

Introduction The term, acute and transient psychosis, is comprehended as a heterogeneous group of disorders, which share, as a common feature, the abrupt and brief deployment of typical psychotic behaviour, either polymorph, delusional, or schizophreniform. This diversity of symptoms may also be present in other psychotic disorders, for which, some authors question its reliability.

Objective To analyse the clinical manifestations present in acute and transient psychotic disorders (ATPD), and determine the differences between its different subcategories.

Method Retrospective chart review study of adult patients admitted in our psychiatric unit between 2011 and 2015, with a mean diagnosis of ATPD at hospital discharge. Diagnostic criteria was according to the International Classification of Diseases (ICD-10). Symptoms were divided under operative procedures, as set out in psychopathologic descriptions. For methodological reasons, statistical analysis was conducted between polymorphic features group (PM) and nonpolymorphic group (NPM). Chi-squared test and Fisher's exact test (as appropriate) were performed, using MedCalc software.

Results Thirty-nine patients met the inclusion criteria. Acute polymorphic psychotic disorder with and without symptoms of schizophrenia (39%), acute schizophrenia-like psychotic disorder (20%), acute predominantly delusional psychotic disorder (23%), other and NOS (18%). There were statistically significant differences between PM and NPM groups in emotional turmoil ($>PM$, $P=0.0006$), grossly disorganized or abnormal motor behaviour ($>PM$, $P=0.0038$), and type of onset (sudden $>PM$, $P=0.0145$).

Conclusion Currently, the same concept encompasses two categories (PM and NPM) to be differentiated. The ATPD construct is under review, due its long-term instability.

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Gender differences in acute and transient psychotic disorder

Á. López Díaz^{1,*}, S. Galiano Rus¹, A. Soler Iborte², J.L. Fernández González¹, J.I. Aznarte López²

¹ Hospital San Juan de la Cruz, Mental Health Services, Úbeda, Spain

² Hospital San Agustín, Mental Health Services, Linares, Spain

* Corresponding author.

Introduction In the recent decades, there is a growing interest in gender differences in psychotic disorders. Also, in the field of acute and transient psychosis, according to various studies, women seem to have higher prevalence and long-term diagnostic stability.

Objectives To determine whether there are gender differences in clinical features of acute and transient psychotic disorders (ATPD).

Methods Descriptive cross-sectional study in the adult patients with ATPD were admitted between 2011 and 2015 in our acute psychiatric ward. Diagnostic criteria was according to the International Classification of Diseases (ICD-10). Descriptive and inferential statistic procedures for clinical symptoms and diagnostic subcategories were performed, using the MedCalc software, version 15.8.

Results Thirty-nine patients met the inclusion criteria. Males were (MG) 41%, females (FG) 59%. There were some statistically significant differences between gender in the polymorphic features group ($>FG$, $P=0.048$), and in the presence of acute stress ($>FG$, $P=0.0277$). Length of stay was also different, but without statistical significance ($>MG$, $P=0.0607$). In contrast, symptomatic sets, family history of psychosis, and type of onset (sudden or acute) were similar for both groups.

Conclusions The gender differences seem to be in favour of a higher prevalence of polymorphic psychotic symptoms, in relation to stressful events in women. Somehow, these factors could be a

condition, which would determine a greater diagnostic stability in female patients, even in cases of recurrences.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Clinical and functional impact of differences between the diagnostic criteria of DSM IV-TR and DSM V for mental retardation: A case report

B. Navarro^{1,*}, M. Torres²

¹ Red de Salud Mental de Bizkaia, Barakaldo CSM, Bilbao, Spain

² Red de Salud Mental de Bizkaia, Zaldibar Psychiatry Hospital, Bilbao, Spain

* Corresponding author.

Introduction The new edition of the DSM has introduced some changes involving differences, sometimes significant, in the conceptualization and classification of mental pathology. One of the most important has been the case of mental retardation.

Objectives and aims Discuss, with a clinical and pragmatic perspective, the relevance of those changes in the diagnosis and classification of mental retardation in DSM.

Methods A 45-year-old woman diagnosed with mental retardation is admitted in a psychiatric rehabilitation unit for behavioral disorders and psychotic symptoms. Once controlled the symptoms and studied the patient, a disability not corresponding with the diagnosis presented (mild mental retardation according to DSM IV) is shown. Clinicians start a reevaluation of the diagnosis.

Results A comprehensive rehabilitation program according to the pathology and deterioration of the patient is designed. With the diagnosis review is possible to find new resources and community programs, better fit for the patient needs.

Conclusions DSM V changes in mental retardation diagnosis and classification allows a better perspective of the disease and its impact of functionality.

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A case of acute and transient psychosis—What to expect?

M. Oliveira*, J. Rebelo, A.S. Costa, C. Santos

Centro Hospitalar São João, EPE, Psychiatry and Mental Health Clinic, Porto, Portugal

* Corresponding author.

Introduction The Tenth Revision of the International Classification of Diseases (ICD-10) introduced the category of Acute and transient psychotic disorders (ATPD), that assimilate clinical concepts such as the French Bouffée Délirante, Kleist and Leonhard's cycloid psychosis, and the scandinavian reactive psychosis.

Methods and aims The authors present a clinical case of ATPD and a literature review based on PubMed/MEDLINE, using the keywords: "acute and transient psychotic disorder", "prognosis" and "diagnostic stability", aiming to discuss the main challenges regarding the diagnosis, treatment and prognosis.

Results The patient is a male with 37 years old with two previous psychotic episodes (with 2.5 years of interval), both with an acute onset (of 7 and 3 days respectively), and a fast response to antipsychotic treatment, with periods of complete symptom's remission. He maintains treatment with 6 mg of paliperidone. In the literature, we found scarce information on ATPD. Though several variables have been described as having influence on the prognosis (gender, pre-morbid functioning, acute onset and presence of