

*TARA for Borderline Personality Disorder TARA4BPD, Exec Director, NYC, USA*

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.

*Disclosure of interest* The author has not supplied his/her declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.065>

#### EW0452

### Personality disorders and temperament traits in patients with breast disease: Preliminary results

V. Prisco<sup>1,\*</sup>, T. Iannaccone<sup>1</sup>, G. Di Grezia<sup>2</sup>

<sup>1</sup> University of Naples SUN, Department of Psychiatry, Naples, Italy

<sup>2</sup> University of Naples SUN, Department of Radiology, Naples, Italy

\* Corresponding author.

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.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.066>

#### EW0453

### Hyperprolactinemia phenomenon in neurotic and personality disorders and changes in prolactin level after the psychotherapy

K. Rutkowski\*, E. Dembinska, J. Sobanski, K. Cyranka, A. Citkowska-Kisielewska, M. Mielimaka  
Jagiellonian University Medical College, Department of Psychotherapy, Krakow, Poland

\* Corresponding author.

*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.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.067>

## 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

A. Abdelkarim<sup>1,\*</sup>, T. Molokhia<sup>1</sup>, A. Rady<sup>1</sup>, A. Ivanoff<sup>2</sup>

<sup>1</sup> Alexandria Faculty of Medicine, Neuropsychiatry, Alexandria, Egypt

<sup>2</sup> Columbia University, School of Social Work, New York, USA

\* Corresponding author.

*Background* Dialectical behavior therapy has demonstrated effectiveness for patients suffering from co-morbid borderline personality and substance use disorder. The current study tries to

replicate results of previous studies in a mixed gender sample of Egyptian outpatients.

**Aim** The aim of the current study was to examine the effectiveness of DBT without drug replacement relative to treatment as usual “TAU” in improving behavioral outcomes related to SUD and BPD, and improving emotional regulation.

**Methods** Forty outpatients with co-morbid BPD and SUD in Alexandria and Cairo were assigned for one year either to comprehensive DBT program (20 patients), or TAU defined as ongoing outpatient psychotherapeutic treatment from referring center (20 patients). Patients were assessed at baseline and follow up assessment at 4, 8, 12 and 16 months was done using Arabic version of Difficulties in Emotion Regulation Scale (DERS), urine multidrug screen and time line follow-back method for assessment of alcohol and substance use history.

**Results** Following one year of treatment, DBT group showed significantly lower doses of drugs used, DERS score, rates of hospital admission, ER visits, suicidal attempts and episodes of NSSI. Also, DBT patients showed markedly increased retention in treatment and longer duration of total alcohol abstinence and other drugs of abuse. Positive outcomes were maintained for four months post-treatment.

**Conclusion** DBT demonstrated superior efficacy in comparison to TAU for treatment of Egyptian patients suffering from co-morbid borderline personality and substance use disorder across behavioral domains of SUD, BPD and reduction hospital admission, emergency room visits and DERS score.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.068>

#### EW0455

### Empirical redundancy of burnout and depression: Evidence from time-standardized measures

R. Bianchi\*, A. Lichtenthäler

University of Neuchâtel, Institute of Work and Organizational Psychology, Neuchâtel, Switzerland

\* Corresponding author.

**Introduction** Burnout and depression are ordinarily assessed within different time frames. Burnout is most frequently assessed on an annual or a monthly basis whereas depression is generally assessed over a one- or two-week period. This state of affairs may have partly obscured the burnout-depression relationship in past research and contributed to an underestimation of burnout-depression overlap.

**Objectives** We investigated burnout-depression overlap using time-standardized measures of the two constructs. We additionally examined whether burnout and depression were differently associated with work-related effort and reward, occupational social support, and intention to quit the job.

**Methods** We enrolled 257 Swiss schoolteachers (76% female; mean age: 45). Burnout was assessed with the Shirom-Melamed Burnout Measure and depression with a dedicated module of the Patient Health Questionnaire. Work-related effort and reward were measured with a short version of the Effort-Reward Imbalance Scale and occupational social support with a subscale of the Job Content Questionnaire. Intention to quit the job was assessed with 3 generic items (e.g., “I plan on leaving my job within the next year”).

**Results** We observed a raw correlation of .82 and a disattenuated correlation of .91 between burnout and depression. Burnout’s dimensions (physical fatigue; cognitive weariness; emotional exhaustion) did not correlate more strongly with each other (mean  $r = .63$ ) than with depression (mean  $r = .69$ ). Burnout and depression showed similar associations with the job-related factors under scrutiny.

**Conclusions** Burnout and depression may be empirically-redundant constructs. Measurement artifacts probably contributed to an underestimation of burnout-depression overlap in many studies.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.069>

#### EW0456

### Vulnerable narcissism as key link between dark triad traits, mental toughness, sleep quality and stress

H. Annen<sup>1</sup>, C. Nakkas<sup>2</sup>, D. Sadeghi Bahmani<sup>3</sup>, M. Gerber<sup>4</sup>, E. Holsboer-Trachsler<sup>3</sup>, S. Brand<sup>5,\*</sup>

<sup>1</sup> Military Academy at the Swiss Federal Institute of Technology, Military Academy at the Swiss Federal Institute of Technology, Zurich, Switzerland

<sup>2</sup> Swiss Armed Forces, Psychological-Pedagogical Service of the Swiss Armed Forces, Thun, Switzerland

<sup>3</sup> Psychiatric Clinics of the University of Basel, Center for Affective Stress and Sleep Disorders, Basel, Switzerland

<sup>4</sup> University of Basel, Department of Sport and Psychosocial Health, Basel, Switzerland

<sup>5</sup> Psychiatric University Hospital, Center for Affective Stress and Sleep Disorders, Basel, Switzerland

\* Corresponding author.

**Introduction** The concept of the Dark Triad (DT) consists of the dimensions of Machiavellianism, narcissism, and psychopathy, and has gained increased interest within the last 15 years for its predictive power to explain success in the fields of economy, politics, and professional sport. However, recent research suggests that the associations between DT and behavior are not as uniform as expected. **Aims** Investigating the associations between DT traits and vulnerable narcissism, mental toughness, sleep quality, and stress perception.

**Methods** A total of 720 participants between 18 and 28 years took part in the study. The sample consisted of military cadres in the US ( $n = 238$ ), Switzerland ( $n = 220$ ), and of students from the university of Basel ( $n = 262$ ). Participants completed self-rating questionnaires covering DT traits, mental toughness, vulnerable narcissism, sleep quality, and perceived stress.

**Results** Irrespective of the sample, participants scoring high on vulnerable narcissism also reported higher DT traits, lower mental toughness, poor sleep quality, and higher scores on perceived stress.

**Conclusions** The present pattern of results suggests a more fine-grained association between DT traits and further behavior, calling into question to what extent DT traits might be a predictor for greater success in the fields of economy, politics or elite sports. Specifically, vulnerable narcissism seems to be key for more unfavourable behavior.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.070>

#### EW0457

### Associations between chronotype and schizotypy in healthy adults

A. Chrobak<sup>1,\*</sup>, A. Tereszko<sup>1</sup>, A. Arciszewska<sup>2</sup>, M. Siwek<sup>2</sup>, D. Dudek<sup>2</sup>

<sup>1</sup> Jagiellonian University Collegium Medicum, Faculty of Medicine, Cracow, Poland

<sup>2</sup> Jagiellonian University Collegium Medicum, Department of Affective Disorders, Cracow, Poland

\* Corresponding author.