mental disorders proposed in this empirical study reveals interrelations between diagnostic categories of mental disorders. Classification as an object of this empirical study is initially developed on author's observation of psychopathology in clinical practice. It also relies on scientific data of genetics and neurobiology of mental disorders.

Results: The classification is based on two axes system. First axis reflects the time of damage of neural tissue in specific stage, i.e. neuron body genesis, neuron growths genesis, synaptic pruning or further neural information modeling. The second axis is connected with resilience. The two axes system includes in one continuum and connects into one classification table (Figure 1) almost all diagnostic groups from ICD-10 or DSM-5 (with two exclusions: "organic" type mental disorders and pathology of myelination process).

Isolated speech and language disorders, scholastic skills disorders	Asperger's syndrome	Delusional disorder, acute and transient psychotic disorders with symptoms of schizophrenia (schizophrenia)	Acute polymorphic psychotic disarders	Bipolar affective disorder, types III-V	Situational depressive reaction	Situational, adjustment anxiety	Accentuation of personality traits	
		Schizotypal disorder	Early onset OCD					
Mild to moderate intellectual developmental disorder	Childhood autism with milder intellectual developmental disorder	Episodie schizophrenia	Schizoaffeetive disorder, affectivedominant type	Bipolar affective disorder, type II	Predominant exogenous depression	Phobic, poroxysmal tpanic type), obsessive auxiety	Personality disorder with mildly impaired adaptation	
Sovere and profound intellectual developmental disorder	Childhood autism with more severe intellectual developmental disorder	Early onset, continuous course schizophrenia	Schizoaffeetive disorder, schizodominant type	Bipolar affective disorder, type I	Predominant endogenous depression	Generalized anxiety disorder with various psychosomatic symptoms*	Personality disorder with markedly impaired adaptation	
				//		I	6 14	
Neurosemato	genesis Neu	rilogenesis		Synaplogenesis		S	iynaptodeletion Further ner information modeling	

Deceloped have functions of rational inelligence (e.g., seosal exception, linguistic question, memory, bulling attention, developed share functions of controlled literaligence (e.g., attochuncus), see valveged officers: to sensory simula.	Developed higher rational intelligence functions (egg., nonsensery of hinking, abstract thirking, logics, leatuatics). Developed higher ransistand intelligence functions (egg., contion recognition, control expression, stable transistance of Feelings). Moral background adoptate to the situation. Recognition frome subtle excesses vistalli (egg., linetial expressions, visionopabal).	Flexible, situation- adragaste personality (relationship) traits		
	Will formation			

Fig. 1. Taxonomic classification scheme for mental disorders.

The year scale reflects the time of CNS damage, Only in the case of disorders in dark gray baxes does it coincide with the time of onest of symptoms.

Dark gray – congenital and mental disorders occurring in childhood.
Lighter gray – mental disorders occurring in adolescence.
White – mental disorders that can occur during adolescence and at any time later.

Z – zygote.
 OCD – obsessive-compulsive disorder.

\*various psychosomatic symptoms: various forms of somatoform autonomic dysfunction, somatoform pain disorder, functional tics, slowders, sexual dysfunction, eating disorders associated to psychological disturbances, dissociative function "drop out" disorders.

Conclusions: This empirically derived concept of classification could be used in clinical practice in differential diagnosis, discovering heterogeneities in patients with same diagnostic "code", planning treatment strategies, predicting course of mental disorders.

Disclosure: No significant relationships.

Keywords: ICD-11; classification; DSM-5; ICD-10

## **EPV0234**

Reinforcing the new diagnosis of Complex Post-Traumatic Stress disorder (CPTSD) of ICD-11: exploring the clinical outcomes in youth exposed to complex trauma

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Introduction: Youth exposed to complex trauma (CT) show an increased risk of psychiatric morbidity, including a wide range of