

Methods: We recruited 25 adult subjects referred to the outpatient clinics of Pavia suffering from TRD with current Moderate-Severe Depressive Episode (scoring ≥ 22 on the MADRS). Of them 9/25 patients has a BPD. Study duration was 8 weeks. The following evaluation scales were administered before the first drug administration (T0) and repeated after one week (T1), four weeks (T2) and eight weeks (T3) of treatment: Montgomery Asberg Depression Rating Scale (MADRS), Columbia-Suicide Severity Rating Scale (CSSRS), and The Zanarini Rating Scale for BPD subgroup patients. We also collected sociodemographic and clinical information. Doses and frequency of esketamine administration during the study period, adverse events and reasons for discontinuation were also recorded.

Results: A significant reduction of depressive symptoms was found at T1 and T2 compared to T0. Suicidal ideation disappeared as early as T1 and was maintained at T2, especially in the BPD group. In the subgroup with borderline disorder we saw more improvement in impulsive (Self-mutilation and/or suicidal efforts; two other forms of impulsivity) and affective categories (Inappropriate anger / frequent angry acts; chronic feelings of emptiness; mood instability) in Zanarini Rating Scale.

Conclusions: Our findings support the safety and tolerability of esketamine in TRD and BPD comorbidity sample. It is noteworthy that esketamine has an action on various pathways that are considered defective in borderline patients. Glutamate plays a key role in personality traits such as impulsivity, aggression, and suicidal behavior. Treatment with esketamine could reduce the number of suicide attempts and help reduce the self-harm of BPD.

Disclosure of Interest: None Declared

EPV0714

The relationship between non-suicidal self-injury and suicidal ideation in patients with borderline personality disorder treated at the Arrazi psychiatric hospital in Salé

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Introduction: Non-suicidal self-harm, i.e. the intentional self-infliction of bodily harm without apparent suicidal intent, is a powerful risk factor for suicidal ideation and behavior [1]. Although non-suicidal self-harm and suicidal behaviour are distinct concepts, the two forms of deliberate self-harm frequently coexist and share key instrumental functions, such as escaping aversive internal states, reducing dysphoria or communicating distress, especially in patients with personality disorders. [2] Some individuals also report using non-suicidal self-harm to ameliorate suicidal thoughts or urges [2].

Objectives: To assess the relationship between non-suicidal self-harm and suicidal ideation in patients with borderline personality disorder followed at the Arrazi psychiatric hospital in Salé.

Methods: This was a descriptive cross-sectional study using a questionnaire including sociodemographic criteria, clinical criteria and the Beck suicidal intentionality scale to assess the relationship between non-suicidal self-harm and suicidal ideation in patients

with borderline personality disorder followed and hospitalised at the Arrazi psychiatric hospital in Salé.

The inclusion criteria were as follows: both sexes with a diagnosis of borderline personality disorder according to DSM 5 criteria.

Exclusion criteria were current psychosis and severe intellectual disability.

Results: We collect 63 participants.

The average age of the participants was 23, and they were predominantly female (89%). About 85% were single and 97% had no occupation. The majority of participants had a substance use disorder.

All participants had a history of non-suicidal self-harm and 36% had a history of suicide attempts.

Suicidal intent was strong in 45% of participants who had already attempted suicide.

Approximately 46% of participants reported that non-suicidal self-harm was intended to alleviate suicidal ideation and approximately 27% of participants reported having experienced suicidal ideation shortly after non-suicidal self-harm.

Conclusions: Non-suicidal self-harm is very common in patients with borderline personality disorder often considered to have a mitigating effect on the internal stress of these patients and sometimes even neglected. The relationship between non-suicidal self-harm and suicidal ideation is an important one, and may reduce suicidal ideation in the short term but subsequently encourage further self-harm, thereby increasing the risk of suicide.

Particular attention must be paid to these patients and their self-harm, and specialised, comprehensive care is required.

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EPV0715

A man stitches his mouth in the context of a personality disorder

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Introduction: A 28 year old patient will be presented. This paramilitary man was brought to the Emergency Room due to an autolytic attempt with Benzodiazepines, along with a mouth suture, in the context of a soon to be resolved problematic ankle osteosynthesis procedure. The patient claimed to be suffering pain, furthermore struggling due to the fact he could not be working due to his ankle issue. Language barrier was a problem during the interview.

Objectives: The objectives of this case is to try to explain the issues that may arise in patients with personality disorders in the context of an autolytic attempt