

psychosis) until they disappear by exhaustion, as the couples undergo personality transformation.

Results: The patients typically go through four distinct stages through Lifetrack therapy in the process of personality transformation, with stage IV representing complete transformation. Of the last 182 BPD diagnoses confirmed patients (out of total of 1,170 patients over the last 20 years), 15% reached stage IV, 12% reached stage-III, and 12% reached stage-II at the time of termination. 15% improved without going through typical four stages. However, 23% remained in stage-I and 35% remained in stage-0 at the time of termination.

Conclusion: Symptoms of borderline personality disorder can be better understood and treated as the consequence of one's personality which can be transformed through 'Breakthrough Intimacy.' The result of this study supports an alternative approach in treatment of borderline personality disorder through personality transformation, working in three-way teamwork.

P0049

Is there any influence of personality disorder on the treatment of social phobia?

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The efficacy of the treatment of personality disorder was repeatedly been reported as less successful than the therapy of patients without personality disorder. Our study is designed to compare the short-term effectiveness of therapy in patient suffering with social phobia with and without personality disorder. The aim of the study was to assess the efficacy of the 6 week therapeutic program designed for social phobia (SSRIs and CBT) in patients suffering with social phobia and comorbid personality disorder (17 patients) and social phobia without comorbid personality disorder (18 patients). They were regularly assessed in week 0, 2, 4, and 6 on the CGI (Clinical Global Improvement) for severity, LSAS (Liebowitz Social Anxiety Scale), and in self-assessments BAI (Beck Anxiety Inventory) and BDI (Beck Depression Inventory). Patients of both two groups improved in most of assessment instruments. A combination of CBT and pharmacotherapy proved to be the effective treatment of patients suffering with social phobia with or without comorbid personality disorder. The treatment efficacy in the patients with social phobia without personality disorder had been showed significantly better compared with the group with social phobia comorbid with personality disorder in CGI and specific inventory for social phobia – LSAS. Also the scores in subjective depression inventory BDI showed significantly higher decrease during the treatment in the group without personality disorder. But the treatment effect between groups did not differ in subjective general anxiety scales BAI.

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P0050

Augmentation of antidepressants with bright light therapy in patients with comorbid depression and borderline personality disorder

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Bright light has been found to be effective in treating seasonal affective disorder, delayed sleep phase type disorder, jet lag, improved sleep-wake patterns and reduces sundowning behavior in hospitalized patients with Alzheimer's disease. Some studies reported an antidepressant effect of bright light also in non-seasonal depression (non-SAD). The efficacy of any treatment of comorbid depressive disorder and borderline personality disorder was been reported as less successful than the therapy of patients without personality disorder. There were no studies, which describe using the bright light therapy in patients with comorbid depression and borderline personality disorder. The aim of our open label study is to assess the efficacy of the 6 week combined therapeutic program with adjunctive administration of the bright light therapy (10000 lux from 6:30 to 7:30 in the morning for 6 weeks) to previous stable 6 week administration of high dosages of SSRI in a pharmacoresistant depressive patients suffering with the comorbidity with the borderline personality disorder. Thirteen patients with major depression and borderline personality disorder according to the ICD-10 research diagnostic criteria and DSM-IV-TR were participated in this study. They were regularly assessed on the CGI, HAMD, MADRS and in self-assessments BDI and BAI. During the bright light therapy administration the patients improved in all assessment instruments. The results must be seen with caution because the trial was open.

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P0051

Borderline personality – bad behavior as illness

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Background: Charland has stated in a philosophical analysis that B-cluster personality disorders are moral not medical categories. The status of borderline personality disorder has been challenged also using other grounds.

Methods: The aim of this paper is to discuss whether borderline personality is a moral or medical/psychological condition or just "bad behavior", a moral category.

Results: Charland's statement relies on a consideration that an act that can be characterized by using moral terms could not be characterized in another manner more efficiently and that this act is a failure of following a moral principle of ethical behavior. Using Jonathan Danth's argumentation, it is stated that ethical behavior does not necessitate any principles. There may be several reasons for certain behaviors, and reasons may vary from one situation to another. Several results of modern cellular biology indicate that contrasting bad behavior and illness may be outdated and overstatements, as structure and functions are interrelated in biology. I present the case for considering all types of illnesses as some form of bad behavior or vice versa. Additionally, research gives reasonable basis for arguing that sense of agency is severely impaired in borderline personality disorder, and that this is associated with disturbed connectivity between amygdala, hippocampus and the orbitofrontal cortex impairing the regulation and integration of emotion and cognition.

Conclusion: Borderline personality can be considered an illness impairing abilities for judgment and agency.

P0052

Emotional information-processing in borderline personality disorder: An EEG-study

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Background: Emotional dysregulation is one of the key symptoms in borderline personality disorder often seen in clinical practice. BPD patients report higher affective lability and higher affect-intensity than do patients with other personality disorders. BPD represents a serious health problem, in particular among women. With a lifetime suicide mortality rate of almost 10% (50 times higher than in the general population), BPD afflicts 1% to 2% of the general population and between 10 and 20 % of psychiatric patients. However, compared to other psychiatric diseases, such as depression or schizophrenia, relatively few studies addressed the underlying neuropathophysiologic basis of BPD. It is hypothesised that borderline patients are hyper-responsive to emotional stimuli compared to healthy control subjects. To our knowledge, no EEG-study has examined the role of emotional information processing in BPD.

Methods: Thirty BPS-patients are compared to thirty normal control subjects in their electrophysiological response to emotional information. Participants were shown pictures with neutral, positive, and negative valence.

Results: Borderline patients had larger LPP responses as a reaction to pictures with an unpleasant valence as compared to the controls.

Conclusions: Borderline patients show more emotional reactivity to stimuli with unpleasant valence compared to a control group as measured by EEG. Further research could be helpful to examine whether the neurophysiological abnormalities in BPD patients can be influenced by applying cognitive techniques.

P0053

Self-inflicted injury and outcome of treatment with borderline personality disorder patients

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Objectives: The purpose of this study was to show any possible differences in relation to the degree of improvement between two groups of patients with borderline personality disorder. The patients of the first group exhibited self-inflicted injury in the past while the second one didn't.

Methods: 50 patients took part in the study. 13 of them reported self-inflicted injury (group A) while the rest 37 didn't (group B).

All the patients followed a psychotherapeutic program based on a Kernberg model for borderline personality disorders. 10 of them received medication in addition to psychotherapy.

Several variables were examined: sex, age, medication and outcome of treatment.

Results: From the results we noted that:

76% of the patients of group A showed a great or sufficient improvement while from group B, 78,4%.

Also, the patients of the group A who received psychotherapy and some medication and showed great or sufficient improvement were 23%, while those without any medication 53,8%.

In the group B those who received psychotherapy and medicine and showed great or sufficient improvement were 66,7%, while the others without medication 80,6%.

Conclusions: From the results, it seems that the outcome of the treatment, overall, regardless of which of the two therapies for both groups, didn't show any significant difference.

The noted differences between those patients who received only psychotherapy and those who received psychotherapy and medication could be attributed to the fact that the condition of the patients in the first group was more severe than the others.

P0054

The effect of paramedical students attitude toward their jobs on their self-concept at the Fatemeh nursing and midwifery college. Shiraz-Iran

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Objective: The aim of this study was to determine the The effect of paramedical students' attitude toward their jobs on self-concept among first and fourth year paramedical students at the Fatemeh nursing & Midwifery college of the Shiraz University of Medical Sciences. Iran

Methods: 204 paramedical students at the first and fourth years of education at the Fatemeh Nursing and Midwifery College were invited to participate in this cross-sectional study. The data was collected through a self-administered questionnaire to solicit information regarding to demographic data, paramedical students' attitude toward their jobs and Cooper's self-concept scale were used for self-concept data collection.

Results: The greatest proportion of students (66.5%) was between the ages of 20-24 years. The results revealed that the majority of the students (65%) have high level of self-concept. Job satisfaction in 51.2% of students was excellent. Emergency technician students and operation room technician had high levels of self-concept than to Nursing and midwifery students. There was also a statistical correlation between self-concept and paramedical students' interest toward their job ($P < 0.005$). Self-concept score in last year paramedical students was significantly more than first year students.

Conclusion: This study has explored the potential impact of the paramedical students' interest toward their job on self-concept. Nursing and midwifery students' self-concept might be increased by expansion of intrinsic job characteristics, improving their job satisfaction and providing frequent positive feedback.

P0055

Collaborating for change: Decreasing BPD environmental stressors. Teaching families to be adjuncts to treatment by applying DBT and mentalizing techniques

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Changing therapeutic perception of BPD families. Families of people with BPD can become effective agents of change as they spend a great deal of time with the person with BPD, truly love them, provide emotional and financial support, and are incredibly motivated to help. Family members are often dealing with apparently irrational or dangerous BPD behaviors without sufficient knowledge of appropriate means to prevent or avoid triggering dysregulations that can lead to crisis situations. Most people with BPD are not receiving treatment in the mental health system. They quit treatment about 70% of the time. By default, families are on the front lines. We need to treat the family environment in the absence of the patient. Research by