positive changes in certain areas such as deeper interpersonal relationships with others, appreciating health and life.

**Conclusions:** As a result of the study, it has been thought that it is important to reduce the distress level of women with breast cancer related to their needs and difficulties and to encourage their positive changes. Besides, working in cooperation with healthcare professionals responsible for their treatment will be beneficial to reduce the distress level of the women.

**Disclosure:** No significant relationships.

**Keywords:** breast cancer; Qualitative research; post-traumatic growth; Distress

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**EPV0975**

Mindfulness in pain self-control of people with chronic pain: a cross-sectional study

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doi: 10.1192/j.eurpsy.2022.1700

**Introduction:** Chronic pain has a significant impact on individuals’ daily lives, and its control is essential for improving quality of life. In this sense, the practice of Mindfulness is a useful non-pharmacological technique for self-management of chronic pain.

**Objectives:** This study aims to identify the level of knowledge regarding the effectiveness of Mindfulness for self-control of pain by people with chronic pain.

**Methods:** A cross-sectional study was conducted on a sample of 23 adults with chronic pain. The online survey assessed sociodemographic characterization, Brief Pain Inventory, and knowledge/opinion about the effectiveness of mindfulness strategies.

**Results:** The sample consisted mostly of middle-aged women, with family support, employed and with higher academic qualifications. 47.8% of the sample had experienced pain for over 20 years with the most prevalent diagnosis being fibromyalgia. The average intensity of chronic pain corresponded to moderate pain and the level of acceptance of it was low, interfering in instrumental activities of daily life. Although they had never tried the technique, most of the sample knew what mindfulness consisted of, considering it as a viable option for self-management of chronic pain. Moderate and positive correlations were found between the level of acceptance of pain and greater availability for the practice of mindfulness (\( \rho = .137; p < .001 \)), the same happened between satisfaction with the practice of mindfulness and self-control of pain (\( \rho = .259; p < .001 \)).

**Conclusions:** Our findings outline the need to include non-pharmacological measures such as mindfulness in therapeutic schemes for chronic pain management, given the manifest interest of this population.

**Disclosure:** No significant relationships.

**Keywords:** Mindfulness; self-control; knowledge; chronic pain

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**EPV0978**

Relationship between chronic pain syndrome and anxiety disorders in patients with rheumatoid arthritis

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doi: 10.1192/j.eurpsy.2022.1701

**Introduction:** Chronic pain syndrome is still one of the leading complaints of patients with rheumatoid arthritis (RA).

**Objectives:** Study the relationship between chronic pain syndrome of different duration and the level of anxiety disorders.

**Methods:** Clinical and psychophysiological examination of 76 patients with RA was carried out, the average age was 42.4 ± 7.2 years. The severity of pain syndrome was determined on the VAS scale, the level of anxiety by the Spielberger-Hanin technique

**Results:** Analysis of pain syndrome according to YOUR revealed higher rates (p < 0.01) in patients with shorter periods of disease:
up to 12 months and more than 12 months: 66.0 ± 1.5 mm and 61.9 ± 1.5 mm, respectively, than in patients with a longer period of war - more than 3 years (53.7 ± 1.0 mm). Psychophysiological examination of RA patients revealed anxiety spectrum disorders in 53 (69.7%) patients. The severity of anxiety disorders was different depending on the duration of the chronic pain syndrome: the highest indicators of reactive anxiety were detected in patients with a length of pain syndrome of up to 12 months: 45.7 ± 0.6 points, in patients with a disease period of more than 12 months - 42.4 ± 0.5 points, and in patients with a disease period of more than 3 years 37.6 ± 0.5 points.

**Conclusions:** Thus, a direct correlation between the degree of pain severity and the level of anxiety disorders is revealed, which is desirable to consider when selecting pathogenetic therapy

**Disclosure:** No significant relationships.

**Keywords:** pain; anxiety; rheumatoid arthritis; pain,

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**EPV0979**

Review of the interaction between lifestyle habits and personality disorders.

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doi: 10.1192/j.eurpsy.2022.1702

**Introduction:** Individuals with personality disorders have a decreased life expectancy when compared to the general population in particular due to physical illnesses. Many factors can be associated with those physical illnesses such as lack of physical activity and bad nutritional habits. Moreover, physical activity and nutrition (lifestyle) intervention have shown great results in decreasing symptoms and improving condition in affective and anxiety
disorders. However, little is known about the relation between lifestyle, and personality disorders.

**Objectives:** The purpose of this review is to regroup the available information on this topic.

**Methods:** In February 2021, we searched the literature using 4 databases for articles analyzing the relation between lifestyle and personality disorders. Twenty-one articles were included.

**Results:** In this review, we found few studies analyzing the relation between lifestyle and personality disorders. Most studies either used lifestyle measures as control variables or did not use such variables at all. Moreover, instruments used to measure lifestyle variables lacked precision at best. Two studies demonstrated a relation between early malnutrition and further development of personality disorders, but those results may be influenced by confounding variables and cannot indicate a clear link between nutrition and personality disorder.

**Conclusions:** Few evidences are available linking lifestyle to personality disorders in any way. This lack of evidence is surprising considering the multiple benefits individuals with personality disorders could get from it. More studies are needed to thoroughly analyze the impact of lifestyle on personality disorders and vice versa. Those studies need to use validated instruments to provide strong evidence about this relation.

**Disclosure:** No significant relationships.

**Keywords:** Personality disorders; physical activity; Lifestyle; nutrition

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**EPV0980**

**Self-harm on a closed psychiatric ward**

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doi: 10.1192/j.eurpsy.2022.1703

**Introduction:** Self-harming behavior is a frequent problem seen at patients admitted to closed wards in psychiatric hospitals. People who self-harm have at higher risk of other forms of aggressive behavior as well. Little is known about prevalence and characteristics of this behavior, the preceding triggering factors and the relation with other aggressive behaviors.

**Objectives:** To gain insights in the self-harming behavior of patients admitted to a closed ward in a psychiatric hospital.

**Methods:** From September 2019 till January 2021 information on self-harming incidents and aggressive behavior towards others or objects, of 27 patients admitted to the closed department of the Centre Intensive Treatment (Centrum Intensieve Behandeling), has been gathered. The Self-Harm Scale and Social Dysfunction and Agression Scale were used to gather the data.

**Results:** Twenty of 27 patients examined (74%) showed self-harming behavior. Head banging (41,9%) and self-harming using straps/ropes (30%) occurred most. Tension/stress as triggering factor was mentioned most (19,1%), followed by reliving (13,5%) and team interaction (11,8%). Self-harming behavior occurred more in evenings then during the rest of the day. No significant difference was found in the degree of aggressive behavior towards others or objects between the group of patients harming themselves and the group that didn’t.

**Conclusions:** This study delivers insights in self-harming behavior of patients admitted to closed psychiatric departments that can be used for prevention and treatment.

**Disclosure:** No significant relationships.

**Keywords:** self-harm; closed ward; psychiatric hospital; non-suicidal self-injury

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**EPV0981**

**“Let’s face it… it’s futile”: Experiences of futility among nurses who provide care to patients with borderline personality disorder**

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doi: 10.1192/j.eurpsy.2022.1704

**Introduction:** Research studies suggest that mental health nurses hold negative attitudes towards patients diagnosed with borderline personality disorder (BPD).

**Objectives:** The aim of this study was to explore mental health nurses’ experiences and attitudes towards BPD patients in Greece, using a qualitative approach.

**Methods:** Data were collected through two audio-recorded focus group discussions. The participants were twelve nurses who work in two General Hospital Psychiatric Units –one in Athens and one regional– and have direct clinical experience with BPD patients. The audio recordings were transcribed verbatim and analysed using thematic analysis in the context of grounded theory.

**Results:** One overarching theme and three main themes were identified. The overarching theme that emerged was: “Futility”, which refers to feelings that the provision of nursing care to BPD patients is devoid of purpose and meaning. The main themes were: “Uncertainty”, which refers to the absence of valid causal explanations for mental disorders and on the perplexity of the BPD psychopathology; “Frustration”, which refers to challenges and barriers to providing care to BPD patients; “Unsupportiveness”, which refers to a complex mental health system, where there is a lack of guidance and goal orientation. Of significance are the nurses’ feelings of frustration and futility creating a sense of being burdened and leading to negative attitudes and behaviours towards BPD patients.

**Conclusions:** Understanding treatment goals from the recovery model perspective and developing guidelines to help nurses revisit the concept of medical futility, may improve care to BPD patients.

**Disclosure:** No significant relationships.

**Keywords:** mental health nursing; staff experiences; futility; borderline personality disorder

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**EPV0982**

**Portuguese validation of the Self-Generated Stress Scale**

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