

supported both the validity and distinctiveness of the disorder when considered from biological, psychological, and interpersonal perspectives. However, the issue of its overlap with other disorders has led to differing conclusions about the fate of the category in future editions of the DSM. In part, these differences of opinion are the result of current debate surrounding categorical and dimensional approaches to the classification and description of personality disorders. In this paper, I will address the aforementioned issues and suggest that DPD merits consideration as a formal diagnostic category, and that the challenges facing the classification and description of personality disorders should not obfuscate the merits of including such a disorder in the diagnostic literature.

## P257

Bordeline personality disorder in primary care: Characteristics and patterns of comorbidity

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**Background and aims:** Borderline personality disorder (BPD) seems to be a prevalent condition in Primary Care (PC) with high rates of comorbidity and health care use. The aim of this study is to describe the characteristics and patterns of comorbidity in patients with suspected BPD.

**Methods:** 192 consecutive primary health care patients completed the IPDE screening questionnaire, CAGE and the Prime-MD patient questionnaire, and were interviewed by a general practitioner (GP) using the Prime-MD. Number of visits to the GP (last year), medical illnesses and treatments were also collected. "High Risk" of BPD group (RBPDg) was defined by scoring 4 or higher in the IPDE, and it was compared to patients without psychiatric morbidity and patients with any psychiatric disorder but not BPD's risk.

**Results:** 39 (20.3%) patients fulfilled the condition of RBPDg. Compared to the group of patients without psychiatry pathology (n=110) RBPDg had a higher number of visits to their GP (last year) ( $p < 0,001$ ), more somatic complaints ( $p < 0,001$ ), a worse health perception ( $p < 0,001$ ) and higher rates of alcohol abuse or dependence ( $p = 0,016$ ).

In the RBPDg we found a high rate of axis I disorders, mainly major depressive disorder (MDD) (40,0%) and generalized anxiety disorder (33,3%). Furthermore, they had a lower level of education ( $p = 0,03$ ) and a higher rate of MDD ( $p = 0,026$ ) than patients with psychiatric pathology but without risk of BPD (n=43).

**Conclusions:** Borderline personality traits or disorder could be present in many depressive patients seen in PC. GP's knowledge about personality disorders needs to be improved

## P258

The Trebol study. Quetiapine in the bordeline personality disorder: Patient's attitude and compliance

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**Introduction:** Nowadays the Borderline Personality Disorder (BPD) lacks any treatment with administrative approval. International prestige guidelines accept the generalized use of atypical antipsychotics by clinicians for this disorder, including quetiapine.

**Objective:** To evaluate the clinical effect of Quetiapine in the treatment of BPD and the patient's perception of this treatment.

**Method:** Multi-center, naturalistic, retrospective study. Patients over 18 with BPD diagnoses (DSM-IV-TR) in treatment with quetiapine for the previous 6 months were included. Assessments: CGI-C (Clinical Global Impression of Change), DAI-10 (Drug Attitude Inventory, 10 item) and a likert scale measuring the patient's subjective compliance.

**Results:** 105 patients were included. Mean age was  $35.25 \pm 9.68$  years old. 53.3% were male. Mean dose of Quetiapine was 422.06 mg/day (SD:171.42). The CGI-C results showed that 94.3% of the patients improved along the previous 6 months in treatment with quetiapine; 5,7% had no changes and 0% impaired. According to the DAI-10 results most of the patients thought good things about medication outweighed the bad (82,9%), took medication of their own free choice (72,4%) and associated treatment with breakdowns prevention (75.2%). Regarding to the perception of quetiapine most of the patients felt more relaxed (89.5%), with clearer thoughts (62.9%) and didn't associate treatment with sluggishness (62.9%) or strangeness and doping-up (74.3%). 96.1% of the patients reported compliance over 70%.

**Conclusions:** Clinicians found quetiapine effective for treating BPD and most of the patients perceived it positively and showed high levels of compliance

## P259

Personality disorders-neurotic disorders and somatic illnesses

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**Objectives:** The purpose of this study was to confirm or not that there exists a difference between the two above groups of patients in relation with a commorbidity of somatic illnesses.

**Methods:** 71 patients took part in this study.

37 of them had a personality disorder (AXIS II) and 34 a neurotic disorder (AXIS I).

The sample was chosen at random and came from a department of psychotherapy.

Several variables were examined such as: sex, age, marital status and diagnosis.

**Results:** From the results what is worth noting, is that:

From the first group of personality disorders 5 men and 12 women (Total number 17, 46%) had somatic illnesses, while 10 men and 10 women (Total number 20, 54%) didn't.

From the second group of neurotic disorders no men but 8 women (Total number 8, 23,5%) had somatic illnesses, while 7 men and 19 women (Total number: 26, 76,5%) didn't.

**Conclusions:** From the results, it seems that the patients with personality disorders present a commorbidity of somatic problems in a significantly larger number in relation with the neurotic patients.

Additionally it seems that, from the total number of patients with personality disorders who present somatic problems, women predominate.

The results seem to agree with what the bibliography declares: that the patients with personality disorders present a somatic commorbidity in a clinical significant way.