

P01-399 - **PSYCHOPATHOLOGY-BASED NOSOLOGICAL SPECTRA**

J.L. Pio Abreu, R. Freire Lucas

Hospitais da Universidade de Coimbra, Coimbra, Portugal

The nosologies founded by Kraepelin (Psychotic Disorders) and Freud (Neurotic Disorders) still remain actual in categories F20-29, F30-39 and F40-49 of the International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10). The psychopathological mechanisms observed in classic disorders are shared with disorders considered in other categories regarding recognized etiologies (F10-19), ages of onset (F90-98), symptoms as precocious and enduring traces (F60-69) or specific symptoms (F50-59). Each classic pathology and its psychopathological mechanisms may be prototypical for a specific nosological spectrum that includes diseases which seem different at first glance. Accordingly, based on the combined knowledge of psychopathology and neurosciences, we assume that it is possible to conceive a more logical, rational and simpler way of organizing psychiatric nosology based on different psychopathological mechanisms emerging from five major questions:

1. *does the patient recognize his territory?* (Dementia and delirium spectra),
2. *does the patient accurately recognise himself and the other?* (Schizophrenic vs. autistic spectra),
3. *does the patient conserve his synchronicity with environmental and interpersonal rhythms?* (Manic and depressive spectra),
4. *how does the patient feel about and react to threatening experiences?* (Phobic vs. paranoid spectra), and
5. *how does the patient behave towards appetizing experiences?* (Obsessive vs. Dissociative spectra).

We also discuss the relationship of these major questions with the encephalic stages (telencephalon, diencephalon, mesencephalon, and rhombencephalon).