in non-believers (p <0.01). Delusional destructive behavior occurred in 47.1% of 70 cases in patients with DDRC (15% of total 225).
The predominant content of DDRC (among the Delusions of Possession, Sinfulness/guilt, Messianism, Manichaean and the End-world Delusions) was the Delusions of Possession - 36.8%. Psychopathological heterogeneity of DDRC was identified and specific types of DDRC were described.
Conclusions: DDRC is associated with the development of massive psychopathological symptoms and significant severity, and often accompanied by various forms of destractive behavior. This circumstance requires constant and careful management of these patients, collection of their religious history and asks for specific therapeutic approaches.

Disclosure: No significant relationships.
Keywords: schizophrénia; religious delusions; destructive behavior; psychopathology

EPV0508

The end-world delusion with religious content, apocalyptic variant

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Introduction: Diagnostics of Apocalyptic variant of end-world Delusion with Religious Content (ADRC) in schizophrenia is related with insufficient exploration and recognizability, despite the severity of the state, social risks and resistance to psychopharmacotherapy.
Objectives: To define psychopathological and phenomenological features of ADRC in schizophrenia, to identify the clinical dynamics of delusional disorders due to specifics of the delusional behavior, and to develop diagnostic and prognostic criteria.
Methods: 28 patients with ADRC in schizophrenia were examined (ICD-10: F20.0, F20.01, F20.02). Clinical-psychopathological and statistical methods were applied.
Results: Delusional ideas of end-world, Apocalyptic variant, occurred in the structure of affective-delusional state (acute sensual delusion with fantastic content). Two types of ADRC were identified: with the predominance of acute sensory delusions of perception and with the predominance of visual-figurative delusions of the imagination. These types differed in the severity and depth of psychotic manifestations and in the specifics of a delusion formation, were characterized by the mono- or polythematic delusional disorders.
Conclusions: Cases of ADRC differ both in the clinical-psychopathological specifics of delusional constructions, and in the socio-behavioral aspect. Among these cases, there is a high risk of delusional destructive behavior, with auto-aggressive, suicidal attempts and hetero-aggressive behavior. In cases with ADRC the strong persistence of delusional pseudo-religious beliefs occurs, with the refusal of any medical and psychological assistance, as well as implication of socially dangerous acts associated with the spread of delusional ideas and their induction of religiously inclined persons, which leads to the emergence of pathological pseudoreligiosity (distortion of traditional canonical religious views).

Disclosure: No significant relationships.
Keywords: end-world delusion; apocalyptic delusion; schizophrénia; psychopathology

EPV0509

The gordian knot of overlapping symptoms between dissociative identity disorder and borderline personality disorder, the need for a clear cut: A case report

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Introduction: One of the central debates in the psychiatric community is the difficulty in distinguishing Dissociative Identity Disorder (DID) from Borderline Personality Disorder (BPD). The fact that core symptoms of these pathologies such as emotional dysregulation, alterations in sense of Self, amnesia, depersonalization, self harm, hearing voices, difficulties in maintaining relationships, are symptoms that feature in both disorders can lead physicians to a misdiagnosis, thus depriving patients with DID of adequate treatment.
Objectives: To report a complex clinical case of a DID patient initially misdiagnosed as BPD.
Methods: Clinical case report.
Results: A 45-year-old Caucasian woman with a history of childhood intrafamilial sexual abuse and domestic violence, substance use disorder, autolesionistic and suicidal behaviour with an active diagnosis of BPD presented to our ambulatory mental health care service. A more thorough examination revealed a history of emotional and affect dysregulation, depersonalization, amnesia, intrusive traumatic memories and nightmares with affective, cognitive, and sensorimotor aspects, persistent negative Self-perception. Auditory verbal hallucinations were also present described as inner space with commentary and derogatory nature with one of them being a child voice. The diagnosis of tertiary structural dissociation and DID was finally made when three Apparently Normal Personalities emerged with several Emotional Personalities, authorising for cautious partial pharmacological washout and initiation of three phase-orientated treatment approach.
Conclusions: DID is more common than is assumed and the overlap of core symptoms with other disorders can lead to a misdiagnosis. A careful clinical interview and evaluation of symptoms is mandatory to a correct DID diagnosis with a consequent appropriate therapy.

Disclosure: No significant relationships.
Keywords: tertiary structural dissociation; Borderline personality disorder; Dissociative Identity Disorder; overlapping symptoms

EPV0510

The varieties of delusional syndrome of possession in schizophrenia

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Introduction: Delusional Syndrome of Possession in schizophrenia (DSPS) is insufficiently explored. Although it characterized by significant severity of clinical state and resistance to psychopharmacotherapy, and may be accompanied by high social risks.
Objectives: To carry out clinical and psychopathological differentiation of DSPS and to define its personalized diagnostic and prognostic criteria.
Methods: 66 patients with DSPS were observed (F20.0, F20.01, F20.02 according to ICD-10) by psychopathological, psychometrical and statistical methods.
Results: Persistent delusional conviction of patient in invasion of certain «spiritual being» (demonic or divine) inside of the body and soul is the specific core of DSPS. The psychotic episode with DSPS has similar pattern with paranoid syndrome of Kandinsky–Clérambault. Although, the structure of the syndrome is varying, and characterized by predominance of hallucinatory or delusion symptoms. According to these varieties two different types of DSPS were identified, which were observed in continuous or paroxysmal course of disease. The forms of destructive delusional behavior were also different for both of these types.
Conclusions: Delusional Syndrome of Possession in schizophrenia (DSPS) is complex and diverse phenomenon, due to religious content of delusional disorders, which occurs in specific psychopathological structure of psychotic state. This fact may cause controversy both in psychiatric practice and in religious communities. So, the obtained data could be important for social and treatment predicting, as well as for pastoral counseling.

Disclosure: No significant relationships.
Keywords: schizophrénia; possession; religious delusions; psychopathology

EPV0511

Clinical features of pathological pseudoreligiosity in patients with mental disorders

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Introduction: The term pathological pseudoreligiosity (PPR) has been chosen for description of mental disorders with religious content (MDRC), accompanied with distortion of acceptance and assimilation of religious convictions, and with significant changes in patient's religious behavior and way of life.
Objectives: To assess the entire spectrum of mental pathology with religious content and relate it to the depth of mental disorder.
Methods: 857 patients (300 males, 557 females), with religious worldview and mental disorders were observed with psychopathological and follow-up methods.
Results: The pathological pseudoreligiosity was detected in 326 patients – 38%. Follow-up period estimated mean 9,5 years. Next mental disorders with religious content were identified and described. Specific PPR types were correlated with register of the depth of mental disorder (K. Schneider):

Types of PPR	Pts		The register of mental disorders
Toxic faith	6	1,8%	Personality disorders
Anorexia due to overvalued religious convictions	12	3,7%	Neurotic register
Depressive with congruent religious ideas of sinfulness, feeling of being abandoned by God	63	19,3%	Affective register
Depressive states with overvalued doubts of belief choice.	11	3,4%	
Overvalued religious behavior	13	4%	Affective-delusional
Delusion of spiritual hypochondria	7	2,2%	Delusional
Eschatological delusion	21	6,4%	
Anorexia in the form of delusional behavior with religious contents	11	3,4%	Hallucinatory-delusional
Apocalyptic delusion	32	9,8%	
Religious delusion	138	42,3%	
Religious standing, stiffening, mutism	4	1,2%	Catatonic
Fragmentary religious ideas	8	2,5%	Organic

Conclusions: Management and treatment of patients suffering from MDRC with pathological pseudoreligiosity requires a particular approach. The consideration must be given to religious content of mental disorders and to clinical specifics of these disorders.

Disclosure: No significant relationships.
Keywords: psychopathology; religious delusions; pathological pseudoreligiosity

EPV0512

On social psychopathology: Example with German justice

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