Conclusions: Adjuvant analgesics are more often prescribed to patients of specialized pain clinics. It may be associated with more severe descriptions of chronic pain syndrome, as well as insufficient awareness of modern approaches to the management in this category of patients by specialists in primary health care. References: 1.Zagorulko, Medvedeva Russ Pain J. 2019

Keywords: Antidepressants; Pain; chronic low back pain; Chronic Pain

EPP0895

Gender peculiarities of pain syndrome in older age patients

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doi: 10.1192/j.eurpsy.2021.1168

Introduction: The study of gender-related peculiarities of vertebral pain syndrome course in order age patients appears to be highly relevant.
Objectives: Study population included 46 female patients and 38 male patients in the age between 60 and 75 years old; mean age was 67,4±6,6 years old.
Methods: Pain syndrome intensity was assessed using the visual analogue scale (VAS), vegetative disfunction was assessed using A.M. Wayne Questionnaire; the Toronto Alexithymia Scale
Results: The conducted comparative study showed that the male patients perceived the pain syndrome as more intense as compared to the female patients in lumbar spine: 4,5 ±0,8 vs 3,6±0,5 scores (p <0,001) and in thoracic spine: 4,1 ±1,0 vs. 3,4±1,0 (p <0,05). On the other hand, in vegetative dysfunction assessment, the male patients demonstrated generally lower score: 43,3±7,5 scores vs. 59,6+10,3 in female patients, p <0,001. The results of correlation analysis pf interrelations between alexithymia and pain intensity revealed the differences between the study groups in emotion recognition accuracy (Mann-Whitney U-test = 109,00, p = 0.09): female patients showed lower scores (60,7 ±3,5) as compared to the male patients (74,2 ±2,1).
Conclusions: Therefore, the vertebral pain syndrome tends to be more pronounced in older age male patients as compared to the similar population of older age female patients. Therefore, vertebral pain syndrome correction requires multidisciplinary approach, including psychotherapeutic support.

Keywords: pain; gender; vegetative disfunction; alexithymia.

Personality and personality disorders

EPP0897

Psychogenic non-epileptic seizures and personality disorders

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doi: 10.1192/j.eurpsy.2021.1169

Introduction: Epilepsy and its psychiatric comorbidities have been studied frequently over the course of the last years. However, few studies have aimed to establish the relationship between psychogenic non-epileptic seizures (PNES) and personality disorders.
Objectives: The aim of the current study is to discuss the relationship between different personality disorders and PNES in comparison to patients diagnosed of epilepsy but no PNES.
Methods: A case of a 48 year old female patient who attends an intensive following unit at a psychiatric day hospital is presented. The patient was diagnosed with epilepsy at 25 years old. In the last 10 years she has grown completely dependent on her family, presenting at least one epileptic seizure or PNES during the day. She attends the psychiatric unit after neurologists diagnose highly frequent PNES with interference in her day to day routine. During her follow-up at the psychiatric unit different personality disorders are considered. Furthermore, PubMed, Web of Science and PsycInfo databases were searched, using a pre-established strategy in order to identify recent related studies. Afterwards, studies were selected in a systematized manner.
Results: According to different studies up to 75% of patients with PNES have a comorbid personality disorder. Borderline personality disorder seems to be the most frequently simultaneous axis II diagnosis.
Conclusions: Psychiatric disorders are more frequent in patients with psychogenic non-epileptic seizures than patients with only epileptic seizures

Keywords: personality disorder; psychogenic seizures

EPP0899

Pilot study testing the emotional response to physical exercise following a negative emotional induction in adults with borderline personality disorder

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doi: 10.1192/j.eurpsy.2021.1170

Introduction: Physical exercise is a well-documented treatment for individuals with mental disorder. It helps improve symptoms and functioning of these individuals. Moreover, recent studies indicated that exercise improve emotional regulation which is one of the main target in borderline personality disorder (BPD) treatment. Therefore, exercise might have important benefits in this population. However, no previous study examined this effect.

Objectives: This pilot study documents the facceptability of a protocol testing the effects of exercise on the response to a negative emotion in adults with BPD.
Methods: 28 adults with a diagnosis of BPD have been recruited in a psychiatric hospital. Participants filled several questionnaires then viewed a scene from Silence of the Lambs to induce negative emotions. They were then assigned to 20 minutes of exercise or a neutral video of 20 minutes. Affects were assessed 7 times during the protocol.
Results: In this sample, 9 participants reported at least equal levels of affect after the induction than before. Preliminary results show a tendency of higher response of physical exercise than control on positive affects and no participant had any adverse effect from exercise.
Conclusions: This pilot study was the first to test the effects of exercise on symptoms of BPD. It also informs on the best way to conduct the principal study. First, the mood induction was poor, thus it will be changed for a stronger induction strategy. Then, the control intervention will be a placebo exercise. These modifications will enable a better understanding of the effects of exercise on emotion regulation with BPD population.

Keywords: Borderline personality disorder; Physical Activity; Emotional Regulation

EPP0903

Borderline personality disorder and psychotic symptoms. report of two cases

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doi: 10.1192/j.eurpsy.2021.1171

Introduction: DSM-V includes near-psychotic symptoms as new criteria in borderline personality disorder (BPD). This change makes more difficult the differential diagnosis between considering psychotic symptoms as part of the BPD or as part of a comorbid psychotic disorder.
Objectives: Recognize the difficulty of the differential diagnosis in clinical practice between BPD and comorbid diagnosis of BPD with psychotic disorders, and how it can affect the patient's outcome.
Methods: Patients' data is obtained from medical history and psychiatric interviews carried out during their hospitalizations.
Results: 32 year-old female patient with previous diagnosis of BPD, psychotic episodes and cannabis abuse, was admitted due to paranoid ideation and aggressiveness, with massive borderline defense mechanisms (frequent displays of anger, high impulsivity, low frustration tolerance, self-destructive behavior…). Psychotic symptoms ceased two weeks after admission, and considering the patient's individual characteristic it was believed BPD fitted more with this clinical case, although different psychotic disorders were considered. 30 year-old female patient began intensive psychiatric treatment with previous diagnosis of BPD, psychotic disorder and cannabis abuse. It was observed that the paranoid ideation and bodily experiences she suffered lasted months and were characterized by a strong belief. These two reasons were put into consideration when it was decided to judge this clinical case as a comorbid diagnosis of BPD with a psychotic disorder.
Conclusions: It is necessary to assess the difficulty of the differential diagnosis in these patients, and offer them specialized treatment depending on the diagnosis, as it can affect the patient's outcome.

Keywords: Borderline personality disorder; Psychotic symptoms; differential diagnosis

EPP0904

Pharmacotherapy for borderline personality disorder: A review.

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doi: 10.1192/j.eurpsy.2021.1172

Introduction: Borderline personality disorder (BPD) is characterized by instability of interpersonal relationships, self-image, and emotions, and by impulsivity. Although patients with BPD are misdiagnosed, some of them receive mental health treatment. Even if the first-line treatment of this disorder is psycotherapy, the patients with BPD may be highly symptomatic and are often prescribed multiple medications in a manner unsupported by evidence.
Objectives: The aim of this study is to study the available evidence about the pharmacotherapy for borderline personality disorder.
Methods: A review of the available literature about the management of borderline personality disorder and de pharmacotherapy for personality disorders was performed.
Results: First-line treatment of the personality disorders is psycotherapy. The treatment plan for BPD may include individual and group therapy, medication, self-education, specialized substance use disorder treatment, partial hospitalization, or brief hospitalization during times of crises. Medications are generaly used only as adjuncts to psychotherapy and the adjunctive use of symptom targeted medications has been found to be useful. There is limited information to guide pharmacotherapy; preliminary evidence limits the practice of polypharmacy. Sympton-domain focused medication treatment is recommeded by some guidelines: cognitive-perceptual symtoms (low-dose antipsychotic drugs), impulsive-behavioral dyscontrol (mood stabilizers), affective dysregulation (mood stabilizers and low-dose antipsychotic drugs) and self-harm (omega-3 fatty acids).
Conclusions: BPD cause significant distress and impariment of social, occupational and role functioning. The first-line treatment for BPD is psychotherapy; however symptom-focused, medication treatment of BPD is generally considered to be an adjunct to psychotherapy. The data support the efficacy of low dose antipsychotic drugs and mood stabilizers.

Keywords: Borderline; pharmacotherapy; personality disorders

EPP0905

Monoamine oxidase a gene polymorphism associated with hostility in male population of 45-64 in Russia/ Siberia

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doi: 10.1192/j.eurpsy.2021.1173

Introduction: The presence of low-activity alleles of the MAOA gene increases the risk of hostility.