

EW0448

Overweight/obese patient referrals to plastic surgery: Temperamental and personality traitsC. Pavan^{1,*}, F. Bassetto², V. Vindigni²¹ University of Padova, Department of Medicine, Padova, Italy² University of Padova, Department of Neurosciences, Padova, Italy

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Introduction Correlations between psychiatric disorders and overweight/obesity are reported in the literature. The study aimed at detecting correlations between psychiatric disorders, temperamental traits and body image perception in overweight and obese patients who seek surgical lipostructuring treatments.

Methods 28 overweight/obese patients (age 18–60 yrs, BMI 25 to 34.9 at recruitment) were enrolled in the period March 2008–June 2011 between those referring to the outpatient service for Obesity-related lipodystrophisms of the Institute of Plastic Surgery. Presence of psychiatric disorders, temperamental traits and body image perception were evaluated, and compared to a control group ($n=25$) from general population sharing clinical/demographic features. Psychiatric evaluation was based on acquisition of clinical history, Mini-International Neuropsychiatric Interview, Beck Depression Inventory, Yale Brown Scale (YBOCS), Paykel Life Events Scale, NEO Five Factor Inventory, Tridimensional Personality Questionnaire (TPQ), Body Shape Questionnaire (BSQ).

Results The patients group presented higher scoring in lifetime depression and BSQ with moderate/mild concern with body shapes. With regard to personality traits, TPQ revealed higher score in subscale RD4 (dependence/independence) in the patients, while controls scored higher in “openness to experience” NEO-FFI subscale. At YBOCS obese patients presented higher prevalence of obsessive characters.

Conclusion The affective sphere is a relevant feature in obese patients, but also obsessive traits, as negative body shape perception and temperamental and personality characteristics appear to be involved in leading patients to seek surgical consultation. These aspects are implicated in medical/surgical outcome and compliance to treatments.

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

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EW0449

Psychological defense mechanisms in patients with different forms of essential hypertension

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Introduction Essential hypertension (EH) is one of the most common diseases of the cardiovascular system. Today scientists discover more and more patients whose blood pressure values during work appear to be higher than those values during free time. This form of EH is called “hypertension at work”.

Objectives To indicate psychological defense mechanisms in patients with “hypertension at work”, as compared with ‘classical’ EH and healthy individuals.

Materials and methods Defense mechanisms were evaluated by the survey “The Life Style Index”. Eighty-five patients with ‘Hypertension at work’ (mean age was 45.9 ± 2.8) and 85 patients with ‘classical’ EH (mean age was 47.4 ± 4.5 years) took part in the study.

Results The results showed the dominance of low level psychological defences. The most common mechanisms were denial, projection and regression. More mature defense processes included

reaction formation and rationalization. The patients with ‘Hypertension at work’ significantly ($P < 0.05$) differs from second group by more frequent representation of displacement, denial, projection and reaction formation. Comprehensive interpretation of our findings suggested that affection of EH patients (specifically ‘Hypertension at work’) can be characterized by dominance of negative emotions and aggressive tendencies which would be projected, denied or suppressed. Such a complex of defense mechanisms is typical for those, who knows, based on own experience, that uncontrolled negative emotional reactions could be unsafe in social environment.

Conclusions Our findings can be considered as a basis to define a “risk group” amongst EH patients by an attribute of “emotional well-being” disorder and to develop psychological recommendations for them.

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EW0450

The factor structure of the Portuguese version of the personality inventory for DSM-5 (PID-5)R. Pires^{1,*}, A. Sousa Ferreira², B. Gonçalves¹¹ Universidade de Lisboa, Faculdade de Psicologia, Lisboa, Portugal² Universidade de Lisboa, Instituto Universitário de Lisboa, Business Research Unit BRU-IUL, Faculdade de Psicologia, Lisboa, Portugal

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Introduction The DSM-5 Section III proposes a dimensional-categorical model of conceptualizing personality and its disorders, which includes assessment of impairments in personality functioning (criterion A) and maladaptive personality traits (criterion B). The Personality Inventory for DSM-5 (PID-5) is a self-report, composed of 220 items, organized into 25 facets nested in five domains of personality differences, and was developed to operationalize criterion B.

Objectives This study explores the factor structure of the Portuguese adaptation of the PID-5.

Aims The five-factor structure that has emerged in previous studies with the PID-5 (cf. Krueger & Markon) is expected to be replicated in the current study.

Methods Exploratory factor analyses with varimax oblique rotation were conducted on a sample of Portuguese adults from the general population ($n = 379$, $M_{age} = 31.49$, $SD = 14.16$, 25.3% males, 74.7% females).

Results A six factor structure was retained in which the first 5 factors resemble the PID-5 domains. The model showed good fit indices ($KMO = 0.897$). The total explained variance was 68.25%. All the facets but four had primary loadings on the expected factor.

Conclusions The similarity of results across studies and nationalities contributes to the validation of the Portuguese translation of the PID-5 and highlights the structural resemblance among the DSM-5 model and the five factor model (FFM) and the personality psychopathology-five model (PSY-5), drawing attention to the relevance of these models for the diagnosis of Personality Disorders.

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EW0451

Real life consequences of stigmatization, misdiagnosis, misunderstanding, and mistreatment of borderline personality disorder

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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