Methods.– A retrospective study of 17 adolescent patients referred to the department of child and adolescent psychiatry at Mongi Slim hospital in Tunis (Tunisia). The DSM-5 OCD criteria and the Yale–Brown Obsessive Compulsive Scale were used.

Results.– The mean age was 14 years old. The sex ratio was 0.5. A triggering factor was found in 53% of the cases. Contamination was the most prevalent obsession, followed by death fear. Washing/cleaning was the most common compulsion followed by checking and ordering rituals. Comorbidity was present in 64.7% of the patients, forty-seven percent of referred adolescents had a depressive disorder and 23.5% had an anxiety disorder. Seventy percent of the subjects had an important impact on their social life and school results, family conflicts, social withdrawal and poor school performance were the most common consequences. Forty-one percent of the subjects had a pharmacological treatment and a cognitive behavioral therapy, forty-one percent had only psychotherapy and 18% had only pharmacotherapy.

Conclusions.– Obsessive-compulsive disorder is a distressful disorder that has a serious impact on adolescent's quality of life. Depressive and anxiety disorders are very commonly associeted.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Classification of mental disorders / Research Methodology - Part I

E-PP0227
Diagnostic instability in psychiatry

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Background and aims.– Diagnostic instability is a measure to which psychiatric diagnoses change over time in the same patient. Since psychiatric diagnostic categories are developed without biological markers, the diagnostic process is less reliable in psychiatry than in other fields of medicine.

The authors aim to study changes in psychiatric diagnoses and the factors involved.

Methods.– Nonsystematic review of the literature with the following search terms: "diagnostic instability", "diagnostic accuracy", "overdiagnosis", "misdiagnosis" and "diagnostic error".

Results.– The overall mobility of diagnoses ranged from 27 to 40%. For most studies, the diagnosis with greater instability was schizoaffective disorder, with some authors even defending its elimination from the diagnostic classification. On the other hand, the most stable diagnosis over time is schizophrenia (mean stability: 90%). The greatest diagnostic shifts move towards schizophrenia with the existence of negative symptoms as the main contributing factor. Bipolar disorder (BD) revealed the most variable results depending on the study. In some, underdiagnosis is the issue, especially when the first episode is depressive or when psychotic symptoms are present. In fact, approximately 61,5% of bipolar patients with psychotic symptoms received a first diagnosis different from BD. BD may also be overdiagnosed, particularly in the presence of personality and substance use disorders.

Conclusions.– In the absence of biological markers, longitudinal validation through a long-term follow-up is necessary for accurate diagnostic ascertainment. It is believed that family or genetic studies will become a more reliable tool in error detection as well.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0228
Gaming behavior in portuguese university students

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Background and aims.– Gaming behaviors have been receiving increased attention from the scientific community in recent years. This phenomenon has accompanied the easier access to betting and casino-like games, and the establishment of online gaming as an important recreational activity, particularly in western societies. Considering the impact that the potential addictive power of games can have in human health and well-being, it seems important to better know and understand this phenomena.

We aimed to study gaming behaviors in Portuguese university students. Additionally, we explored the predictive power of sociodemographic and academic variables (age, years of education, years of registration and number of withholdings) in gaming behavior.

Methods.– The study comprised 908 university students ($M_{age} = 22.07$, $SD = 7.08$), 525 females (57.8%). All participants filled online the Gaming Addiction Scale (Lemmens, Valkenburg, & Peter, 2009; Portuguese version of Baptista, Viegas, & Gradil, 2010).

Results.– These results are consistent with the literature, highlighting the increase in gaming behaviors among youths in the last years. Besides, it were found positive correlations among pathological gaming and some sociodemographic variables.

Conclusions.– The above-mentioned results shed light on the question "Why do some individuals undergo this transition from recreational to addictive gambling/gaming behaviors?", as it allows to reflect on the influence of some moderating variables. In future studies, it seems important to explore the impact of the Gaming Disorder in the quality of life of gamers.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0230
Clinical practice in coding using ICD-10 as a source of inspirations for the implementation of ICD-11. A qualitative analysis

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Background and aims.– ICD-10 has been used in Poland since 1996. The aim of this study is to compare clinical descriptions, written diagnoses and ICD-10 codes used by professionals. Even a perfect diagnostic system can be used in proper or improper way. The results may be beneficial for the preparation of doctors and statisticians for the changes forced by ICD-11.

Methods.– 500 medical histories, containing referrals to psychiatric care or discharge summaries from both psychiatric and non-psychiatric wards, were randomly selected from the psychiatric outpatient clinic records from years 2017–2018. All codes were assigned by doctors.

A competent psychiatrist compared codes with medical data.

Results.– The types of errors were as follow. Different names than the official ICD-10 translation were used to diagnose certain disorders. General codes were implemented to describe specific