

brain amplitude of low-frequency fluctuations (ALFF) and local coherence (LCOR) were compared between groups (CONN-fMRI toolbox 19.c, <https://web.conn-toolbox.org/>; $p < .001$ voxelwise, $p(FDR) < .05$ clusterwise). Age was included in the analyses as a second-level covariate.

Results: As compared to non-converters, aMCI converters were characterized by higher ALFF and LCOR values in the cluster located in the frontal medial cortex and frontal pole bilaterally.

Conclusions: Frontal medial cortex and frontal pole are involved in a wide range of cognitive functions, including episodic memory and “hot” (motivational) executive control (Rolls. *ProgNeurobiol* 2022; 217; Friedman, Robbins. *Neuropsychopharmacology* 2022; 47(1) 72-89). Both increased and decreased LCOR/ALFF values in aMCI converters compared to non-converters were found, although in the other regions (Mondragón et al. *Dement Geriatr Cogn Dis Extra* 2021; 11(3) 235–249; Khatri, Kwon. *Front Aging Neurosci.* 2022; 14). It seems reasonable to clarify if the brain functional features revealed in our study are the markers of conversion to dementia in aMCI.

Disclosure of Interest: None Declared

Personality and Personality Disorders 01

EPP0080

Assessment of changes in the prevalence of personality disorders admitted for psychiatric hospitalization in years 2009–2021

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doi: 10.1192/j.eurpsy.2023.419

Introduction: Personality disorder (PD) is defined as an enduring and inflexible pattern of long duration leading to significant distress or impairment and is not due to the use of substances or another medical condition. In general, the main form of therapy for PD is psychotherapy, with adjuvant pharmacotherapy. Due to a predisposition to instability and decompensation, individuals with PD are more likely to be admitted to a psychiatric hospital. With the passing of time, the frequency of PD diagnosis has been rising.

Objectives: The study aimed to assess changes in the prevalence of PD diagnosis between the years 2009 and 2021 in the Psychiatric Central Clinical Hospital of the Medical University of Lodz (Poland) and the characteristics of admitted patients.

Methods: This retrospective included 27097 records of patients admitted for psychiatric hospitalization between the years 2009 and 2021. The diagnosis of PD (F60 and F61) was based on ICD-10 diagnostic criteria. For analysis, both main, as well as coexisting diagnoses of PD were included. For the analysis patients were divided into subgroups based on age and legal gender.

Results: We observed a statistically significant increase in the number of hospitalization of individuals with PD (6,94% in 2009 and 14,29% in 2021; $p < 0.0001$). No rise in the frequency of F60 diagnosis was observed (4,56% in 2009 and 4,48%; $p = 0.973$, while the diagnosis of mixed PD (F61) has greatly risen (2,38% in 2009

and in 9,81% in 2021; $p = 0.003$), this growth was especially visible in men (1,62% in 2009 and 10,44% in 2021; $p = 0.007$). In individuals above the age of 35 at the time of hospitalization significant growth in PD diagnosis was present (5,22% in 2009 and in 8,25% in 2021; $p = 0.003$), similarly, PD increased in patients older than 65 (0,50% in 2009 and in 4,00% in 2021; $p = 0.003$).

Conclusions: In the past 13 years, there has been a great increase in the number of hospitalized individuals with PD, particularly the rise reflects growth in mixed PD diagnosis. Interestingly, in men, PD diagnosis is 4 times more frequent in 2021 than in 2009. The increase in the number of PD diagnoses in changing environment might be due to greater clinical vigilance of psychiatrists and a more in-depth diagnostic process, yet further analysis including data from the outpatient clinic is needed.

Disclosure of Interest: None Declared

EPP0081

Development and first validation of the Portuguese version of the Big Three Perfectionism Scale–Short Form (BTPS-SF)

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doi: 10.1192/j.eurpsy.2023.420

Introduction: The Portuguese version of the Big Three Perfectionism Scale (BTPS), a 45-item self-report measure of rigid, self-critical, and narcissistic perfectionism, presented good reliability, construct and concurrent validity both in a sample of university students (Lino, Pereira et al. 2018) and of adults from the general population (Oliveira, Pereira et al. 2021).

Objectives: To develop and validate a Portuguese brief version of the BTPS, the Big Three Perfectionism Scale–Short Form (BTPS-SF) in a sample of university students.

Methods: The procedure followed to select items for the short version was based on the 45-items BTPS confirmatory factorial analysis (Lino, Pereira et al. 2018). Following Feher et al. (2020) strategy, with Canadian university students, we retained between one and two from each of the 10 perfectionism facets in the BTPS, 16 items in total. The 16 items selected had loadings ranging from .63 to .88 (Lino, Pereira et al. 2018), thus meeting the suggested requirement of high loadings being above .60 in magnitude (Affi et al. 2011).

Participants were 633 Portuguese students (medicine, dentistry and health technologies; 82.1% girls; mean age=21.25±3.115); they answered an online survey including the BTPS and the Depression Anxiety and Stress Scale (DASS; Xavier et al. 2017).

Results: Confirmatory Factor Analysis showed that both the first ($\chi^2/df=3.074$; RMSEA=.0573, $p < .001$; CFI=.9591; TLI=.9478, GFI=.9465) and the second order ($\chi^2/df=3.714$; RMSEA=.0655, $p < .001$; CFI=.9482; TLI=.9317, GFI=.9318) models presented good fit indexes. The Cronbach’s alphas were: $\alpha = .865$ for the total and .855, .829 and .750, respectively for F1 (rigid perfectionism), F2 (self-critical perfectionism) and F3 (narcissistic perfectionism).