Objectives: Our aim was to compare the efficacy in a randomized, controlled design, short and medium terms. The participants of the programs and thus the target group of the research were adults, diagnosed mainly with Borderline Personality Disorder, inpatients in psychiatry.

Methods: This methodological innovation also meant the integration of two therapeutic teams in practice. When establishing the collaboration, we put emphasis on finding common points and understanding how N-AT contributes to schema therapy goals. During our joint work, it became clear that the elemental need for contact with nature enriched the schema therapy approach with a new basic need that was not included in it before. Measurements were taken before the start of the entire program and at the end of the 4-week cycle. Preliminary results are presented based on the Personality Inventory for DSM-5 - Hungarian Short Form (PID-5-HSF), and the Derogatis Symptom Checklist (SCL90).

Results: In the N-ABST group (n=23) the PID5 "Dysinhibition" scale ($p < .01$, Cohen's $d = .636$), and the "Negative Affectivity" scale ($p < .05$, Cohen's $d = .388$) showed significantly lower scores after therapy. In the case of the "Detachment" we have found a tendency to decrease after the therapy. Regarding the comparison of the effectiveness of N-ABST and classical Schema Therapy - with the current state of analysis - there was a significant difference in the PID5 values for "Suspiciousness" and "Manipulativeness". The former characteristic was reduced to a greater extent by the schema therapy, and the latter by the N-ABST therapy. Based on the SCL90, the N-ABST program resulted in a significant symptom reduction measured by the following subscales: somatization, obsessive compulsive, interpersonal sensitivity, depression, phobia. Global symptom severity also decreased significantly ($p < .05$, Cohen's $d = .588$).

Conclusions: According to our results, Nature- Adventure Therapy enhanced Schema Therapy seems to be an innovative and efficient method in the psychotherapy of personality disorders. Besides the effectiveness, there is a great challenge to design programs that are sustainable and therefore serves therapy long term as well.

Disclosure of Interest: None Declared

O0022

Existential Therapy within Palliative Care: Searching for Meaning

F. Cunha*, I. Santos, N. Castro, R. Andrade, E. Almeida, J. Abreu, J. Martins, R. Vaz and S. Borges

Centro Hospitalar Tondela-Viseu, Viseu, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.157

Introduction: Irvin D. Yalom defines existential psychotherapy as a dynamic therapeutic approach that focuses on concerns rooted in existence with the four ultimate concerns being death, isolation, meaning in life, and freedom. Patients in advanced stages of cancer often experience elevated levels of psychological distress, encompassing conditions such as depression, anxiety, and a sense of spiritual hopelessness. Recently, interest in spiritual well-being has prompted a new wave of interventions that directly target this population, namely logotherapy and other existential interventions based on existential principles.

Objectives: In this review, the primary focus was to comprehend the current evidence on the application of existential psychotherapy for individuals coping with advanced cancer and give an overview of the therapy approaches used.

Methods: Narrative review of scientific literature using Pubmed search engine.

Results: Terao and Satoh identified nine types of existential psychotherapies which were investigated using randomized controlled trials for patients with advanced cancer or in terminal care: Meaning-Centered Group Psychotherapy (MCGP), Individual Meaning-Centered Psychotherapy (IMCP), Meaning-Making intervention (MMi), Meaning of Life Intervention, Managing Cancer and Living Meaningfully (CALM), Hope Intervention, Cognitive and Existential Intervention, Dignity Therapy, and Life-Review Interviews. All deal with the issues pointed by Yalom. Existential or spiritual well-being improvements were validated in MCGP, IMCP, Meaning of Life intervention, and Life-Review intervention.

Conclusions: Current evidence is still based on a very limited number of studies. Additional research is needed to delve into the impact of existential psychotherapy on individuals facing advanced cancer.

Disclosure of Interest: None Declared

O0023

Comparing The Effectiveness Of Mentalization-Based Therapy And Dialectical Behavior Therapy In An Adult Population With Cluster B Personality Disorders To Reduce Hospital Service Use

P. Yin[1], F.-S. Lahaie[1], A. Allery[2], F. Pérusse[2,3], L. Cailhol[2,3]* and S. Poirier[2,3]

[1]Faculty of Medicine, University of Montreal; [2]Service des Troubles relationnels et de la personnalité, Institut Universitaire en Santé Mentale de Montréal and [3]Department of Psychiatry and Addictology, University of Montreal, Montreal, Canada
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.158

Introduction: Mentalization-based therapy (MBT) and dialectical behavior therapy (DBT) are two treatments known to be effective for borderline personality disorder (BPD). However, head-to-head comparisons between those two treatments are scarce and their effectiveness in naturalistic clinical services, where BPD is often comorbid with other cluster B personality disorders (PD), needs to be further explored.

Objectives: The study's goal was to answer the following question: Is there a difference in emergency department visits, hospitalizations and dropout rates after one year of treatment in MBT compared to DBT for a clinical adult population with cluster B PD?

Methods: We compared the effectiveness of MBT and DBT in 288 patients between 2015 and 2019 with at least one cluster B PD by measuring their emergency services use and hospitalizations one year before and one year after beginning therapy. Drop-out rates for those two treatment modalities are also compared. Image 1 illustrates the patient distribution for the study.