affective symptoms), this topic remains controversial. Another difficult aspect about ATPD seems to be its low diagnostic stability, with diagnosis changing mostly to Schizophrenia, Schizoaffective disorder and Bipolar disorder. Duration of treatment after complete remission of symptoms is another controversial aspect of this disease.

Conclusions ATPD seems to have low diagnostic stability and poor research investment, and so it represents a challenge for psychiatrists on managing these patients in terms of treatment and follow-up plan. Further studies should be held regarding prognosis and treatment.

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EV322

Folie à deux through a case report

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Introduction The first reference to the shared delusions emerged in France in the nineteenth century. Shared delusions can be classified in three frames with different nosological value: simultaneous *folie à deux*, imposed *folie à deux* and communicated *folie à deux*.

Objectives A review of the structures of presentation of this psychiatric disorder through a case report and checking the categorization of the classic *folie à deux* in the current diagnostic manuals.

Methods Discussion through a case report of delusional disorder among twins. After several interviews with the patients we found that both have a complex delusional system, structured and bizarre at the same time. There was a clearly paranoid tinge in the narration which main theme is religion.

Results Delusional clinical appears identically and simultaneously in both subjects with equal readiness and doesn't give up after the admission of the patients in two different psychiatric hospitalization units.

Conclusions In the ICD-10 and DSM-5, diagnostics would be different depending on the kind of *folie à deux*. In simultaneous *folie à deux* and communicated *folie à deux* the dominant partner would receive a diagnosis of delusional disorder with ICD-10 and DSM-5. The acceptor partner would receive a diagnosis of delusional disorder induced with the ICD-10 and a diagnosis of unspecified schizophrenia spectrum and other psychotic disorder with the DSM-5. In a simultaneous *folie à deux*, both subjects would have a diagnosis of delusional disorder in both manuals. We think that this is the right choice.

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EV323

Presentation of the Comprehensive and Brief International Classification of Functioning, Disability and Health Core Sets (ICF-CS) for schizophrenia

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Objective The aim this presentation is present the results of the preparatory studies were presented at an international consensus conference, a multi-stage, iterative, decision-making and consensus process that took place 12–14 May 2015 in Barcelona, Spain. At this consensus conference, schizophrenia experts from different countries worldwide and working in a broad range of professions decided which ICF categories should be included in the first version of the ICF Core Sets for schizophrenia.

Method Four preliminary studies intend to capture the researcher's perspective, the patient's perspective, the expert's perspective and the clinician's perspective, respectively, on the most relevant aspects of functioning of persons living with schizophrenia. The final definition of ICF Core Sets for schizophrenia have been determined by integrating the results of preliminary studies in a consensus conference with international expert.

Result The experts included 97 categories in the Comprehensive ICF Core Set and 25 categories in the Brief ICF-CS. The specific categories of each ICF-CS are shown in this presentation. The Comprehensive ICF-CS can guide multidisciplinary assessments of functioning in persons with schizophrenia, and the brief version is ideal for use in both clinical and epidemiological research, since it includes a small and practical number of categories, but sufficiently wide for finding utility in clinical assessments.

Conclusion ICF-CS are being designed with the goal of providing useful standards for research, clinical practice and teaching, and it will stimulate research and will improve understanding of functioning, health and environmental factors in schizophrenia.

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EV325

Olfactory reference syndrome

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Introduction The term "olfactory reference syndrome" (ORS), introduced by Pryse-Phillips in 1971, is a persistent false belief and preoccupation with body odor accompanied by significant distress and functional impairment. Nowadays, it is not a distinct syndrome and it is currently classified as a delusional or obsessive-compulsive disorder.

Objectives and aims Review the history of ORSs classification and discuss why it should be considered as a separate diagnostic in the current health care classification systems.

Methods Description of a clinical case of a 36-year-old man and review the published articles on ORS by using PubMed database with the keywords: "olfactory reference syndrome", "chronic olfactory paranoid syndrome", "hallucinations of smell", "chronic olfactory paranoid syndrome", "delusions of bromosis" and "taijin kyofusho".

Results The published literature on ORS spans more than a century and provides consistent descriptions of its clinical features but nowadays is not explicitly mentioned in current classification systems as Diagnostic and Statistical Manual of Mental Disorders (DSM) or International Statistical Classification of Diseases and Related Health Problems (ICD). ORS is overlap with different diagnostics such as delusional disorder, body dysmorphic disorder, obsessive-compulsive disorder, and hypochondriasis.

Conclusions Right now, it is not clear how the ORSs should best be classified so we consider interesting to include it as a separate diagnosis in our set classifications, since we understand that an adjusted

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diagnosis is important in order to help patients and therapists to work on a treatment and to establish a more accurate prognosis.
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EV327

Cycloid psychosis: From Kleist until our days

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Introduction After Emil Kraepelin's division of psychoses into a group of dementia praecox and manic-depressive insanity, the classification of psychoses with atypical symptoms, which could not be assigned in this dichotomy created a debate, that lasts until our days. These "atypical psychoses" had been described under many terms and concepts in different countries.
In 1926, Kleist coined the term "cycloid psychosis" to describe cases which did not meet the typical presentation shown in Kraepelian's dichotomy. Three decades later, Karl Leonhard established the concept of cycloid psychosis as a nosologically independent group of endogenous psychosis.
Objectives/Aims Make an historical review of the concept of cycloid psychosis. Discuss the clinical features and debate the classification of this clinical entity.
Methods A bibliographical review is made of the cycloid psychosis, based on the data published in Pubmed.
Results According to Leonhard, cycloid psychosis generally present with bipolar, polymorphous clinical symptomatology, and run a phasic course with complete remissions after each episode. Furthermore, Leonhard delineated three subtypes: anxiety-happiness psychosis, confusion psychosis and motility psychosis presenting with different symptoms. In 1981, Perris and Brockington formulated the first set of operational criteria for cycloid psychoses. In recent years, new data about this entity have been acknowledged due to information displayed by different clinical studies and imaging techniques.
Conclusion The phenomenology and classification of cycloid psychosis still needs more evidence for a greater use in clinical practice. However, this clinical entity can solve the void for the diagnosis of many of the so-called "atypical psychoses".
Disclosure of interest The authors have not supplied their declaration of competing interest.

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Cognitive neuroscience

EV328

Are neurocognition and facial emotion recognition related in schizophrenia?

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Introduction Patients with schizophrenia (SCZ) show impairments in many social cognition domains including facial emotion recognition (FER). The existence of a relationship association between FER and neurcognitive functioning (NF) remains uncertain.
Objectives To investigate the association between ToM functioning and neurocognitive functioning in SCZ.
Methods FER was evaluated in 58 patients with stable schizophrenia with a newly validated FER task constructed from photographs of the face of a famous Tunisian actress representing the Ekman's six basic emotions. They also completed a neurocognitive battery comprising the following tests: the Hopkins Verbal Learning Test–Revised (HVLT-R), the Letter Digit Substitution Test (LDST), the Stroop Test (ST), the "Double Barrage" of Zazzo (DBZ), the Modified Card Sorting Test (MCST), Verbal Fluency (VF), the Trail Making Test-Part A (TMT-A) and the Digit Span (DS).
Results Patients who performed better in the FER task had better performance in the VF task ($P = 0.001$) and in the immediate recall of the HVLT-R ($P = 0.021$). No correlations were found with the other neurocognitive tests.
Conclusions Our results suggest that FER represents an autonomous cognitive function which does not necessarily require good NF.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV329

Neuropsychological characteristics of individuals with mild cognitive impairment

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Introduction As the population ages, cognitive impairment is prevalent among older adults and this may cause a huge burden to society. In order to take precautions effectively, we need to understand the characteristics of cognitive function of older adults, especially the individuals with mild cognitive impairment (MCI).
Objectives To explore the characteristics of cognitive function changes in individuals with mild cognitive impairment.
Methods A total of 108 individuals with MCI as MCI group and 108 volunteers as control group were recruited in the study. The age, gender and years of schooling were matched between the two groups. The cognitive function was evaluated with the Montreal Cognitive Assessment (MoCA).
Results Individuals of MCI group performed poorer than those of control group on executive function, attention, calculation, language and delayed memory. The difference between the two groups was statistically significant ($P < 0.05$). The cognitive impairment in participants with MCI were delayed memory (100%), language (75%), executive function (66.7%), attention (44%) and calculation (20.4%).
Conclusions The impairment of memory, language and executive function is the primary characteristics in individuals with MCI. Individuals with MCI have similar characteristics with early stage Alzheimer's disease (AD). We should take preventive measures to improve or delay AD.
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