

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%).

**Disclosure of Interest:** None Declared

## 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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