

Methods: We recruited 25 adult subjects referred to the outpatient clinics of Pavia suffering from TRD with current Moderate-Severe Depressive Episode (scoring ≥ 22 on the MADRS). Of them 9/25 patients has a BPD. Study duration was 8 weeks. The following evaluation scales were administered before the first drug administration (T0) and repeated after one week (T1), four weeks (T2) and eight weeks (T3) of treatment: Montgomery Asberg Depression Rating Scale (MADRS), Columbia-Suicide Severity Rating Scale (CSSRS), and The Zanarini Rating Scale for BPD subgroup patients. We also collected sociodemographic and clinical information. Doses and frequency of esketamine administration during the study period, adverse events and reasons for discontinuation were also recorded.

Results: A significant reduction of depressive symptoms was found at T1 and T2 compared to T0. Suicidal ideation disappeared as early as T1 and was maintained at T2, especially in the BPD group. In the subgroup with borderline disorder we saw more improvement in impulsive (Self-mutilation and/or suicidal efforts; two other forms of impulsivity) and affective categories (Inappropriate anger / frequent angry acts; chronic feelings of emptiness; mood instability) in Zanarini Rating Scale.

Conclusions: Our findings support the safety and tolerability of esketamine in TRD and BPD comorbidity sample. It is noteworthy that esketamine has an action on various pathways that are considered defective in borderline patients. Glutamate plays a key role in personality traits such as impulsivity, aggression, and suicidal behavior. Treatment with esketamine could reduce the number of suicide attempts and help reduce the self-harm of BPD.

Disclosure of Interest: None Declared

EPV0714

The relationship between non-suicidal self-injury and suicidal ideation in patients with borderline personality disorder treated at the Arrazi psychiatric hospital in Salé

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Introduction: Non-suicidal self-harm, i.e. the intentional self-infliction of bodily harm without apparent suicidal intent, is a powerful risk factor for suicidal ideation and behavior [1]. Although non-suicidal self-harm and suicidal behaviour are distinct concepts, the two forms of deliberate self-harm frequently coexist and share key instrumental functions, such as escaping aversive internal states, reducing dysphoria or communicating distress, especially in patients with personality disorders. [2] Some individuals also report using non-suicidal self-harm to ameliorate suicidal thoughts or urges [2].

Objectives: To assess the relationship between non-suicidal self-harm and suicidal ideation in patients with borderline personality disorder followed at the Arrazi psychiatric hospital in Salé.

Methods: This was a descriptive cross-sectional study using a questionnaire including sociodemographic criteria, clinical criteria and the Beck suicidal intentionality scale to assess the relationship between non-suicidal self-harm and suicidal ideation in patients

with borderline personality disorder followed and hospitalised at the Arrazi psychiatric hospital in Salé.

The inclusion criteria were as follows: both sexes with a diagnosis of borderline personality disorder according to DSM 5 criteria.

Exclusion criteria were current psychosis and severe intellectual disability.

Results: We collect 63 participants.

The average age of the participants was 23, and they were predominantly female (89%). About 85% were single and 97% had no occupation. The majority of participants had a substance use disorder.

All participants had a history of non-suicidal self-harm and 36% had a history of suicide attempts.

Suicidal intent was strong in 45% of participants who had already attempted suicide.

Approximately 46% of participants reported that non-suicidal self-harm was intended to alleviate suicidal ideation and approximately 27% of participants reported having experienced suicidal ideation shortly after non-suicidal self-harm.

Conclusions: Non-suicidal self-harm is very common in patients with borderline personality disorder often considered to have a mitigating effect on the internal stress of these patients and sometimes even neglected. The relationship between non-suicidal self-harm and suicidal ideation is an important one, and may reduce suicidal ideation in the short term but subsequently encourage further self-harm, thereby increasing the risk of suicide.

Particular attention must be paid to these patients and their self-harm, and specialised, comprehensive care is required.

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EPV0715

A man stitches his mouth in the context of a personality disorder

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Introduction: A 28 year old patient will be presented. This paramilitary man was brought to the Emergency Room due to an autolytic attempt with Benzodiazepines, along with a mouth suture, in the context of a soon to be resolved problematic ankle osteosynthesis procedure. The patient claimed to be suffering pain, furthermore struggling due to the fact he could not be working due to his ankle issue. Language barrier was a problem during the interview.

Objectives: The objectives of this case is to try to explain the issues that may arise in patients with personality disorders in the context of an autolytic attempt

Methods: This patient will be presented, along with systematic bibliography review of the topic.

Results: The following results were extracted upon the attention given to this patient which was admitted to the Psychiatric Unit. First of all, the mouth stitches were removed, along with a petition for toxicological analysis. The results gave positive for cannabis and benzodiazepines. The patient was also brought previously this year with another autolytic attempt, this time on cocaine consumption too. Furthermore, a thorough review was made of the other autolytic attempts, including those which happened in his country of origin. The patient has hundreds of small cuts among his arms, from previous cuts made in the past. Furthermore, subcutaneous wounds were auto inflicted in the ER, with a small blade.

Among the whole interview, it was clear he had a personality disorder, with high impulsivity levels and lack of control once the situation overflows.

We also tried to understand the outcome of suturing his mouth. The patient referred his acts of impulsiveness due to his overwhelming situation of both having no job at this moment and the pain he was suffering due to his ankle procedure.

The patient was admitted to our Unit due to the high risk he could repeat this act. Upon arrival, the same day he was admitted, the patient asked if he had to stay at the unit. When explaining the following already told event, furthermore insisting in the possibility of been evaluated by the Traumatology team, he proceeded to try and hang himself with his medical-hospital clothing.

The patient was treated with antipsychotics. Along with Lormetazepam at night. At the end of the hospitalization, and after been evaluated by the Psychiatrist of this Unit, the patient was also treated with Lithium due to its effectiveness in the treatment of autolytic attempts.

Conclusions: Personality disorders are one of the psychiatric pathologies that prevail with greater frequency in autolytic attempts¹. Additionally, it should be taken into account the possible ongoing consumption of psychoactive drugs that could also derive in psychopathological decompensation. On top of the following, the use of antipsychotic treatment is indicated for the managing of conduction altercations², besides Lithium being a great option in managing suicidal temptations³.

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EPV0716

Personality disorders and addiction A study of 54 patients

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Introduction: Personality disorders are very often comorbid with addictions and are known to have a negative impact on the development of substance use disorder.

Objectives: Evaluate the prevalence of personality disorder in patients with problematic use of psychoactive substances followed at Ar Razi hospital Determine the relationship between different personality disorders and the clinical aspects of psychoactive substance use

Methods: This is a descriptive and analytical cross-sectional study carried out among 54 patients followed at Ar-Razi hospital Salé in Morocco for problematic use of psychoactive substances from June 1 to September 15, 2023 (Diagnosis assessed by DSM 5) Data collection was done using a questionnaire including clinical and socio-demographic characteristics and data on addiction to psychoactive and behavioral substances. The psychometric scale used to assess personality disorder: Personality Disorder Questionnaire (PDQ-4+)

Results: We recruited 54 patients with age ranges from 18 to 45 years, with a male predominance. The average age at the start of psychoactive substance use was 15 years. Tobacco is the most used substance followed by cannabis Antisocial, histrionic and borderline personality disorders were the most common in our population. There was a statistically significant difference between specific personality disorder and the presence of severe psychoactive substance use disorder

Conclusions: The frequency of personality disorders is high among subjects with problematic use of psychoactive substances. It is necessary to take care of them simultaneously (integrated care) in order to improve the prognosis

Disclosure of Interest: None Declared

EPV0718

Avoidant personality disorder through the lens of ICD 11

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Introduction: With the new dimensional diagnosis of personality disorders in ICD 11, the categorical model has been abandoned. The types of personality disorders in the new dimensional model should show certain common characteristics. According to the recognition of the common characteristics of individual types of personality disorders, as well as determining the severity, a transition from the categorical to the dimensional diagnostic system can be made.

Objectives: To analyze and present the trait domains specifiers in persons with avoidant personality disorder and to facilitate the adoption of the new diagnostic criteria.

Methods: An unsystematized literature review was made, with key words: avoidant personality disorder, ICD 11, ICD 10, traits; and a case was presented.

Results: This is the case of a 26-year-old student who has had no friends since his school days. During his secondary education, on the initiative of another person, he got together with several other people, but he was not fully accepted. During the studies, the communication with the colleagues took place only at the university and around the responsibilities. About a year ago, he had reduced willpower and suicidal thoughts, when he took antidepressant and adjuvant anti-psychotic therapy for some time. He is now being examined due to severe tension, dissatisfaction, lack of friends, repeated suicidal ideation. According to researches, people with avoidant disorder have prominent trait domains – negative affectivity, detachment and