work-up, using a case presentation to demonstrate the diagnostic processes and their outcomes.

Disclosure: No significant relationships.
Keywords: PID-5; Borderline personality disorder; dimensional model; categorical model

W0048

Diagnostic dilemma's in the new world of ICD-11 personality disorders

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Personality disorders have ever been a troublesome group. From the early 90's ICD 10 tidied up the group. DSM-IV, IV-TR, aand then DSM 5, changed the style but not substance, leaving clinicians to grapple with thorny questions of multiple diagnoses, treatment and prognosis. International views on the utility of the diagnosis often depended upon the institution or the funding mechanism. Were fears of exclusion and stigma dominated or where there was no treatment, there was under-diagnosis, such as in the United Kingdom and the Republic of Ireland. Where a label was a ticket of entry to treatment and funding, diagnostic generosity prevailed, such as in Australia, New Zealand and the United States. Gender discrepancies disappeared with structured interviews, and interest grew in the category which seem to only include the most severe forms. For many years the DSM taskforce tried to shift the construct but shied away from the cliff edge; a bold new initiative did not materialise. It was left to the ICD-11 to generate a much more adventurous and positive view of how characterological traits shift under pressure, moving from something that may at first have helped patients to 'survive' to something that became maladaptive and harmful. With a court tested case Dr Wise will demonstrate the differences between ICD-10 and ICD-11 highlighting the more important differences: onset, course and severity descriptors. PD's are no longer lifelong impairments. Prepare for 'The shock of the new'!

Disclosure: No significant relationships.
Keywords: ICD-11; Personality Disorder; personality disorder

Educational

The "forgotten" psychiatric syndromes

W0050

Kleptomania as a neglected disorder in psychiatry

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Kleptomania is an impulse control disorder characterized by the irresistible urge to steal not for monetary gain. Since its conceptualization, this categorical diagnosis has been conflated with common beliefs regarding the social class and gender such as the idea that women are intrinsically fragile and that people in the middle class were unlikely to commit theft. Also, its use has been controversial in the medical and forensic fields. This presentation will provide a historical excursus through the definitions of the syndrome and summarize the available pharmacological and psychotherapeutic options for its treatment. Currently, there is a lack of systematic studies regarding the clinical characteristics of kleptomania and its treatment options for practical standardized approaches.

Disclosure: No significant relationships.
Keywords: Shoplifting; Stealing; Impulse control disorders; Kleptomania

W0054

The de Clérambault syndrome: More than just a delusional disorder?

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The de Clèrambault syndrome is a psychiatric condition characterized by the presence of a delusion in which the patient is convinced that another person has fallen in love with him or her. Patients usually believe that their lover is a person belonging to a higher social and economic class, or is already married, or even is imaginary or deceased person. In the majority of cases, the patients do not seek for psychiatric help, but usually is referred to the mental health care system due to behavioural consequences associated with the syndrome, including stalking behaviours (repetitive calling, unexpected visits or continuous attempts to send gifts or letters to the loved person). The name of the syndrome derives from the French psychiatrist Gaetan Gatian de Clerambault, who systematically described this syndrome in a series of patients. According to the modern classification systems, the syndrome is conceptualized as erotomanic subtype of the delusional disorder. However, the presence of delusions is not the only clinical feature of the syndrome. In fact, specific affective features are usually present, such as grandiosity, hypersexuality and promiscuity. Therefore, it has been argued that De Clèrambault syndrome should be considered as lying on the continuum of the spectrum of bipolar disorders. Those diagnostic uncertainties highlight the difficulties for clinicians to properly manage this syndrome and should represent a valid reason for rediscovering this almost neglected psychiatric syndrome.

Disclosure: No significant relationships.
Keywords: Delusion; psychosis; affective symptoms