

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

activity, success in the chosen profession, rapid career growth, sociability, openness.

Conclusions: Hyperthymic individuals with the development of affective phases are heterogeneous in their psychopathological structure and have features of the pathocharacterological structure that make it possible to distinguish anxious-hyperthymic, hysterical-hyperthymic, schizoid-hyperthymic and standard types. The developed classification of hyperthymia reveals the predominance of the hysterical-hyperthymic type (46%).

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EPV0721

ADHD and BPD, two disorders for the same patient? Psychopathological dimensions and other cross-cutting factors in ADHD and BPD: a pragmatic review

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Introduction: The relationship between Borderline Personality Disorder and Attention Deficit Hyperactivity Disorder has been highlighted in different studies over the last few years, with an estimated prevalence of around 15-35% of ADHD in adult patients diagnosed with BPD and a 7.4 times higher risk of developing BPD in patients diagnosed with ADHD.

Objectives: To conduct a pragmatic review of the recent literature on the relationship between ADHD and BPD, so that it serves as a starting point for an in-depth study of the socio-demographic, clinical and cross-sectional dimensional factors of both disorders.

Methods: A bibliographic review of scientific articles published in recent years, in English and Spanish, extracted from the MEDLINE database, which delve into the relationship between BPD and ADHD, will be carried out. In addition, the common psychopathological dimensions, such as impulsivity or emotional dysregulation, as well as the weight of other dimensional factors related to both disorders, will be studied.

Results: The results of the selected articles will be grouped, for a better understanding, in the following sections:

- Clinical factors and shared comorbidities.
- Psychopathological dimensions: impulsivity and emotional dysregulation.
- Other common dimensional factors.

Conclusions: There are common symptoms and etiological or perpetuating factors, as well as comorbidities shared in both conditions, which in many cases make the correct diagnosis and, therefore, the appropriate therapeutic approach to these patients, quite difficult. Taking into account the differential characteristics of BPD and ADHD, it is possible to create different profiles that allow a precise approach to both disorders in those cases in which they coexist in the same patient.

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EPV0722

Narcissistic predispositions of self-harm in young women with and without depression

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Introduction: Diagnostic criteria for narcissistic personality disorder primarily focus on grandiosity and significance. In psychotherapeutic work, it is important to distinguish two subtypes of pathological narcissism: narcissistic grandiosity and narcissistic vulnerability. One of the manifestations of narcissistic traits is unstable or unformed self-esteem, manifested in attempts to conform to ideals. A part of modern society perceives the female body as an object that "needs to be looked at". Self-objectification refers to a learned pattern of self-assessment of the importance of one's body and appearance compared to other aspects of the self. Self-observation and comparison of oneself with others is one of the manifestations of self-objectification. With acts of auto aggression, the body becomes a tool or a means to solve psychological problems. In order for this to become possible, the ability to objectify your body "to look at it from the outside" plays an important role.

Objectives: Analysis of the relationship between non-suicidal self-injurious behavior and narcissistic personality traits in young women with depression and young women without a psychiatric diagnosis.

Methods: The study included 49 women divided into two groups. The first group included 24 patients with depression undergoing inpatient treatment (mean age 18.4). The second group included 25 healthy subjects (mean age 18 years). The methods: The answer to the question "Sometimes I purposely injure myself" was used as an indicator of self-harm (NSSI) (five-point Likert scale); "Ich structure test" (ISTA); "Physical Appearance Comparison Scale-Revised" (PACS-R).

Results: In the clinical group, a significant association of severity of NSSI with indicators of "deficit narcissism" was revealed (Spearman $r=,534^*$). Correlations were found between the severity of NSSI and PACS-R ($r=,344^{**}$). In the clinical group, there was no connection between "Comparison with others" and narcissistic traits. In a group of healthy subjects, significant associations of NSSI severity with "destructive narcissism" ($,572^{**}$) and PACS-R ($,576^{**}$) were revealed. In the clinical group, the severity of NSSI is associated with a more serious pathology - the lack of formation of "normal" narcissism, and in the healthy group it is more likely to be deformed narcissism. Self-objectification and comparison of oneself with others in the clinical group is not associated with manifestations of narcissistic traits, such connections are demonstrated in the group of healthy young women.

Conclusions: It is shown that in the clinical group of depressed young women, the severity of self-harming behavior is associated with "deficit narcissism", and in healthy young women, first of all, with "destructive narcissism" with an increased need to compare themselves with others.

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