

**Methods:** To explore the usability, semi-structured interviews were conducted with seven patients and three therapists, combined with data from a survey questionnaire where 10 patients and 12 therapists rated the usability of the app on the System Usability Scale. Participants were recruited from an outpatient clinic for affective disorders in The Mental Health Services in the Region of Southern Denmark.

**Results:** Technical performance, time allocation, therapist effort, commitment, enthusiasm, and increased knowledge are imperative factors. Therapists and patients found that the benefits of registering emotions and behaviors on a mobile application were that it was easy for patients to remember to register daily, it was easy to gain an overview over symptom progress, and access to the registrations improved therapist's ability to prepare sessions.

**Conclusions:** Overall, the results from the interviews and survey indicated that both patients and therapists found MONARCA useful, but several improvement opportunities regarding application features and use in the treatment course were found.

**Disclosure:** No significant relationships.

**Keywords:** anxiety disorders; Anxiety monitoring; usability; App-based assessment

### EPV0003

#### Severe depression when everything else is dismissed. A case

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**Introduction:** Simulation is a deliberate counterfeiting of physical or psychological symptoms in order to obtain a secondary gain or external incentive, like evading from military service, scape from work, obtain economic compensations or avoid criminal responsibility. It is estimated that prevalence is roughly 1% in mental health patients, with higher prevalence in young males and middle aged. Male with 52 years attends to emergency service. Erratic tracking in Mental Health Service from two years ago with unfavorable progress. He goes to emergency service referring aggravation of discomfort state of mind even with readjustment a week ago. Addiction to benzodiazepines and clinophilia. Currently with temporary inability to work of large data.

**Objectives:** To set a differential diagnose between depression, factitious disorder and malingering.

**Methods:** Examination shows moderated sad mood with despair, reactive to disability and progression of his illness. Sparing in words speech, focused on life or work problems. Autolytic verbalizations and self-control inability.

**Results:** Mmpi2 that shows: Gough's F-K. Dissimulation index, 34. Cut-off point to consider simulation/ pretending being ill varies among authors. A conservative cut-off point is 15, showing a severe exaggeration of its discomfort and dissimulation.

**Conclusions:** It is important to make an appropriate anamnesis and psychopathological exploration, as well as observation to reach

a correct diagnose. In this case, clearly secondary gain was founded, therefore diagnose was malingering.

**Disclosure:** No significant relationships.

**Keywords:** Hospitalization; Simulation; factitious disorder; mmpi-2

### EPV0004

#### Mental illness pathogenia: Anxiety disorders, an evolutive vision

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**Introduction:** There are many authors that follow and develop Pinel-hypotheses about unitary psychosis, joining recent discoveries in neuropathology and neurochemistry, supporting the vision of mental illness as neurodevelopment disorders. The classification they suggest, distinguishes early, late neurodevelopment disorders, and those related to traumatic factors, what determine an evolutive vision of this pathology. In terms of anxiety symptoms/disorders, they have been usually associated with categorical pathology, and treated focus on symptoms, unfortunately relapses are very frequent.

**Objectives:** Proving that the evolutive vision may ease a change on the intervention of anxiety disorders, that would propound different therapeutic alternatives.

**Methods:** A bibliographic search was performed from different databases, showing throw aspects related to main etiopathogenic theories about anxiety disorders from an evolutive vision.

**Results:** Evolutive-Psychology raises that anxiety is a concomitant process to development, that grows progressively and is necessary to induce changes in it. However a high level of anxiety might block that process or causes alterations. In that sense, anxiety-disorders may be related to an excess of anxiety that provoke a fault in present handling mechanisms. According to classic dynamic-theories, these mechanisms are associated with defence concept, but now we can link them to neurobiological development. From this point, there exists an asymmetric neurological maturation through childhood-adolescence that translates different manifestations of anxiety along development, initially more related with external contemplation and relationship with caregiver, but later with hormonal pulses, physical changes and separation from family.

**Conclusions:** The evolutive vision allows to understand development fluctuation of anxiety symptoms along the growth process, more accurately than categorical classic tendency.

**Disclosure:** No significant relationships.

**Keywords:** Evolutive Psychology; Anxiety; neurobiological development