

EPV0755

Narcissistic Perfectionism does not lead to an increased perception of Academic EfficacyM. J. Brito^{1,2,*}, C. Seco³, A. T. Pereira² and A. Macedo^{2,4}¹Coimbra University Hospital Centre; ²Institute of Medical Psychology; ³University of Coimbra, Coimbra, Portugal and ⁴Department of Psychiatry, Coimbra University Hospital Centre, Coimbra

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doi: 10.1192/j.eurpsy.2023.2062

Introduction: The relationship between narcissism and burnout has been explored in the literature with somewhat inconsistent findings. Though most studies have found a positive correlation between Narcissism and Burnout, some have failed to establish a significant link between the two, while others have even reported a protective role of narcissism against burnout.

In our previous work regarding the link between perfectionism and student burnout, we found that when using the Big Three model of Perfectionism, Narcissistic Perfectionism had only a weak connection to burnout, requiring full mediation by low-self compassion. We hypothesized that this might be due to an exaggerated sense of Academic Efficacy in Narcissistic Perfectionists, which would compensate for some of the emotional exhaustion and depersonalization brought upon by their efforts to gain the admiration of others.

Objectives: To investigate the link between Narcissistic Perfectionism and Academic Efficacy, and its impact on burnout levels.

Methods: A sample of 1080 students from healthcare-related courses (80,7% females; mean age=21.13±3.023; range: 17-41) filled in an online questionnaire including, among others, the Portuguese Version of BIG3-SF and MBI-SS. Correlational analysis was performed.

Results: Contrary to our initial theory, Narcissistic Perfectionism did not significantly correlate with Academic Efficacy ($r=0.011$, $p=0.728$), although it had significant correlations with the other burnout dimensions and total burnout score.

Conclusions: This work disproved our initial hypothesis, suggesting that narcissistic perfectionism may be associated with other nefarious dimensions that cancel out the effects of grandiosity and inflated self-esteem on the perception of academic efficacy. This negative finding could possibly be further explored by using a psychometric instrument that differentiates between maladaptive and adaptive facets of narcissism.

Disclosure of Interest: None Declared

EPV0756

Personality disorder in autism spectrum disorder : myth or reality ?N. Kouki^{1*}, A. maamri¹, S. Cherif², E. Cherif¹ and H. zalila¹¹Outpatient and ²child and adolescent psychiatry department, Razi hospital, Manouba, Tunisia

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doi: 10.1192/j.eurpsy.2023.2063

Introduction: Autism spectrum disorder is a neurodevelopmental disorder characterized by persistent deficit in communication and

social interaction associated with repetitive, restricted interests, behaviors or activities. Regardless long-term care, sequelae may remain present particularly in cognitive patterns, social interactions and adaptive reactions, leading to personality disorder in adulthood.

Objectives: In this study we aimed to explore personality disorder comorbid with autism spectrum disorder .

Methods: Our study was based on the PubMed interface and adapted for 2 databases: Science Direct and Google Scholar using the following combination (autism spectrum disorder [MeSH terms]) AND (personality disorder [MeSH terms]) covering the period from 2013 to 2022.

Results: We initially reviewed 13 articles. At the end of the literature selection process, two articles were included.

The prevalence of personality disorders with ASD was estimated around 35%.

The personality disorders evoked mainly responded to cluster C associating an obsessive-compulsive and avoidant personality in respectively 32% and 25%.

Cluster A personality disorders, in particular schizoid personality, were found in 21% with a female.

Concerning cluster B, borderline personality disorder was the most frequent because of different symptoms overlapping . In fact, the prevalence of borderline personality disorder in ASD was 4% . Meanwhile the prevalence of ASD in borderline personality disorder was 3%.

Conclusions: Apart from other neurodevelopmental pathologies, ASD can be comorbid with personality disorder. However, the neurocognitive particularities of ASD reveal clinical manifestations similar to those found in personality disorders. Therefore, additional research using large sample sizes and validated diagnostic tools taking into account the specificities of this population remain necessary.

Disclosure of Interest: None Declared

EPV0757

An interesting clinical case. New therapies in Dissociative Identity Disorder.P. García Vázquez^{1*}, E. Seijo Zazo¹, C. Vilella Martín², A. Serrano García², C. M. Franch Pato², E. Martínez Gil¹ and C. Alvarez Vázquez¹¹HUCA, Oviedo and ²CAULE, LEON, Spain

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doi: 10.1192/j.eurpsy.2023.2064

Introduction: Dissociative identity disorder (DID) also referred as multiple personality disorder is a chronic post-traumatic condition. It is characterized according to DSM-5 by “disruption of identity characterized by two or more distinct personality states”, with “marked discontinuity in sense of self... accompanied by related alterations in affect, behavior, consciousness, memory, perception, cognition, and/or sensory-motor functioning.”

Objectives: Here, we present a case of a 33-year-old Caucasian female with no psychiatric history until 2 years ago, privately. The patient is admitted to the Psychiatry Service due to worsening. During admission, consultations are made to the Neurology Service and the Neurophysiology Service, who request an electroencephalogram, an MRI and a brain scan, resulting in normality.

After discharge, she returns home with her parents, and the crisis become more frequent and of longer duration. She acknowledges that during these periods she is dominated by her alternate personality, which she is unaware of until her family informs her. This personality is a demon, who verbally assaults and even physically threatens her surroundings, and can hardly be controlled by the prayers of her family.

Methods: Despite psychopharmacological treatment, as well as the cognitive-behavioral therapy carried out by the patient for more than two years, there was no improvement. Once she comes to the consultation, it is decided to carry out a therapy guided by the central Rogerian attitudes, originating a process of empathic resonance of the therapist, which influences the experience of the patient. Three main interventions are carried out, the awareness of the disease, the regulation of the intensity of this experience, to maintain the attention and the exploration of what guides the change. After carrying out this intervention, the patient is currently asymptomatic.

Results: Currently, there are not evidence-based treatment guidelines. The most common approach is individual psychodynamic psychotherapy according to practice-based guidelines initiated by the International Society for the Study of Trauma and Dissociation. To handle the present case, we used a model with two pillars, the patient's commitment and the investigation of microprocesses within a process of experiential exploration, in which the therapist is a facilitator of reflective attention and experimental awareness.

Conclusions: The torpid evolution suffered by the patient, with little clinical improvement to the interventions carried out, and the absence of evidence on the treatment, led to a therapeutic approach focused on the empathic resonance process of the therapist, with good results.

Disclosure of Interest: None Declared

EPV0758

Treating Borderline personality disorder with Asenapine : Case report

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doi: 10.1192/j.eurpsy.2023.2065

Introduction: Borderline personality disorder (BPD) is a common and serious mental disorder. Its prevalence is estimated to be around 20% among psychiatry inpatients and 11% in Psychiatric Outpatients. Patients with BPD present a wide range of psychopathological symptoms such as affective instability, impulsivity, interpersonal problems, psychotic-like symptoms and self-destructive behaviour. BPD also occurs as comorbid illness with number of other Psychiatric diseases. There is no psychotropic medication that has been approved by FDA or recommended by NICE guidelines nevertheless polypharmacy is routinely prescribed in patients with BPD

Objectives: To demonstrate the possibility of using Asenapine in treating Border line personality disorder

Methods: Case :A case seen in our practice of a patient with Borderline Personality presenting with symptoms of affective instability,impulsivity,quasipsychotic symptoms that have not

responded to trial of many different antipsychotics.She was started on Asenapine and experienced significant improvement in symptoms and daily functioning.However her medication was changed due to Asenapine being non formulary and this caused relapse in her mental state.She reported erratic sleep,poor appetite,anxiety and aggression.Asenapine was restarted and she improved.

Results: Asenapine belongs to the chemical class of dibenzoxepino pyrroles and acts antagonistically at a number of receptors, and this combination of receptor-binding affinities differs from other available antipsychotics. Asenapine has high affinity for several 5-hydroxytryptamine (5-HT)-receptor subtypes, including 5-HT_{2C}, 5-HT_{2A}, 5-HT₇, 5-HT_{2B}, and 5-HT₆(Musselman et al. AP 2021; 10.1177). Asenapine's favourable weight and metabolic profile are of clinical interest. Asenapine was generally safe and well tolerated in paediatric patients (Dogterom et al. 2018 ; *Drug Des Devel Ther* 12:2677-2693). One open label study that looked at efficacy of Asenapine in BPD showed improvement with Asenapine in not only affective but also improve impulsive and cognitive symptoms(Marti'n-Blancoet al. ICP 2014 ;29(2):120-3). The results of both the CGI-BPD and the BSL-23 scales, which reflect the view of clinician and patients, respectively, show a significant improvement in the BPD general symptomatology (Marti'n-Blancoet al. ICP 2014 ;29(2):120-3). In our case patient reported worsening of symptoms after Asenapine was discontinued.She experienced suicidal ideation, impulsivity, aggression, erratic sleep wake cycle and poor appetite.On restarting Asenapine there was significant improvement in her symptoms and marked subjective improvement in activities of daily living.

Conclusions: Asenapine has therapeutic efficacy as well as good tolerability and safety profile.It can be used in patients with BPD especially when other antipsychotics have caused undesirable side effects like weight gain.

Disclosure of Interest: None Declared

EPV0759

Munchausen Syndrome Presenting with Hematemesis And school refusal: A Rare Case Report

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doi: 10.1192/j.eurpsy.2023.2066

Introduction: Factitious hematemesis is the bleeding type of Munchausen's syndrome together with dual diagnosis of school refusal is rarely reported in the literature. It is a condition in which the patient intentionally produces symptoms to assume a sick role and gain medical attention. Underdiagnosis of this disorder results in the unnecessary use of medical resources, i.e. unnecessary medical tests and evaluations.

Objectives: case

We present this rare case of a patient with chronic factitious disorder who presented to the emergency with hematemesis. The 12 year old male patient grade 6 student presented with curious history of hematemesis just before the entrance of school and in the new school premises since 2 years resulting in school refusal and multiple doctor shopping. The patient underwent laboratory tests (such as the examination of sputum specimens, urinalysis, complete blood evaluations) and diagnostic studies (fiberoptic