

little is known about the attitude of mental health care providers toward BPD sufferers. Stigma and judgments among health care providers will affect the quality of services provided to these group of patients. Determining those judgments and pointing to the stigma between health care providers will help improving the quality of care to BPD sufferers.

Objectives: Our objective was to study the attitude of mental health care providers in Egypt toward patients with borderline personality disorder.

Methods: 62 mental health care providers, with a majority of psychiatrists, working in Egypt completed the attitude to personality disorder questionnaire "APDQ" designed by Bowers et al. (1998). The questionnaire was disturbed through an online form and knowledge of English was mandatory as it was the language of the questionnaire.

Results: The 62 participants of which 74.2% were psychiatrists and 68.7% had more than 5 years experience had a total mean score of APDQ of 138.76. The total mean score of 47 psychiatrists was 137.21 which was significantly lower than the mean score of 15 clinical psychologists and counsellors which scored 146.87.

Conclusions: Whereas mental health care professionals in Egypt had generally positive attitude towards BPD patients, clinical psychologists and counsellors had significantly higher scores in comparison to psychiatrists.

Disclosure: No significant relationships.

Keywords: Egypt; attitude; borderline personality disorder

EPV1002

Antisocial personality disorder in women: a cross-sectional study about 20 cases

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Introduction: Antisocial personality disorder (ASPD) is characterized by a long term pattern of disregard for, or violation of the rights of others that occurs in childhood or early adolescence and continues into adulthood. This disorder remains unknown in women.

Objectives: The aim of this study was to describe socio-demographic, clinical, psychometric and therapeutic characteristics of women with ASPD hospitalized in psychiatric ward.

Methods: A cross-sectional and descriptive study was conducted in G psychiatry department, in Razi hospital. It included 20 women with ASPD and hospitalized in psychiatric ward. Socio-demographic, clinical and therapeutic characteristics were assessed. A psychometric evaluation was carried out by the application of six scales: BIS 11, HCR 20, VRAG, PCL-R, ENFP and PID5-BF.

Results: The mean age of the patients was 34 ± 9 years. Patients with a personal history of suicide attempt accounted for 45% of the study population. Patients with a criminal history accounted for 67.5% of the study population. A substance-related disorder was found in 85% of the patients. Adjustment Disorder was retained in 42.5% of the patients and Psychotic Disorder was diagnosed in 32.5% of the population. The average score at VRAG was 6.18 ± 5.8 . The mean score at PCL R was 24 ± 4.2 . High impulsivity scores were found.

Conclusions: ASPD represents a major concern for clinicians in psychiatric wards. A better knowledge of the characteristics of this trouble in women could improve their quality of care.

Disclosure: No significant relationships.

Keywords: violence; Antisocial Personality disorder; women

EPV1003

The relation between Complex PTSD and Borderline Personality Disorder – a review of the literature

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Introduction: Adults diagnosed with Borderline Personality Disorder (BPD) likely have a history of psychological trauma. There has been research about the connection between Complex Post-Traumatic Stress Disorder (c-PTSD) and BPD.

Objectives: This paper provides a review of the relationship between complex trauma and key features of BPD.

Methods: Review of the literature from 2015 to present, using search engines such as Pubmed and Google Shoolar, using the following keywords: borderline personality disorder, complex post-traumatic stress disorder, trauma

Results: Traumatic victimisation and compromised primary caregiving relationships have been hypothesized to be key aetiological factors in the subsequent development of BPD. c-PTSD was defined as a syndrome with symptoms of emotional dysregulation, dissociation somatisation and poor self-esteem, with distorted cognition about relationships, following traumatic interpersonal abuse. It was proposed as an alternative for understanding and treating people who had suffered prolonged and severe interpersonal trauma, many of whom were diagnosed with BPD. Although, the boundaries between c-PTSD and BPD remain vague. Currently, the main difference is the assumption that symptoms of c-PTSD are sequelae of exposure to traumatic stress, which is not inherent in the current DSM-5 definition of BPD. Furthermore, to date, the neurochemistry and neurostructural changes seen in c-PTSD, BPD and PTSD do not clearly differentiate the three conditions.

Conclusions: BPD and PTSD are relatively distinct with regard to the precise qualitative definitions of their diagnostic features, but nevertheless have substantial potential overlap in their symptom criteria.

Disclosure: No significant relationships.

Keywords: borderline personality disorder; complex post-traumatic stress disorder; Post-traumatic stress disorder; Trauma

EPV1004

THAT'S SO CRINGE: Exploring the Concept of Cringe or Vicarious Embarrassment and Social Pain

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