Methods: Patients who have presented, according to DSM-V criteria, one or more non-affective psychotic episodes, were recruited in Acute and Chronic inpatients units leading to a total sample of 198 patients. Immigrant condition was defined as "a person who comes to live permanently in a foreign country". Demographic characteristics of patients, clinical data and main pharmacological treatment were recorded through a questionnaire. Comparative analysis was performed with IBM SPSS Statistics using Chi-Square Test and t-Student test.
Results: From a total of 198patients clozapine was prescribed to 31(15,7%). From the total immigrant sample only 7,1% had prescribed clozapine compared to 24,2% from the locals($p<0.005$). Significant differences in diagnosis associated to clozapine were found between both groups : Schizophrenia(57,1%immigrants, 57,1%locals), Schizoaffective disorder(14,3%immigrants, 41,7% locals) and Non specific psychosis (28,3%immigrants, 8,3%locals).
Conclusions: According to our results, immigrant psychotic inpatients receive less clozapine prescription compared to non-immigrant psychotic patients. There results should be considered to study barriers for clozapine prescription in this population and offer a treatment based in equality.

Disclosure: No significant relationships.
Keywords: migration psychiatry; psychopharmacology; Transcultural psychiatry; Psychosis

EPP0275

Depressions with religious experiences

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Introduction: Despite a significant number of studies devoted to the relationship between depression and religiosity, the diagnosis of depression in religious patients is complicated due to the insufficiently studied psychopathology and the peculiarities of the patient's experiences.
Objectives: To determine the specific features of psychopathology and phenomenology of depression, masked by a "religious facade", for timely diagnostics and prevention of suicidal behavior.
Methods: One hundred and fifteen religious (orthodox) inpatients (41 male, 74 female) with depression (F31.3, F31.4, F 32.1., F 32.2, F 33.1, F 33.2 according to ICD-10) were examined. Psychopathological method, HAM-D, SIDAS and statistical analysis were applied.
Results: Five types of depression were specified, which differed in psychopathological structure and content of the religious experiences. Overvalued ideas of guilt and sinfulness were predominant in melancholic depressions, ideas of God-forsakenness and the loss of "living" faith - in apathetic. Depressions with overvalued doubts whether the right faith and confession has been chosen accompanied with anxiety, melancholy and apathy. It should be specially mentioned apathetic and melancholic depressions characterized by "spiritual hypochondria" with specific cenesto-hypochondrical symptomatology. Melancholic depressions characterized by high suicidal risk prevailed (65%) over the other depressions.
Conclusions: Depressions masked by a "religious facade" often are not recognized due to specifical content, which results in lack of timely diagnostics and creates a high risk of suicidal behavior.

Disclosure: No significant relationships.
Keywords: guilt and sinfulness; Depression; religious experiences; suicidal risks

EPP0277

Lost in Translation – What is Alexithymia

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Introduction: Alexithymia is considered a personality trait characterized by difficulties in identifying and expressing emotions, impoverished fantasy life and tendency toward action-oriented or 'operational' Thinking. There are alterations in cognitive processing and regulation of emotions, and tendency to somatization.
Objectives: The authors examine literature regarding the concept of alexithymia, exploring the current definition and role in the clinic, research findings and proposed management.
Methods: A brief non-systematized review is presented, using the literature available on PubMed and Google Scholar.
Results: Alexithymia is not a discrete psychiatric diagnosis. It has been reported in 9-10% of the general population. It is related to numerous psychiatric disorders (substance use disorders, anxiety disorders, depression and eating disorders), but also to somatic illnesses (essential hypertension, functional gastrointestinal disorders, diabetes mellitus, psoriasis, fibromyalgia and cancer pain). Neuroimaging and neurobiological studies found evidence for morphological and functional brain alterations that integrate the classification introduced by Bermond. Affective type I is characterized by the absence of emotional experience and, consequently, by the absence of cognition accompanying the emotion (associated to right unilateral cortical lesions). Cognitive Type II is characterized by a selective deficit of emotional cognition with sparing of emotional experience (associated to a right-to-left unidirectional deficit in interhemispheric transfer).
Conclusions: There is little consensus on the subject. Clarification of the mechanisms underlying alexithymia can improve our management of these individuals. Identification of effective strategies could improve the patients' capacities for adaptive emotional processing and enhance other aspects of functioning.

Disclosure: No significant relationships.
Keywords: alexithymia

EPP0278

Is Praecox Feeling at risk of extinction?

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