

**Introduction:** The relevance of this research is determined by the fact that an important scientific task of the modern clinical classification of mental disorders is the productive combination of the most valuable for the practical use of categorial and dimensional (in terms of the weight and depth of each dimensia) of the characteristics in a particular clinical picture of a disease.

**Objectives:** The goal of the research is to validate the new categorial-dimensional criteria necessary for the verification of schizotypal disorder.

**Methods:** The information base of the research included medical data on 150 patients with schizotypal disorder. Categorial characteristic used according to the systematics of schizotypal disorder (Kotsiubinskii A.P, 2018) published in the National Guide «Psychiatry», which includes the following syndromes: obsessive-phobic, dysmorphophobic, non-delusional hypochondria, heboid, histrionophobic, impulsive-dysfunctional, schizoaffective, dissociative-disintegrative, autistic, demotivative, amotivative. Our systematics was used with following demensia: positive, affective, negative, cognitive, disordered behavior, dissociative and coenesthesipatic. Guided by the principle of five-level representation of each dimensia (from «0» to «4») in accordance with DSM-V and the informative systematics of dimensia was developed with each of dimensia also has rate from «0» to «4».

**Results:** This diagnostic approach made it possible to correlate the categorial and dimensional characteristics, both to each other and to the criteria of the condition of the patients' state with the prototype of schizotypal disorder (in the range of «1» to «5»).

**Conclusions:** This has made it possible to more accurately diagnose non-psychotic forms of mental illness, in particular: differentiate schizotypal disorder «sui generis» and schizotypal personality disorder.

**Disclosure:** No significant relationships.

**Keywords:** Categorial; dimensional; approach; schizotypal disorder

## EPV0100

### Pain and gain of auditory intrusions with video game content: Game transfer phenomena in clinical cases

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**Introduction:** Studies about Game Transfer Phenomena (GTP) have demonstrated lingering effects of playing video games manifesting as sensory, cognitive, and motoric intrusions (e.g., seeing images or hearing voices from the game after playing), transient changes in perception and self-agency. GTP are common among non-clinical players, though those with mental disorders are more susceptible. Gamers tend to appraise GTP as pleasant. Distress has been reported when GTP are experienced frequently and with specific content.

**Objectives:** To show the interplay between GTP and patients' symptomatology and the benefits of using the GTP framework in clinical contexts.

**Methods:** GTP were assessed via clinical interviews and with a validated GTP scale (three cases, males, 10-16 years old, playing time 6-10 h/day).

**Results:** The cases were characterised by i) incorporation of video-game content into hallucinations and delusions, ii) identification with a videogame character and subsequent distress provoked by hearing the character's voice and iii) self-induced GTP as self-soothing behaviour when reducing playing time. Main GTP manifestations were in the auditory modality as sounds or voices. The primary clinical diagnoses were gaming disorder, depressive disorder, and psychosis.

**Conclusions:** On one hand, GTP can be pleasurable and a way to cope with withdrawal symptoms from gaming disorder, though it can lead to compulsive behaviours and dissociation. On the other hand, GTP can be interpreted negatively and fulfil delusions that provoke distress and compromise mental stability. The cases reveal that the GTP framework can be an effective psycho-pedagogic method and support differential diagnosis.

**Disclosure:** No significant relationships.

**Keywords:** Game Transfer Phenomena; Gaming disorder; Hallucinations; differential diagnosis

## Comorbidity/dual pathologies

### EPV0101

#### Acute pancreatitis induced by valproic acid

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**Introduction:** Valproic acid (VPA) is a commonly prescribed medication for epilepsy, migraine and especially bipolar disorder therapy. Although the common adverse effect associated with VPA are typically benign, less common adverse effects can occur; these include acute pancreatitis.

**Objectives:** Describe the clinical and therapeutic characteristics of a case of acute pancreatitis induced by VPA with a review of the literature.

**Methods:** We report the case of a patient who presented an acute pancreatitis induced by VPA. The data was collected from the patient's medical file. A review of the literature was performed by selecting articles from the PubMed search engine using 'acute pancreatitis and valproic acid' and 'drug induced acute pancreatitis' as key words.

**Results:** This is a 51-year-old male patient with a history of type 2 diabetes, dyslipidaemia and psychiatric follow-up for bipolar disorder type I on lithium. He was admitted for a resistant depressive episode. We opted for the combination of two mood stabilizers (VPA and lithium). On the third day of treatment, the patient reported epigastric pain with incoercible vomiting. Laboratory tests showed increased levels of pancreatic enzymes and a biological inflammatory syndrome. The diagnosis of acute stage A pancreatitis was made. VPA was discontinued and the patient was put on symptomatic treatment with favourable outcome after one week. The etiological investigation ruled out other causes of acute pancreatitis. As a result, iatrogenic origin was retained.

**Conclusions:** This case supports the idea that acute pancreatitis may be induced by VPA, it has no predictable factors.

**Disclosure:** No significant relationships.

**Keywords:** pancreatitis; psychiatry; bipolar disorder; valproic acid

# Pain and gain of auditory intrusions with video game content: Game Transfer Phenomena in Clinical Cases

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## Background

Game Transfer Phenomena (GTP) are sensory, cognitive, and motoric intrusions (e.g., seeing images or hearing voices from the game after playing), transient changes in perception and self-agency, with video game content [1].

GTP are common among players (82-96%), though those with mental disorders are more susceptible [2]. Gamers tend to appraise GTP as pleasant [1]. Distress has been associated with experiencing GTP frequently and with specific content [3].

Auditory GTP manifest as hearing music, sounds and voices, including auditory perceptual distortions and misperceptions. The localisation can be endogenous (e.g., involuntary music imagery or earworms, hearing own thoughts out loud) or exogenous (coming from game-related objects or nowhere) [1,4].

## Objective

To show the interplay between GTP and patients' symptomatology and the benefits of using the GTP framework in clinical contexts.

## Methods

GTP were assessed via clinical interviews and with a validated GTP scale (three cases, males, 10-16 years old, playing time 6-10 h/day) [5].

## Results

The main GTP manifestations were in the auditory modality as sounds or voices. The clinical diagnoses were gaming disorder, depressive disorder, generalise anxiety and psychosis.

### Case 1 – Carl 10 years old

**Consultation motive:** Confusions between fantasy and reality, auditory hallucinations, and aggressive and paranoid fantasies provoke distress and impairs him from doing activities alone (e.g., going to the bathroom).

**Diagnose:** Paranoid schizophrenia.

**GTP and related symptoms:** Believe to be a vampire, hearing "thousand" voices whispering, voice commands.

**Video game features:** The key game character is a vampire. The voices include commands from the game and the whispers resemble the background sound of the audience in the game.



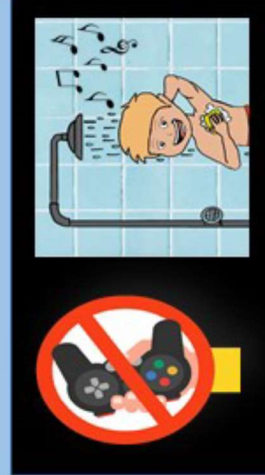
### Case 2 – Raj 15 years old

**Consultation motive:** Dysfunctional video game playing, suicidal thoughts, self-harming behaviours.

**Diagnose:** Severe Major Depressive Disorder with high suicidal ideation and Gaming Disorder.

**GTP and related symptoms:** Hearing in-game gunshots and music. Using multi-hour showers to induce GTP and to self-soothe and feel connected with the game due to his gaming time being reduced, causing irritability and agitation.

**Video game features:** Video games sounds and music.



### Case 3 – Rick 16 years old

**Consultation motive:** suicidal thoughts and self-harming behaviours.

**Diagnose:** Mild to moderate Gaming Disorder, Moderate Generalized Anxiety Disorder, moderate-severe Major Depressive Disorder.

**GTP and related symptoms:** Distress due to hearing an in-game character saying "Daddy" and believe for moments that his father is calling for help.

**Video game features:** Video game sounds.

## Conclusions

GTP can be pleasurable and a way to cope with the withdrawal symptoms of gaming disorder, though it can lead to compulsive behaviours and dissociation.

GTP can also be interpreted negatively and fulfil delusions that provoke distress and compromise mental stability. The cases reveal that the GTP framework can be an effective psycho-pedagogic method and support differential diagnosis.

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