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**Introduction:** Self-Generated Stress might be defined as stress that is created by oneself by engaging in behavior or making decisions that ultimately add strain to pre-existing personal stress. The Self-Generated Stress Scale (SGSS; Flett et al. 2020) is a seven-item self-report measure built to assess this tendency to make one's own life more stressful.

**Objectives:** To analyze the psychometric properties of the Portuguese Version of the SGSS.

**Methods:** Participants (127 medicine and dentistry students; 78.0% female) answered an online survey including the preliminary Portuguese version of the SGSS and other validated questionnaires: Maslach Burnout Inventory – Students Survey, Depression Anxiety and Stress Scales, HEXACO-60 and *Big Three Perfectionism Scale*.

**Results:** Confirmatory Factor Analysis showed that the unidimensional model presented good fit indexes ( $\chi^2/df=1.546$ ; RMSEA=.0666,  $p<.001$ ; CFI=.982 TLI=.972, GFI=.960). The Cronbach's alfa was .868. Pearson correlations between SGSS and the other measures were significant ( $p<.01$ ) and moderate/high: Burnout, .412; Stress/Anxiety/Depression, >.550; Perfectionism, .600; Emotionality, .315; Extroversion, -.411. After controlling for the effect of Emotionality and Extroversion, SGSS explained significant additional increments of 19.9% and 14.0% of the DASS and MBI variance; controlling for Perfectionism, the increments were respectively of 27.9% and 2.0%. SGSS mean score ( $22.96\pm5.90$ ) was not significantly different by gender.

**Conclusions:** As observed with the original English-language scale, the Portuguese version of SGSS showed good validity (construct and convergent-divergent) and internal consistency. As such, the SGSS might be useful in further investigation, particularly to explore the different pathways between personality traits, emotional regulation processes and psychological distress.

**Disclosure:** No significant relationships.

**Keywords:** self-generated stress; personality; psychological distress; emotional regulation

## EPV0984

### Aesthetics and mental health: an increase in personality disorders

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**Introduction:** There has been a growing interest in our society for aesthetic interventions and achieving perfect beauty standards. We analyze its relationship with the mental health of our present time.

**Objectives:** 1. Describe the most frequent pathologies associated with aesthetic interventions.

2. Describe the population that most frequently uses these interventions.

3. Management of this pathology.

**Methods:** Systematic bibliographic review of the literature of the last 5 years following the PRISMA recommendations between March and June 2021.

**Results:** 4 articles were included. Most of them coincide in a high prevalence of borderline personality disorders, high impulsivity, high levels of anxiety, low perceived self-esteem and dysmorphophobia. Greater coordination between physicians who are dedicated to aesthetics and mental health is proposed due to the rise of this fashion.

**Conclusions:** 1. High increase in the use of aesthetic techniques.

2. Women who consume these techniques more.

3. High prevalence of personality disorders.

4. High prevalence of dysmorphophobia.

5. Referral is recommended in some cases to mental health consultations for specific treatment.

**Disclosure:** No significant relationships.

**Keywords:** Aesthetics; personality disorder; dysmorphophobia

## EPV0985

### Narcissism as a protective factor against the risk of self-harming behaviors without suicidal intention in Borderline Personality Disorder. Preliminary results.

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**Introduction:** The spectrum of suicidal behavior is a core factor of the prognosis and care of Borderline Personality Disorder (BPD).

**Objectives:** Identify possible BPD specific personality traits that could act as protective factors of nonsuicidal self-injuries (NSSI).

**Methods:** We performed a cross-sectional, observational and retrospective study of a sample of 134 BPD patients aged from 18 to 56. We assessed the presence or absence of suicidal behavior and NSSI as well as different sociodemographic variables. Millon, Zuckerman-Kuhlman and Structured Clinical Interview for DSM personality questionnaires were also applied. The analysis of the association between variables was carried out with a multivariate negative binomial logistic regression model.

**Results:** A statistically significant association between NSSI and suicidal behavior was found. Elseways, statistically significant differences were also found in the association between NSSI and the SCID variables for Narcissistic Disorder, which appears as protective variables. These results provide an idea of the dynamic relationship between NSSI and suicidal behavior in a BPD population with particularly severe characteristics.

**Conclusions:** The role of narcissistic personality traits appears to be important in identifying protective factors for NSSI and suicidal behavior in BPD patients and could be the subject of further research projects.

**Disclosure:** No significant relationships.

**Keywords:** narcissism; protective factors against suicide; nonsuicidal self-injury; borderline personality disorder

## EPV0987

**PIT study: research into the Protocol Imaginary execuTion of self-injury.**

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**Introduction:** Self-injury, defined as inflicting damage or pain to one's own body, is a way to deal with unbearable emotions. Unfortunately, it can become addictive through the rewarding effect, and this makes it also really hard to stop with this destructive behavior. Currently, there is a lack of specific treatments.

**Objectives:** The aim of the research is to investigate whether the "Protocol imaginary execution of self-damaging behavior" leads to a reduction of self-damaging behavior and the urge to self-damaging behavior.

**Methods:** We have investigated the "Protocol Imaginary execuTion of self-injury" as a potential treatment for self-injury. In this protocol the patient is asked to imagine he/she is performing the self-injury and at the same time a distracting task is offered. This ensures the working memory is double burdened as is with EMDR. We expected a reduction of patient's self-injurious behavior. For this study, a single-case experimental design with 11 clinical patients is used, aimed to investigate whether there is a functional relationship between the treatment, the urge to self-injure and the frequency and seriousness of the self-injury. Data are analyzed with a multivariate analysis. The results of this study will contribute to expanding and improving treatment options for self-injury.

**Results:** At the moment the results are not yet available, but they will be known in April 2022.

**Conclusions:** Respondents indicate that they experience more control over self-injurious behaviour. We hope to have confirmed this in April 2022 with the analyzed data.

**Disclosure:** No significant relationships.

**Keywords:** EMDR 'add'; treatment 'add'; self-injury 'add'; addiction 'add'

## EPV0988

**Alexithymia and dissociation in personality disorders: a retrospective cross-sectional study**M. Pacetti<sup>1\*</sup> and D. Salmaso<sup>2</sup><sup>1</sup>DSM-DP, Centro Salute Mentale Forli, Italy, Forli, Italy and <sup>2</sup>DSM-DP, Centro Salute Mentale Forli, Italy, Forli, Italy

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**Introduction:** Patients with "personality disorder", has history of traumatic life events and are predisposed to develop alexithymia and dissociation, considered as risk factor for severity.

**Objectives:** The aim of the research is to analyze alexithymia relating to dissociative symptoms, and investigate their associations, in 34 patients with personality disorder.

**Methods:** Outpatients with personality disorder relating to Mental Health Centre have been identified and tested with the Dissociative Experiences Scale, the Parma Scale for Personality Functioning and the Toronto Alexithymia Scale.

**Results:** There was no significant association between age of patients and presence of alexithymia ( $r=-0.16$ ) and dissociation ( $r=-0.19$ ); most patients with alexithymia and dissociation were female (67%; 0.67%). 71% of alexithymic subjects had attended lower secondary school, 50% upper secondary school and 43% had a university degree. Substance use is higher in alexithymic patients (73%). 69% of subjects who do not undergo any individual or group psychotherapy are alexithymic; for dissociative symptoms it is significant to undergo both psychotherapies. Alexithymia and dissociation are more frequent in histrionic personality disorder (80%; 60%) and borderline personality disorder (55%; 54%). There is a potential correlation between alexithymia and the presence of dissociative symptoms ( $r=0.64$ ).

**Conclusions:** This study found that alexithymia and dissociative symptoms are frequent within personality disorders, particularly in histrionic and borderline personality disorder. We found that the two phenomena were associated. Furthermore we found alexithymia is more influenced by external factors than dissociative symptoms.

**Disclosure:** No significant relationships.

**Keywords:** Alexithymia; dissociation; personality disorders

## EPV0989

**The moderating role of emotion regulation on the relationship between sensitivity to punishment and aggressive behaviour.**A. Megías-Robles<sup>1\*</sup>, R. Gómez-Leal<sup>1</sup>, R. Cabello<sup>2</sup>, M.J. Gutiérrez-Cobo<sup>3</sup> and P. Fernández-Berrocal<sup>1</sup><sup>1</sup>Faculty of Psychology. University of Málaga, Department Of Basic Psychology, Málaga, Spain; <sup>2</sup>Faculty of Psychology. University of Granada, Department Of Developmental And Educational Psychology, Granada, Spain and <sup>3</sup>Faculty of Psychology. University of Málaga, Department Of Developmental And Educational Psychology, Málaga, Spain

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**Introduction:** The role of sensitivity to punishment on aggression is controversial, both positive and negative relationships have been observed in previous literature.

**Objectives:** The aim of this research was to clarify the role of sensitivity to punishment in different types of aggression and provide a better understanding of the influence of emotional regulation on this relationship.

**Methods:** Two hundred and twenty-nine participants took part in the study (130 women; average age = 21.52 years). All of them were assessed for levels of verbal aggression, physical aggression, anger, and hostility (by Buss-Perry Aggression Questionnaire), levels of sensitivity to punishment (by SPSRQ-20), and emotional regulation ability (by MSCEIT).

**Results:** A higher reactivity to punishment had a direct negative effect on physical and verbal aggression. However, a higher reactivity to punishment also showed a positive indirect effect on verbal and physical aggression through an increase in anger and hostility. In addition, ability in regulating emotions moderated the indirect effects of sensitivity to punishment on physical aggression.

**Conclusions:** Our results suggest that sensitivity to punishment can act both as a protective factor and as a risk factor for aggression. This relationship depended on the type of aggression studied and the emotional regulation abilities. These findings can help to inform the