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ABRIDGED CULTURAL FORMULATION OF A CLINICAL CASE
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Introduction: Cultural formulation (CF) of the DSM-IV is the cultural assessment tool promoted by the APA, not fully developed, that has limitations in clinical practice. An abridged cultural development, integrated into the overall clinical development of the case, might be more operational.
Objectives: Develop an abridged CF of a clinical case, focusing only on relevant cultural elements for the proper understanding of the case diagnosis and therapeutic approach. Patients/ methods: A 43 year old woman from Hispanic Caribbean was admitted to a psychiatric unit, diagnosed with cycloid psychosis. She had been hospitalized twice before, with diagnosis of acute polymorphic psychotic episode. The three episodes seemed reactive to stress - loneliness, isolation, lack of protection - all on an abnormal development of personality with a clear overdevelopment of professional self versus other aspects of the self. The knowledge of sociopolitical conditions of her country, provided by a key informant, was necessary to deepen the narrative sense that the patient gave her disease.
Results: The diagnostic formulation including an abridged CF, made by introducing cultural elements, lead to a better understanding of the underlying psychopathology and sense of anomalous behaviour, develop an explanation of the disease acceptable to the patient and improve the therapeutic alliance, ensuring adherence to treatment and satisfaction with it. Conclusions: Cognitive neuroscience and anthropological theories have to mix their methods to offer a more valid and reliable instrument than currently available. Future instruments must be compatible with work of a clinical psychiatrist and demonstrate cost-effectiveness of their use.

