

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

M. Karoui^{1*}, S. Khanfir¹, G. Amri², R. Kammoun³, H. Nefzi⁴ and F. Ellouz⁵

¹Razi Hospital, Psychiatry G, manouba, Tunisia; ²Razi Hospital, Manouba, tunis, Tunisia; ³Razi hospital, Psychiatry G, manouba, Tunisia; ⁴Razi hospital, Psychiatry G Department, Mannouba, Tunisia and ⁵Razi hospital, Psychiatry G, denden, Tunisia

*Corresponding author.

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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

B. Ramos*, F. Santos Martins, A. Elias De Sousa, I. Soares Da Costa and F. Andrade

Centro Hospitalar Universitário São João, Psychiatry And Mental Health Department, Porto, Portugal

*Corresponding author.

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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

S. Jesus*, A. Costa, G. Simões, G. Dias Dos Santos, J. Alcaface and P. Garrido

Baixo Vouga Hospital Centre - EPE, Psychiatry And Mental Health Department, Aveiro, Portugal

*Corresponding author.

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Introduction: The word cringe has suffered alterations in its colloquial application, with its most recent version, adopted by generation Z and millennials, as a response to embarrassment or social awkwardness by proxy. This odd emotion is interesting in that it translates a vicarious embarrassment which is elicited whenever one is in the presence of a social blunder, public failures and threats to another's social integrity.

Objectives: The authors aim to explore the novel concept of cringe, briefly discussing what is currently known about the emotional response. A potential correlation between empathy and cringe is discussed as well as the hypothesis that certain psychiatric disorders such as personality disorder may demonstrate altered cringe responses.

Methods: The authors propose a non-systematized brief literature review on works most pertinent to the topic.

Results: Formal and structured studies into the concept of cringe are far and few between, however, the literature does demonstrate that, the neural pathways of how social closeness affects our experience of cringe are starting to be explored. The concept of cringe, has also been described as a vicarious social pain. Exploration into the empathy pathways and their abnormalities, may demonstrate the underlying construct of cringe. Lack of this feeling may be present in those with empathy alterations, such as is seen in antisocial personality disorder.

Conclusions: Cringe is an uncomfortable feeling that surges when in the presence of someone suffering socially. Understanding this oddity may permit further understanding of empathy pathways as well as exploring the neural abnormalities of those who do not feel cringe.

Disclosure: No significant relationships.

Keywords: Empathy; personality trait; cringe; Theory of Mind

Philosophy and Psychiatry

EPV1005

The human brain in the transhumanist mindset. A neuroethical critique of the neuroscience paradigm.

J. Galvañ

Hospital General Universitario Gregorio Marañón, Psychiatry, Madrid, Spain

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Introduction: Neuroscience advances open the debate on improving brain functionality and human behavior. Transhumanism advocates the use of biotechnology for the betterment of man, transcending into another nature. Neuroethics marks limits of the application and experimentation in neuroscience, also proposing an interdisciplinary philosophical reflection valuing the multidimensionality of human mind.

Objectives: To analyze the transhumanist approach of dominating human nature controlling cognitive and moral functions through technique. A critique from neuroethics in an interdisciplinary key to evaluate the complexity of mental functionality and the derived issues that go beyond the scientific scope, with the help of philosophy.

Methods: A bibliographic review on neuroscience and neuroethics is carried out, finding a core consensus in the warning of the biopsychosocial complexity of the set of realities that shape the human being, facing a reductionist vision of neuroscience.

Results: Despite the advances in biotechnology and neuroscientific research, the transhumanist approach of brain enhancement transgressing human reality and reducing its nature to a mechanical question that can be controlled through psychopharmacological resources, becomes dystopian due to the lack of ontological continuity in the deconstruction of the human being in a set of neural circuits, and the lack of consideration of all the dimensions that configure the human mind and existence.

Conclusions: An interdisciplinary vision is necessary to analyze the human mind, avoiding falling into the brain reductionism of the neuroscientific paradigm, for an holistic understanding of the human mind and behaviors, beside the integration of a philosophical reflection to join neurobiology and moral dimensions, in a humanist return from transhumanism.

Disclosure: No significant relationships.

Keywords: Bioethical; Neuroscience; Phylosophy; mind

EPV1006

Limitations of Mechanistic Model of Explanation in Biological Psychiatry

M. Salcedo Gómez¹ and C. García Aguilar^{2*}

¹National Autonomous University of Mexico, Biotechnology, Mexico, Mexico and ²National Autonomous University of Mexico, Institute Of Philosophical Research, Mexico, Mexico

*Corresponding author.

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Introduction: The National Institute for Mental Illness (NIMH) launched in 2008 a project based on 'precision medicine,' called Research Domain Criteria (RDoC). This precision medicine approach, novel in the context of psychiatry, proposes to identify the "fundamental components of behavior," determining their range of variations from normality to abnormality and identifying their instantiations at different levels of the biological mechanism. To achieve its goal, an essential task of the RDoC initiative has been to identify and classify psychological constructs associated with psychopathology and to cut them off at a finer degree of granularity, presumably in order to have a greater chance of finding the biological mechanisms which implement every resultant part.

Objectives: Our work aims to show the limitations that psychiatry faces when assuming the mechanistic model of explanations. We will show how, if we accept the phenomenon of multiple realization, it is not plausible to expect that the RDoC initiative will be successful in their enterprise to track single or precise causal mechanisms for every construct identified at the cognitive level.

Methods: Philosophical argumentation

Results: No results.

Conclusions: We conclude that an approach that aims to identify single functional units and to dig down at a "fundamental level" to find their neural or genetic implementation should not only be reconsidered in terms of the phenomenon of multiple realization, but also leaves a gap in our understanding of the complex structures that are found at the cognitive-functional level and whose dysfunctions would be of great explanatory relevance concerning mental disorders.

Disclosure: No significant relationships.

Keywords: biological psychiatry; mechanistic model of explanation; RDoC; multiple realization