EPV0507

Temporality, lived time and psychopathology of everyday life

M. Carneiro[1]*, S. Nascimento[2], T. Coelho Rocha[1] and J. Cunha[1]

[1]Serviço Psiquiatria E Saúde Mental, Centro Hospitalar Barreiro Montijo, Barreiro, Portugal and [2]Psychiatry, Centro hospitalar psiquiátrico de lisboa, Lisboa, Portugal

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.2035

Introduction: Since Ancient Times, Man has tried to analyze the passage of time, looking for repetitions, relating them to space to build a notion of a mechanical and chronological time. The idea and problem of time play a central role in both modern philosophy and psychiatry. Many authors contributed to the notion of "lived time" and placed the focus on how time is lived and perceived by the individual. Even though the notion of "time assimilated in space" has an important role in psychiatric nosology, the "lived time" has a psychopathological impact and is a field of study and debate.
Objectives: This work aims to acknowledge the relevance of the experience of temporal structures (past, present and future) and how they relate to psychopathology.
Methods: We did a non-systematic literature revision in the main databases.
Results: Phenomenological psychopathology has been profoundly interested in the philosophical discussions on the nature of time and its relation with the subject's experience and condition. For instance, the melancholic experience, the maniac experience and the schizophrenic experience constitute changes in how time structures are perceived and lived by the individual.
Conclusions: Temporality has drawn attention to researchers from many different areas of study, having as of this day many approaches possible. It is important to know those contributions and conceptualizations in order to improve as a clinician.

Disclosure: No significant relationships.
Keywords: philosophy; temporality; phenomenology; psychopathology

EPV0506

Psychiatric symptoms of wife of military personel who died in combat: The role of meaning in life and attachment styles

H. Korkmaz[1]* and B. Güloğlu[2]

[1]Psychological Counseling And Guidance, Bahçeşehir University, Beşiktaş/İstanbul, Turkey and [2]Psychological Counseling, Bahcesehir University, Istanbul, Turkey

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.2036

Introduction: Traumatic experiences has a key role on the mental health of individuals. Turkish Armed Forces has been involved in various combat in and out of the country over the years. Individuals who are able to find meaning after a negative life events are better overcome their issues and return to their positive functioning. Unhealthy attachment styles has been observed more in clinical samples than healthy attachment styles.
Objectives: The aim of this study was to investigate the predictive role of attachment styles and meaning in life on psychiatric symptoms among wife of military personel who lost their lifes.
Methods: 74 women who lost their husband in combat to the study. Their age was between 21 and 74, with the mean of 46.93. 60 (75.9%) participants had a child when they lost their husband. 63 (79.7%) of them hasn't been married again. Brief Symptom Inventory, Meaning in Life Scale and Relationship Scales Questtionnare were used to collect the data. Five different regression analysis was conducted.
Results: Finding meaning in life, dismissing and preoccupied attachment sytles predicted depression (R^2= 51.8%). Finding meaning in life and fearful attachment styles predicted anxiety (R^2= 46.2%). Finding meaning in life and fearful attachment styles predicted negative identity (R^2= 51.1%). Finding meaning in life and dismissing attachment styles predicted hostility (R^2= 50.4%) and somatization (R^2= 57%).
Conclusions: Meaning in life has a protective role in the development of any psychopathologies whereas insecure attachment styles are risk factor.

Disclosure: No significant relationships.
Keywords: attachment styles; The Meaning in Life; Wife of Military Personel; Psychiatric symptoms

EPV0507

Delusional disorders with religious content

O. Borisova[1]*, G. Kopeyko[1], E. Gedevani[1] and V. Kaleda[2]

[1]Investigation Group Of Specific Psychopathological Forms At Department Of Youth Psychiatry, Federal State Budgetary Scientific Institution «Mental Health Research Center», Moscow, Russian Federation and [2]Department Of Youth Psychiatry, FSBSI «Mental Health Research Centre», Moscow, Russian Federation

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.2037

Introduction: Delusional Disorders with Religious Content (DDRC) require careful study concerning their prevalence, psychopathological heterogeneity and the risk of destructive behavior.
Objectives: To classify the clinical forms of DDRC
Methods: By clinical-psychopathological, follow-up and statistical approaches 2523 cases of patients with mental disorders who received inpatient care in a state clinic for year were analyzed; in 225 cases of total 2523 delusional disorders in schizophrenia (ICD-10: F20.0, F20.01, F20.02) were diagnosed.
Results: The comparative analysis of delusional disorders (225 cases, 100%) with religious (70 cases -31.1%) and non-religious content (155 cases - 69.9%) revealed prevalence of DDRC

Delusional disorders 225 cases (100%)				
	DDRC (70 cases, 31,1%)		Delusional disorders with non-religious content (155 cases - 69.9%)	
	Believers	Non-believers	Believers	Non-believers
Total Cases	18 (8%)	52 (23,1%)	4 (1,8%)	151 (67,1%)
With Destructive behavior	10 (4,4%)	23 (10,2%)	0	61 (27,1%)
	33 (14,6 %)		61 (27,1%)	

in non-believers (p <0.01). Delusional destructive behavior occurred in 47.1% of 70 cases in patients with DDRC (15% of total 225).
The predominant content of DDRC (among the Delusions of Possession, Sinfulness/guilt, Messianism, Manichaean and the End-world Delusions) was the Delusions of Possession - 36.8%. Psychopathological heterogeneity of DDRC was identified and specific types of DDRC were described.
Conclusions: DDRC is associated with the development of massive psychopathological symptoms and significant severity, and often accompanied by various forms of destractive behavior. This circumstance requires constant and careful management of these patients, collection of their religious history and asks for specific therapeutic approaches.

Disclosure: No significant relationships.
Keywords: schizophrénia; religious delusions; destructive behavior; psychopathology

EPV0508

The end-world delusion with religious content, apocalyptic variant

O. Borisova[1], G. Kopeyko[1], E. Gedevani[2]* and P. Orehova[2]

[1]Investigation Group Of Specific Psychopathological Forms At Department Of Youth Psychiatry, Federal State Budgetary Scientific Institution «Mental Health Research Center», Moscow, Russian Federation and [2]Researching Group Of Specific Forms Of Mental Disorders, FSBSI Mental Health Research Center, Moscow, Russian Federation

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.2038

Introduction: Diagnostics of Apocalyptic variant of end-world Delusion with Religious Content (ADRC) in schizophrenia is related with insufficient exploration and recognizability, despite the severity of the state, social risks and resistance to psychopharmacotherapy.
Objectives: To define psychopathological and phenomenological features of ADRC in schizophrenia, to identify the clinical dynamics of delusional disorders due to specifics of the delusional behavior, and to develop diagnostic and prognostic criteria.
Methods: 28 patients with ADRC in schizophrenia were examined (ICD-10: F20.0, F20.01, F20.02). Clinical-psychopathological and statistical methods were applied.
Results: Delusional ideas of end-world, Apocalyptic variant, occurred in the structure of affective-delusional state (acute sensual delusion with fantastic content). Two types of ADRC were identified: with the predominance of acute sensory delusions of perception and with the predominance of visual-figurative delusions of the imagination. These types differed in the severity and depth of psychotic manifestations and in the specifics of a delusion formation, were characterized by the mono- or polythematic delusional disorders.
Conclusions: Cases of ADRC differ both in the clinical-psychopathological specifics of delusional constructions, and in the socio-behavioral aspect. Among these cases, there is a high risk of delusional destructive behavior, with auto-aggressive, suicidal attempts and hetero-aggressive behavior. In cases with ADRC the strong persistence of delusional pseudo-religious beliefs occurs, with the refusal of any medical and psychological assistance, as well as implication of socially dangerous acts associated with the spread of delusional ideas and their induction of religiously inclined persons, which leads to the emergence of pathological pseudoreligiosity (distortion of traditional canonical religious views).

Disclosure: No significant relationships.
Keywords: end-world delusion; apocalyptic delusion; schizophrénia; psychopathology

EPV0509

The gordian knot of overlapping symptoms between dissociative identity disorder and borderline personality disorder, the need for a clear cut: A case report

I. Romanos[1]*, M. Preve[1] and R. Traber[2]

[1]Outpatient Psychiatric Service, Sociopsychiatric Organization, Mendrisio, Switzerland and [2]Inpatient And Outpatient Psychiatric Service, Sociopsychiatric Organization, Mendrisio, Switzerland

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.2039

Introduction: One of the central debates in the psychiatric community is the difficulty in distinguishing Dissociative Identity Disorder (DID) from Borderline Personality Disorder (BPD). The fact that core symptoms of these pathologies such as emotional dysregulation, alterations in sense of Self, amnesia, depersonalization, self harm, hearing voices, difficulties in maintaining relationships, are symptoms that feature in both disorders can lead physicians to a misdiagnosis, thus depriving patients with DID of adequate treatment.
Objectives: To report a complex clinical case of a DID patient initially misdiagnosed as BPD.
Methods: Clinical case report.
Results: A 45-year-old Caucasian woman with a history of childhood intrafamilial sexual abuse and domestic violence, substance use disorder, autolesionistic and suicidal behaviour with an active diagnosis of BPD presented to our ambulatory mental health care service. A more thorough examination revealed a history of emotional and affect dysregulation, depersonalization, amnesia, intrusive traumatic memories and nightmares with affective, cognitive, and sensorimotor aspects, persistent negative Self-perception. Auditory verbal hallucinations were also present described as inner space with commentary and derogatory nature with one of them being a child voice. The diagnosis of tertiary structural dissociation and DID was finally made when three Apparently Normal Personalities emerged with several Emotional Personalities, authorising for cautious partial pharmacological washout and initiation of three phase-orientated treatment approach.
Conclusions: DID is more common than is assumed and the overlap of core symptoms with other disorders can lead to a misdiagnosis. A careful clinical interview and evaluation of symptoms is mandatory to a correct DID diagnosis with a consequent appropriate therapy.

Disclosure: No significant relationships.
Keywords: tertiary structural dissociation; Borderline personality disorder; Dissociative Identity Disorder; overlapping symptoms

https://doi.org/10.1192/j.eurpsy.2021.2037 Published online by Cambridge University Press