Conclusions: The severity of BPD symptoms is associated with EDys and with trait anxiety. Moreover, our findings show that the latter partially mediates the link between EDys and BPD symptoms, which suggests that trait anxiety may contribute to the severity of BPD symptoms.

Disclosure: No significant relationships.
Keywords: borderline personality disorder; Emotion dysregulation; trait anxiety; depressieve symptoms

EPP0785

EEG Features in Adolescent Patients with Borderline and Narcissistic Personality Disorder

A. Iznak[1]*, E. Iznak[1], E. Damyanovich[1], E. Krylova[2], A. Kuleshov[2] and V. Kaleda[2]

[1]Mental Health Research Centre, Laboratory Of Neurophysiology, Moscow, Russian Federation and [2]Mental Health Research Centre, Department Of Youth Psychatry, Moscow, Russian Federation
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.946

Introduction: Personality disorders (PD) in adolescence are widespread. It creates problems of social adaptation of patients and represents significant risk factors for auto-aggressive behavior, including suicidal one. The neurobiological basis and EEG markers of PD in adolescence have not been adequately studied.
Objectives: The aim of the study was to reveal the EEG features and their correlations with clinical parameters in male adolescents with borderline personality disorder (BPD) and narcissistic personality disorder (NPD), possibly mediating some aspects of their clinical traits.
Methods: 28 BPD patients (301.83, by DSM-5) and 24 NPD patients (301.81, by DSM-5), as well as 24 healthy controls (HC) aged 16-25 years were enrolled in the study. HDRS-21 and HAM-A scales were used for quantitative assessment of patient's conditions. Pre-treatment resting EEG was recorded, and EEG spectral analysis was carried out in 8 narrow frequency sub-bands. Descriptive statistics and correlation analysis of EEG and clinical data were performed.
Results: EEG spectral parameters in BPD group did not differ significantly from those of HC. NPD group shows the EEG signs of more activated brain cortex than in both BPD and norm groups caused by decreased functional state of the anterior cortical regions. The structure of correlations between EEG parameters and clinical scores also differed between BPD and NPD groups.
Conclusions: The data obtained suggests that these features of the brain activity may contribute to the disturbance of emotion regulation and of behavior control in adolescent patients with BPD and NPD, more pronounced in NPD group.

Disclosure: No significant relationships.
Keywords: adolescence; narcissistic personality disorder; borderline personality disorder; quantitative electroencephalography

EPP0787

Mental health professionals' attitudes towards patients with borderline personality disorder: The role of disgust

C. Papathanasiou* and S. Stylianidis

Panteion University of Social and Political Sciences, Psychology, Athens, Greece
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.947

Introduction: Mental health professionals' derogatory attitudes towards patients diagnosed with borderline personality disorder (BPD) may negatively affect treatment outcomes.
Objectives: We aimed to identify a) negative attitudes exhibited by mental health professionals towards BPD patients and b) the effects of disgust propensity and disgust sensitivity on theses negative attitudes.
Methods: Mental health professionals (N = 136) completed questionnaires on attitudes towards BPD patients, disgust propensity/sensitivity, and sociodemographic variables.
Results: Significant differences in negative attitudes toward BPD patients based on gender, marital status, occupational subgroup, educational level, psychotherapy training, level of exposure to BPD patients, and political ideology were found. Results suggested BPD patients are viewed by mental health professionals as ineffective, incomprehensible, dangerous, unworthy, immoral, undesirable to be with, and dissimilar to the mental health professionals. Moreover, disgust propensity and the pathogen component of disgust sensitivity were associated with stronger negative attitudes towards BPD patients.
Conclusions: The findings emphasize the importance of mental health professionals' awareness of the emotion of disgust as a relevant factor to their negative attitudes towards BPD patients.

Disclosure: No significant relationships.
Keywords: borderline personality disorder; mental health professionals; disgust; attitudes

EPP0788

Evaluation of the factor structure of the Russian version of PID-5-BF

M. Zinchuk[1]*, G. Kustov[1,2], A. Gersamija[1], A. Yakovlev[1], E. Pashnin[1], N. Voinova[1], S. Popova[1] and A. Guekht[1]

[1]Moscow Research and Clinical Center for Neuropsychiatry, Suicide Research And Prevention, Moscow, Russian Federation and [2]Moscow Research and Clinical Center for Neuropsychiatry of the Healthcare Department of Moscow, Russian Federation, Department Of The Suicidal Researchs, Moscow, Russian Federation
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.948

Introduction: Traditional categorical classifications of personality disorders (PD) have been criticized for insufficient structural and cross-cultural validity. In the DSM-5 Section III, alternative model of the PDs (AMPD), the maladaptive personality traits are divided into five domains: negative affect, detachment, antagonism, disinhibition and psychoticism. The Personality Inventory for DSM-5

Brief Form (PID-5-BF) is a 25-item self-report questionnaire that measures the severity of each of these five domains. To date, no questionnaires assessing pathological personality traits following the AMPD have been validated in Russia.

Objectives: This study aimed to investigate the factor structure of the Russian version of PID-5-BF.

Methods: Five hundred and 86 (female - 505 (86,2%), age - 18–77 years (M - 28.2, SD - 11.5)) consecutive inpatients with non-psychotic mental disorders were assessed with the Russian language version of the PID-5-BF. Exploratory structural equation modelling (ESEM) with Robust Diagonally Weighted Least Squares method of extraction and Robust Equamax rotation was performed in Factor v 11.04.02.

Results: The results of the ESEM analysis showed good fit of the five-factor model (CFI - 0.982; TLI - 0.971; RMSEA (95% CI) - 0.036 (0.01-0.05). Most of the items had the highest factor loadings on their mother domains. However, two items showed weak loadings on their designated factors (<0.4), and attention seeking item had a primary load to (low) detachment instead of antagonism.

Conclusions: The PID-5-BF was found to be a valid and reliable tool for the evaluation of the AMPD trait domain

Disclosure: No significant relationships.

Keywords: Psychometrics; alternative model of personality disorders (AMPD); Personality Inventory for DSM-5 Brief Form (PID-5-BF); dimensional model

EPP0789

Borderline Personality Disorder And Childhood Trauma: Witch Relationship?

M. Turki[*], N. Gargouri, M. Abdellatif, S. Ellouze, O. Abidi, N. Halouani and J. Aloulou

Hedi Chaker University Hospital, Psychiatry "b" Department, Sfax, Tunisia
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.949

Introduction: Borderline Personality Disorder (BPD) is a pervasive pattern of impulsiveness, emotional dysregulation, and difficult interpersonal relationships. Several studies showed that its onset depends on the combination of biological and psychosocial factors, particularly between biological vulnerabilities and traumatic experiences during childhood.

Objectives: We aimed to explore the mediators of the effects of childhood trauma in BPD vulnerability.

Methods: We conducted a literature review using "PubMed" database and keywords "borderline personality disorder", "childhood trauma", "hypothalamic-pituitary-adrenal axis", "stress", adverse childhood experiences".

Results: Several studies showed that a diagnosis of BPD is associated with child abuse and neglect more than any other personality disorders, with a range between 30 and 90% in BPD patients. All types of abuse and neglect happen to be significantly associated with BPD features. Besides, the exposure to multiple types of maltreatment through multiple development periods increased the severity of BPD. Several studies highlighted the role of alter-ations in Hypothalamic-Pituitary-Adrenal axis, in neurotransmission, in the endogenous opioid system and in neuroplasticity in the childhood trauma-associated vulnerability to develop BPD. Besides, morphological changes in several BPD brain areas and in particular in those involved in stress response have also been incriminated.

Conclusions: Our findings regarding the role of childhood trauma in the development of BPD would help identify and develop early intervention services for a vulnerable population. The critical role of psychotherapy in treating individuals with early life stress may partially explain why the prevailing empirically validated treatments for BPD are psychotherapeutic.

Disclosure: No significant relationships.

Keywords: Childhood Trauma; borderline personality disorder

EPP0790

Relationship between type A personality and coronary heart disease

W. Saadi[1], M. Gorgi[1], N. Fouel[2*], N. Haloui[1], W. Belaguide[1], W. Abdelghaffar[3], M.I. Bouzid[1] and R. Rafrafi[1]

[1]Mongi Slim hospital, Psychiatry, tunis, Tunisia; [2]Taher Sfar Hospital, Psychiartric Department, Mahdia, Tunisia and [3]Faculty of medicine of Tunis University Tunis El Manar, Psychiatry, Tunis, Tunisia
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.950

Introduction: Since the work of R.H. Rosenman and Meyer Friedman in 1959, a correlation has been established between type A behavioral patterns and the occurrence of coronary heart disease. Type A personality has been found to be more of a coronary risk factor than a poor prognostic factor once coronary disease has set in. Subsequent studies have not supported such a relationship.

Objectives: The objective of our work was to investigate the association between type A personalities and coronary heart disease.

Methods: We conducted a retrospective study involving a sample of 200 patients recruited at the Mohamed Tahar Maâmouri Hospital in Nabeul. Our sample was composed of 100 coronary patients hospitalized or followed as outpatients in the cardiology department and 100 controls hospitalized or followed as outpatients in the general surgery or orthopedics department respectively. The study was conducted between April 15 and June 30, 2014. Personality type A was assessed according to the Bortner questionnaire.

Results: After performing a binary logistic regression to adjust for the associations looked for, and taking into account confounding factors, we did not observe a statistically significant association between type A personality and coronary pathology (p=0.123). In addition, type A personality was significantly associated with the following factors: diabetes (p=0.040), hypertension (p=0.049), and age <49 years (p=0.002) in coronary heart disease.

Conclusions: Future large-scale, multicenter, longitudinal studies with follow-up over time of patients would be necessary to consolidate our findings.

Disclosure: No significant relationships.

Keywords: Type A personality; coronary heart disease