

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, and 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. Where 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

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### The "forgotten" psychiatric syndromes

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## 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 Clérambault 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 Clérambault, 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 Clérambault 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

## Mental Health Policy

### Youth mental health now: Focus on prevention, intervention and outcomes

#### W0055

#### Prevention of substance abuse in youth: How social norms approach can help

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Drug and alcohol use in adolescence is a major global public health concern. Adolescence is the highest risk period for the initiation of drinking and substance use. Since the 90s, a growing body of evidence has indicated the influence of peers' behaviours and attitudes in the development of youth tobacco, alcohol and drug use. Based on these studies, the social norms approach has been developed, mainly applying to the Western countries. The approach argues that how a student perceives his/her peers' health-related behaviours and attitudes (such as substance/alcohol use) does have an influence on his/her own behaviour, and negative behaviours are generally overestimated among peers. Correcting these misperceptions may contribute to the prevention of youth substance/alcohol use. The applicability and discussions on the social norms approach will be presented in this talk, with two example studies. Both studies are conducted in Turkey, which is ranked lowest in terms of alcohol use and related problems among World Health Organization Europe zone countries, despite and increasing trend in use over the past decades. In both university and high-school samples, we found that students' misperceptions about higher peer tobacco and alcohol use facilitated their own alcohol use. We conclude that targeting social norms may be part of a generalized preventive approach with regards to drug use and is of universal value. References: 1. SÖNMEZ, E. & AKVARDAR, Y. 2015. A Social Norms Approach to Substance Abuse Prevention in Youth "The more I think you drink, the more I drink". *Bağımlılık Dergisi-Journal of Dependence*, 16, 86-94 (Turkish) 2. GÜNDÜZ, A., SAKARYA, S., SÖNMEZ, E., ÇELEBI, C., YÜCE, H. & AKVARDAR, Y. 2019. Social norms regarding alcohol use and associated factors among university students in Turkey. *Archives of Clinical Psychiatry (São Paulo)*, 46, 44-49.

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**Keywords:** social norms; youth; alcohol use; prevention

#### W0057

#### Prodromal services for at-risk youth and their integration with existing programs: A "modular integration" model

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Prodromal symptoms may precede onset of the psychotic disorders by years, and while we have instruments for identification of clinical high-risk (CHR), existing predictive models yield low specificity and fail in successfully predicting transition to psychosis. This, along with the fact that we see a notable decline in transition rates, and the ever-looming lack of resources, means CHR work is still often relegated to research settings. First-episode psychosis (FEP) unit of our institution offers both inpatient and outpatient programs, and while it is common having CHR services emerge from FEP frameworks, there is an inherent risk in drowning the diverse CHR population into very specific FEP interventions and settings, risking additional burden of stigma. Model our institution introduced includes: ⇒Non-dependence on research funding; ⇒Flexible integration in available resources (e.g., FEP interventions, anxiety disorders interventions, substance-use programs); ⇒Dimensional approach with interdisciplinary assessment of capacities/needs non-reliant on supposed diagnosis; ⇒Embedded coordinating clinician ensuring "coordination" of CHR population "dispersed" among different programs; ⇒Collaboration with child psychiatrists allowing smoother transfer of at-risk youth; ⇒Recruitment through sensitized general practitioners and counseling services. No model of care, especially in area lacking conclusive predictive models, can be generalized to different health care systems, as practices and resources vary significantly. Nevertheless, the model presented makes a contribution to the care of CHR population, utilizing/integrating available resources, focusing on dimensional formulation of needs, and avoiding possible stigmatization. Furthermore, widely available CHR services, congruent with any research initiatives, might help us reach the necessary critical mass of data and experience needed for the final push towards clearer prediction models and treatment algorithms.

**Disclosure:** No significant relationships.

**Keywords:** clinical high-risk; prodromes; psychosis; early intervention

#### W0058

#### The impact of new psychosocial stressors on the mental health of young people: Results from a national multicentric study in Italy

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The COVID-19 pandemic and its related containment measures, such as lockdown, is affecting mental health of the general population worldwide. This is an unprecedented event, which is influencing the health care, political, economic, and social welfare systems. Among Western countries, Italy has been one of the first severely hit by the pandemic in terms of number of cases and mortality rates. Therefore, on March 8, 2020, the Italian Prime Minister issued restrictive measures in order to limit the spread of the disease. During this period known as "Phase one" of the national health emergency, all not necessary activities have been closed, more than