

reduced dissociation (Bach *et al.* BMC Psychiatry 2018; 18:351), negative affectivity, detachment and anankastia (Simon *et al.*, Front. Psychiatry 2023, 14:1175425), negative affectivity and detachment (Bach *et al.* Borderline Personality Disorder and Emotion Dysregulation 2022, 9:12). In our case, assessments of trait domains were made with PSQ-11 and PiCD. On the PSQ-11, an increase in the negative affectivity, detachment and anankastia on critical score was obtained, while on the PiCD, an increase in negative affectivity, detachment, anankastia, and a decrease in dissociation was obtained. Mild personality disorder was scored on the Rating Scales for Severity of Disorder (SASPD, LPFS-BF 2.0).

**Conclusions:** The types of personality disorder can be represented by certain common trait domain specifiers, which will be useful in adopting the diagnostic criteria in ICD 11 for personality disorder. Assessment of the severity of the disorder provides additional information on treatment strategies and prognosis. The most significant features of avoidant personality disorder are negative affectivity and detachment, while anankastia is on the borderline score and has a reduction in dissociation.

**Disclosure of Interest:** None Declared

## EPV0719

### Level of personality functioning among outpatients with predominant anxiety symptoms

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**Introduction:** Dimensional diagnosis of personality disorders has as its main criterion the assessment of the level of functionality. And in patients with other diagnostic categories, there is a difference in the degree of functioning, as well as a difference in the course and prognosis of the disorder. The reason for such a different course may be the existence of a certain degree of personality dysfunctionality.

**Objectives:** The aim of the study is to determine the prevalence of personality disorder in patients with neurotic disorder and predominantly anxiety symptomatology.

**Methods:** A descriptive cross-sectional study was made to determine personality disorder in patients with neurotic disorder (F40-F48, excluding those where the disorder is related to stress F43) and predominantly anxiety symptomatology. The HAM-A scale was used to assess anxiety, and the LPFS-BF-2.0 was used to assess the level of personality functioning. The results were processed by descriptive statistical analysis.

**Results:** The study included 25 individuals (*N* 25, 64% women), aged between 18 and 65 years (mean age 44.16, SD 13.20) with a diagnosed neurotic disorder. All subjects had elevated anxiety symptomatology, mean HAM-A score was 35.36 (SD 7.76). The assessment of the level of personality functioning with the LPFS-BF-2.0 gave the following results: 20% of people have a personality difficulty, 12% have a mild personality disorder, 32% have a moderate and 4% have a severe personality disorder.

**Conclusions:** According to the obtained results, 68% of people with a neurotic disorder and a high degree of anxiety have a

certain degree of personality dysfunction. The prevalence of personality disorder in individuals with neurotic disorder is high (48%). These results lead to the conclusion that people with pronounced anxiety often have a disruption in personality. In people with a high level of anxiety, an assessment should be made for the level of functioning of the person, as well as for the existence of a personality disorder, and the treatment should be adjusted according to the results obtained. In addition to the treatment of the emerging symptoms, the personality dysfunctions should also be treated.

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## EPV0720

### Typology of hyperthymic personalities with affective phases

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**Introduction:** Modern authors characterize hyperthymic individuals as eloquent, humorous, self-confident, optimistic, energetic, liberated, sexually active, constantly planning and implementing their plans. Four or more of the listed characteristics indicate the individual's involvement in the circle of hyperthymic people. Statistical data on the prevalence of hyperthymic is scarce, which is due to rare requests for help and the diagnosis of this condition not as a disease, but within the framework of characterological traits. Attempts to classify hyperthymics have been made more than once, but previously none of the authors divided them according to the presence of side character traits in the personality structure.

**Objectives:** To establish psychopathological types of hyperthymic individuals in whom affective states were formed.

**Methods:** The sample consisted of 50 patients (42 women, 8 men) who were on inpatient or outpatient treatment at the clinic since 2019 to 2022. Patients were examined by clinical-psychopathological, clinical-anamnestic methods due to the presence of a phase affective state.

**Results:** Four types of hyperthymic personalities have been identified: anxious-hyperthymic, hysterical-hyperthymic, schizoid-hyperthymic and standard hyperthymic. *Anxious-hyperthymic type*, 20% (n=10) characterized by a combination of increased activity, sociability with such traits as suspiciousness, perfectionism, meticulousness, exactingness, concern for one's health and the desire to maintain a healthy lifestyle. *Hysterical-hyperthymic type*, 46% (n=23) includes both hyperthymic and hysterical traits in the form of increased emotionality, egocentrism, drama, and desire for recognition from others. In addition, patients in this group are characterized by increased concern about their appearance (bright clothes, makeup, tattoos). *Schizoid-hyperthymic type*, 10% (n=5). In addition to increased activity and emancipation, patients in this group are prone to fantasizing, overvalued hobbies, sthenicity, emotional poverty and rationalism. *Standard type*, 24% (n=12) are characterized by the presence of typical hyperthymic traits - optimism, energy, constant desire for productive