

Classification of mental disorders

EPV0227

Differential diagnosis of psychosis and dissociative disorder: a case report

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Introduction: Psychosis and dissociative disorders are both described in the DSM-5 as different diagnostic categories. However, a high comorbidity of these diagnoses has been observed in different studies, perhaps due to the overlapping of symptoms between them.

Objectives: A systematic review about overlapping symptoms in psychotic spectrum and dissociative disorders

Methods: Presentation of the case of a patient and review of the existing literature on the differential diagnosis between dissociative disorder and other psychotic spectrum disorders.

Results: Both similarities and differences have been found between both diagnoses. Patients with dissociative disorder experienced more dissociative and positive symptoms while those on the psychotic spectrum experienced more negative symptoms. The literature reflects that the two entities overlap on many of their diagnostic symptoms. On some occasions, more dissociation has been detected in patients diagnosed with the psychotic spectrum than those with a diagnosis of dissociative disorder.

Conclusions: Despite the fact of being different diagnostic entities, the literature does not reflect clear boundaries between psychosis spectrum symptoms and dissociative disorder.

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EPV0228

Big data networks: Dynamic Time Warping as a statistical tool for network analysis using Ecological Momentary Assessment data

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Introduction: In recent research, psychological disorders have been increasingly defined as complex dynamic systems in which symptoms are interconnected and influence each other, thereby forming symptom networks. This paradigm shift calls for the analysis and interpretation of relationships between symptoms that are complex, potentially non-linear, and dynamic. Dynamic Time Warping (DTW) is used to measure similarity in temporal

sequences, and has recently been found effective in modelling psychopathology symptom networks.

Objectives: We aim to demonstrate that DTW could also be used to model the network structure in Ecological Momentary Assessment (EMA) data.

Methods: 355 participants of the Netherlands Study of Depression and Anxiety (NESDA), of which 100 with and 255 without current disorder, completed EMA assessments of 20 symptoms (e.g., feeling sad, tired, satisfied) five times a day for two weeks. DTW analysis was performed on the group level, comparing participants suffering from mood disorders to healthy controls. DTW distances were visualized as an undirected symptom network, in which we adjusted for the average symptom severity per item per person.

Results: DTW analysis of close to half a million symptom scores yielded six symptom dimensions based on their aggregated similarity of changes over time within the participants. Surprisingly, negative affect symptom networks were found to be less strongly connected in those currently suffering from mood disorders than in controls, whereas the network density of (reverse-coded) positive affect symptoms was more closely connected in this group. This is contrary to the results of previous studies, where negative affect-related symptom networks of those with mood disorders were found to be more strongly interconnected.

Conclusions: DTW is a promising new technique for analyzing EMA data and modeling dynamic symptom networks at both the individual and group levels. Using EMA data, symptom networks and dimensions can be modeled with great structural and temporal detail. Incorporating the temporal symptom dynamics may highlight the importance of the independent trajectories of negative mood symptoms.

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Kraepelin, the unitary psychosis theory and the classification in psychiatry

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Introduction: The history of psychiatry is the history of the unitary psychosis concept. Recent studies on this subject by prominent authors (Huda, Stanghellini, Broome, etc.) confirm that the problem has not been resolved but that it reappears now with more force from skeptical positions, based above all on the insufficiency of the classification criteria official (ICD-10, DSM-V). This skepticism has led to an attempt to make the line that separates normality from mental illness disappear with the weak argument that isolated psychotic symptoms are detected in the general population. The proposals to stop these movements that border on the denial of mental illness try to provide more information on the contextual and subjective factors of mental illness, thus reinforcing the so-called biopsychosocial model formulated by Engel in 1976, whose conceptual imprecision is largely responsible for the problems before indicated as well as other more serious ones for the organization of psychiatric care.

Objectives: Point out the insufficiencies of the biopsychosocial model.-Point out the advantages of acquiring a classic evolutionary