Conclusions: The diagnosis of simple schizophrenia continues to present itself as a complex diagnosis that requires a careful review of the differential diagnosis.

Disclosure: No significant relationships.
Keywords: psychiatric classifications; simple schizophrenia; diagnosis

EPV0237

Antisocial Personality disorder. A case report

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Introduction: Antisocial disorder is characterised by difficulty to adapt to social norms that normally rule different aspects of the person's conduct in adolescence and adulthood. According to DSM-V, this disorder's prevalence stands between 0.2% and 3%, and is more frequent in men.
Objectives: Numerous studies have been made about the influence between the environment and genetics for the development of this disorder, finding in several patients a punctual mutation of the monoamine oxidase gen (MAOA); although impulsive behaviour has also been associated to the 5-HT tranporte gene (5-HTT), and the protein coding gene for Tryptophan Hydroxylase TPH1
Methods: The hospital admission for these patients must be made when there's autoregressive or hetero aggressive behaviour, suicide attempts, psychotic symptoms, or symptoms that generate important repercussions in the person's normal functions. Nevertheless, is important to identify during the hospitalization the improvement possibilities of these patients in order to make drug or psychotherapy adjustments; in the case that we don't observe treatment benefits, the patient will be released from the hospitalization
Results: The main treatment is psychotherapy.
Conclusions: There's not much evidence of drug use in this disorder, however, mood stabilizers, antidepressants, atypical antipshychotics and benzodiazepines are used for rage control, impulsiveness, anxiety and aggressiveness.

Disclosure: No significant relationships.
Keywords: antisocial; personality; inpatient; disorder

EPV0238

A Literature Review of Diagnostic Applicability of ICD 11 Classification of Personality Disorders in Comparison with ICD 10

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Introduction: Personality disorders are frequently encountered by all healthcare professionals and can often pose a diagnostic dilemma due to the crossover of different traits amongst the various subtypes. The ICD 10 classification comprised of succinct parameters of the 10 subtypes of personality disorders but lacked a global approach to address the complexity of the disease. The ICD 11 classification provides a more structural approach to aid in clinical diagnosis.
Objectives: A literature review of the diagnostic applicability of ICD 11 classification of personality disorders is presented in comparison with the ICD 10 classification.
Methods: A retrospective analysis of the literature outlining the ICD 10 and 11 classifications of personality disorders, exploring the differences in evidence-based applications of both.
Results: The ICD 11 classification of personality disorders supersedes the ICD 10 classification in describing the severity of the personality dysfunction in conjunction with a wide range of trait domain qualifiers, thus enabling the clinician to portray the disease dynamically. The current evidence available on the utility of the ICD 11 classification gives a promising outlook for its application in clinical settings.

Conclusions: The ICD 11 has transformed the classification of personality disorders by projecting a dimensional description of personality functioning, aiming to overcome the diagnostic deficiencies in the ICD 10 classification. The versatility offered by the application of the ICD 11 classification can be pivotal in reshaping the focus and intensity of clinical management of the disease.

Disclosure: No significant relationships.
Keywords: personality disorder; psychiatric disorders; ICD 10; ICD 11

EPV0239

Evolution of Delusional Disorder across the DSM editions

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Introduction: States compatible with "Delusional disorder" have been described since the XIX century. Esquirol mentioned "irrational ideas and actions that would develop via logical and plausible arguments"; Kraepelin referred to the condition as "paranoia" and considered that hallucinations could not be present– unlike Bleuler, who considered them to be a possible feature. The criteria for delusional disorder have suffered several changes in the last centuries.
Objectives: We aim to review the evolution of the criteria for delusional disorder across the editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM).
Methods: Review of DSM editions.
Results: Criteria for the diagnosis of "paranoia" (DSM III) or "delusional disorder" (DSM III-IV.V) underwent several changes. In the first editions hallucinations could not be prominent (DSM-III-IIIR) and in the DSM IV, only tactile or olfactory hallucinations related to delusions could be present. In DSM-V hallucinations of other modalities related to the delusional theme can be present. Regarding delusional themes, the first edition of the DSM III regarded persecutory delusions only – which was changed in the DSM-III-R, with the inclusion of grandiose, jealous, erotomaniac, and somatic. Only in the DSM-V did the occurrence of bizarre delusions become possible in delusional disorder. Across the editions, there is a consensus about the absence of negative symptoms, absence of disorganized speech, and that the behavior is not odd aside from delusional content.
Conclusions: The most debatable symptoms across centuries in the classification of delusional disorders were: presence of hallucinations, the nature of the delusional content, and inclusion of bizarre delusions.

Disclosure: No significant relationships.
Keywords: Delusional disorder

Comorbidity/Dual Pathologies

EPV0241

Trait-anger, hostility, and the risk of incident type 2 diabetes and diabetes-related complications: a systematic review of longitudinal studies

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Introduction: There is a well-established association between anger, hostility, and an increased risk of cardiovascular disease. Emerging evidence also suggests associations between anger/hostility and type 2 diabetes (T2D), though evidence from longitudinal studies has not yet been synthesized.
Objectives: To systematically review findings from existing prospective cohort studies on trait anger/hostility and the risk of T2D and diabetes-related complications.
Methods: Electronic searches of MEDLINE (PubMed), PsychINFO, Web of Science, and CINAHL were performed for articles/abstracts published up to December 15, 2020. Peer-reviewed longitudinal studies conducted with adult samples, with effect estimates reported for trait anger or hostility and incident T2D or diabetes-related complications, were eligible for inclusion. Risk of bias/study quality was assessed. The review protocol was published a priori in PROSPERO (CRD42020216356) and was in keeping with PRISMA guidelines. Screening for eligibility, data extraction, and quality assessment was conducted by two independent reviewers.
Results: Four studies with a total of 155,146 participants met the inclusion criteria. A narrative synthesis of extracted data was conducted according to the Synthesis Without Meta-Analysis guidelines. While results were mixed, our synthesis suggested a positive association between high trait-anger/hostility and increased risk of incident T2D. No longitudinal studies were identified relating to anger/hostility and incident diabetes-related complications. Geographical locations of the study samples were limited to the USA and Japan.
Conclusions: Further research is needed to investigate whether trait-anger/hostility predicts incident type 2 diabetes after adjustments for potential confounding factors. Longitudinal studies are needed to investigate trait-anger/hostility and the risk of diabetes-related vascular complications.

Disclosure: No significant relationships.
Keywords: hostility; diabetes; systematic review; Anger