

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1853>

EV869

Differentiating between bipolar affective disorder (BD) and borderline personality disorder (BPD) – A clinical case

A. Ballesteros^{1,*}, A. Petcu², B. Cortés³, L. Montes⁴, F. Inchausti⁵, W. Jaimes⁶, J. Collantes⁷, B. Zubizarreta¹

¹ Red de Salud Mental Gobierno de Navarra, Centro de Salud Mental Estella, Estella, Spain

² Greater Manchester West Mental Health NHS Foundation Trust, psychiatry, Manchester, United Kingdom

³ Consultas Dr. B. Cortés, Psychiatry, Salamanca, Spain

⁴ Red de Salud Mental Gobierno de Navarra, Complejo Hospitalario de Navarra, Pamplona, Spain

⁵ Centro Proyecto Hombre, Comunidad terapéutica Proyecto Hombre de Estella, Estella, Spain

⁶ Hospital de Donostia Osakidetza, Psiquiatría, Donostia, Spain

⁷ Consulta privada, Psicología, Madrid, Spain

* Corresponding author.

Introduction Recent studies suggest that Borderline Personality Disorder (BPD) could be regarded as an affective disorder within the Bipolar Affective Disorder (BP) spectrum. This is supported by evidence suggesting a clinical/neurobiological overlap between these two disorders. The Temperament and Character Inventory Revised (TCI-R) may help differentiate between the two disorders and orientate the clinical approach, considering the evidence of the medium-term temporal stability of TCI-R in a clinical population.

Objective We present a clinical case diagnosed with BD which underwent testing using TCI-R. TCI-R orientated towards a secondary diagnosis of BPD and the case further received a course of Dialectical Behavior Therapy (DBT) which led to clinical improvement. We therefore study the usefulness of TCI-R in this clinical setting.

Aims To study whether TCI-R may help differentiate between BD and BPD in mood stabilized patients.

Method Our patient is a 52-year-old married male diagnosed with BD. Considering his clinical features of impulsivity/instability of behaviors and pathological interpersonal relationships, patient was started on individual DBT (fortnightly, 4 months). Psychotropic treatment (paroxetine 30 mg/day, lithium 1000 mg/day, aripiprazole 15 mg/day) was not modified.

Results TCI-R scores: harm avoidance (100%), novelty seeking (53%), reward dependence (20%), persistence (18%), self-directedness (1%), cooperativeness (2%) and self-transcendence (48%). After 4 months of therapy, the patient improved in distress tolerance, acceptance, behavioral activation and assertiveness.

Conclusions TCI-R is an inventory for personality traits in which character scores differ markedly between PD and non-PD patients. It is a useful tool in BPD patients orientating the clinician in the differential diagnosis and the treatment approach.

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<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1854>

EV872

Recurrent depression over an schizoid personality. Case report

M.C. Cancino Botello*, F. Molina López, J.M. Hernández Sánchez, A. Peña Serrano, M.D.L.A. Canseco Navarro

Consortio hospital general universitario, psychiatry, Valencia, Spain

* Corresponding author.

Introduction According to Millon, personality is a “complex pattern of psychological factors, which are mostly unconscious and express themselves automatically in almost every functional dimension of the subject”. It has been described how personality traits can modify the expression of other mental diseases, leading to confusion in diagnosis and treatment of the patient.

Method Systematic review of the literature in English (PubMed) and clinical history of the patient. Keywords: “recurrent depression disorder”; “schizoid personality”.

Objective To highlight the importance of making an accurate and detailed diagnostic formulation, in patients with both mental and personality disorders.

Case Sixty-seven-year-old woman, with many psychiatric hospitalizations, secondary to a recurrent depression disorder with psychotic symptoms and schizoid personality disorder. Both psychiatric monitoring and pharmacological treatment have been erratic. Initially, depressive episodes were considered as symptoms of her personality disorder. However, over the years, it was possible to make a more accurate diagnosis and a better treatment adjustment. In this case, lack of adherence is probably due to multiple factors, but no awareness of illness and personality disorder itself are the most important ones. This fact makes the patient less concerned about her personal care, leading to irregular treatment.

Conclusions People with schizoid, schizotypal or paranoid personality traits usually have a worse outcome, and they interfere with the functionality of the patient. This explains the importance of making an accurate and detailed diagnostic formulation, in order to benefit the course of the underlying mental disorders.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1857>

EV875

Gut feeling

C. Cotta^{1,*}, G. Jesus², V. Vila Nova³, C. Moreira²

¹ Centro Hospitalar Barreiro-Montijo, Psychiatry, Barreiro, Portugal

² Centro Hospitalar Psiquiátrico de Lisboa, Psychiatry, Lisbon, Portugal

³ Centro Hospitalar Barreiro Montijo, Psychiatry, Barreiro, Portugal

* Corresponding author.

Introduction There is growing evidence of the importance of nutrition in mental disorders. Gut microbiota, influenced by environmental factors such as diet and stress, has been proposed as one of the players on a dynamic called gut-brain axis, which is thought to have an influence on behaviour and mental health.

Objectives and aims To summarize recent evidence on the topic, and its potential role in psychiatric interventions.

Methods The authors review updated literature collected from online scientific databases.

Results The development of the brain itself has been shown to be influenced by the gut microbiome. Research demonstrates that the composition of the microbiota has influence on behaviour through neuroendocrine and other neuroactive messengers production by the bacteria within the gut lumen. Studies in germ-free animals, animals exposed to bacterial infections, probiotic supplements or antibiotic drugs suggest a role for the gut microbiota in the regulation of anxiety, mood, cognition and pain. The gut microbiome has been implicated in brain disorders including anxiety and depression, multiple sclerosis, Alzheimer's disease, Parkinson's disease, and autism.

Conclusions The treatment of mental disorders is usually based on pharmacological and psychotherapeutic interventions, and little attention is given to dietary interventions. The emerging field of research focused on the human microbiome suggests an important role for the gut microbiota in influencing brain development, behaviour and mood in humans, and points new strategies for developing novel therapeutics for mental disorders.