

TARA for Borderline Personality Disorder TARA4BPD, Exec Director, NYC, USA

Undiagnosed and untreated people with Borderline Personality Disorder (BPD) create a public health drain on mental health treatment. BPD underlies major public health problems including high incidence of substance abuse, alcoholism, domestic violence, impulse control disorders, incarceration, high utilization of emergency rooms and inpatient hospitalizations. Although BPD has a prevalence rate between 2–5.9%, it generally goes misdiagnosed, undiagnosed, stigmatized and mistreated. Amongst American veterans who are suicide attempters and completers, a recent study found 94% meet criteria for BPD. There is rampant professional stigma exists against BPD patients, seen as patients to be “avoided”, “treatment refractory,” “untreatable” and a “liability” due to increased risk of self-injurious and suicidal behavior. This is a contributing factor to misdiagnosis that is the usual experience for BPD patients, resulting in wasted years, hopelessness, chaos, family crises, and severe personal and economic consequences for patients and families. The need for assessing with validated diagnostic instruments to rule out or diagnose BPD, Bipolar Disorder, ADHD, substance abuse and other co-morbid diagnoses as well as the need to diagnosis children and adolescents at the time symptoms first appear will be discussed. Presentation of the shockingly few studies on BPD versus Bipolar will be presented and the consequences of failing to diagnose will be highlighted. Findings from an on-line survey from TARA4BPD, an American education and advocacy organization, will demonstrate the need for clinical education in evidence based BPD treatments, training, and supervision as well as patient and family psycho-education so as to improve outcome will be presented.

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EW0452

Personality disorders and temperament traits in patients with breast disease: Preliminary results

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Aim of the study was to identify individual characteristics in patients with a benign or malignant breast disease diagnosis. The role of specific personality traits has been considered in the assessment of temperament and character as a predictor of a certain psychopathological state in patients with breast disease diagnosis. Participants were interviewed using a structured clinical test (SCID-II, version 2.0) disorders, and the Italian version of Akiskal's semi-structured clinical interview for temperamental profiles (TEMPS-1) after clinical breast exams and ultrasonography. All patients presented different personality disorders and heterogeneity in temperamental profiles. Of 29 patients with benign breast disease diagnosis, twelve presented histrionic, seven narcissistic, five dependent, four obsessive, two borderline, one antisocial and one paranoid personality disorder. The histrionic-narcissistic disorder is associated with benign breast disease. The three patients with malignant diagnosis presented the same temperamental profile: depressive temperament was associated with malignant breast disease diagnosis. According to recent literature personality disorders cannot influence breast cancer or its prognosis. However, a psychological consultation represent a very important step to pre-dispose specific interventions, treating psychiatric reactive co-morbidities. The study shows the relevance of psychiatric counselling in breast units in the diagnostic cluster detection. Future purpose is to extend the sample and to add a follow-up evaluation.

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EW0453

Hyperprolactinemia phenomenon in neurotic and personality disorders and changes in prolactin level after the psychotherapy

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Introduction Hyperprolactinemia is a common endocrinological disorder. Some data suggest that psychological factors (e.g. personality traits) may play a role in hyperprolactinemia genesis.

Objectives Increased prolactin level (PRL) is described as clinical observations in some patients, usually with a diagnosis of borderline personality disorder. In the international literature there is lack of broader description and information of clinical implications of this phenomenon.

Aim The aim of the study is to evaluate the prevalence of hyperprolactinemia in patients with diagnoses F40-F69 according to ICD-10 and an evaluation of the changes in PRL after psychotherapy.

Methods The study population comprised 64 patients, mainly females (73%), with primary diagnosis of neurotic or personality disorder. Prolactin level was measured during the first and last week of the psychotherapy. Between the measurements patients underwent intensive short-term (12 weeks) group psychotherapy in a day hospital for neurotic and behavioural disorders.

Results Hyperprolactinemia was found in 41% of males and 42.4% of females in the study group. After psychotherapy significant reduction in prolactin level was observed in 80% of woman with hyperprolactinemia.

Conclusions Hyperprolactinemia is observed in almost 40% of patients with neurotic and personality disorders. Psychodynamic psychotherapy can be a significant factor improving PRL level in patients with neurotic and personality disorders, specifically women.

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e-Poster Walk: Psychopathology and Psychotherapy

EW0454

DBT for co-morbid borderline personality disorder and substance use disorder without drug replacement in Egyptian outpatient settings: A non-randomized trial

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Background Dialectical behavior therapy has demonstrated effectiveness for patients suffering from co-morbid borderline personality and substance use disorder. The current study tries to