

without such an experience. We used the Maddi Hardiness Scale to assess the personal adaptation potential and a 14-point questionnaire to estimate the attitude to body modification.

Results: Over the half of the students in both groups consider that an insufficiently beautiful body needs “improving” (63.4% и 51.9%), but people do not have to intensively build up their muscles (51.9% и 84.7%). Students with modified bodies look more positively at piercing ($z=5.4$; $p=.0001$), weight control ($z=5.20$; $p=.0001$) and plastic surgery ($z=4.02$; $p=.0001$). Students with unmodified bodies credibly more rarely regard tattoo as decoration ($z=3.7$; $p=.0002$) and have a more negative attitude to pediatricians having tattoos ($z=2.9$; $p=.003$). Indicators of psychological hardiness in the first group are credibly lower – commitment ($p=.01$), control ($p=.001$) and challenge ($p=.0001$).

Conclusions: Students with a higher adaptation potential limit themselves to indirect body modifications (physical exercises). Students with a lower adaptation potential more often resort to body injuring (tattooing, piercing), which may reflect peculiarities of their personal response to stress or peculiarities of their mental status.

Disclosure: No significant relationships.

Keywords: Body modifications; response to stress; University Students; mental status

EPV0448a

Borderline personality disorder and psychotic symptoms. Report of two cases

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Introduction: DSM-V includes near-psychotic symptoms as new criteria in borderline personality disorder (BPD). This change makes more difficult the differential diagnosis between considering psychotic symptoms as part of the BPD or as part of a comorbid psychotic disorder.

Objectives: Recognize the difficulty of the differential diagnosis in clinical practice between BPD and comorbid diagnosis of BPD with psychotic disorders, and how it can affect the patient’s outcome.

Methods: Patients’ data is obtained from medical history and psychiatric interviews carried out during their hospitalizations.

Results: 32 year-old female patient with previous diagnosis of BPD, psychotic episodes and cannabis abuse, was admitted due to paranoid ideation and aggressiveness, with massive borderline defense mechanisms (frequent displays of anger, high impulsivity, low frustration tolerance, self-destructive behavior...). Psychotic symptoms ceased two weeks after admission, and considering the patient’s individual characteristic it was believed BPD fitted more with this clinical case, although different psychotic disorders were considered. 30 year-old female patient began intensive psychiatric treatment with previous diagnosis of BPD, psychotic disorder and cannabis abuse. It was observed that the paranoid ideation and bodily experiences she suffered lasted months and were characterized by a strong belief. These two reasons were put into consideration when it was decided to judge this clinical case as a comorbid diagnosis of BPD with a psychotic disorder.

Conclusions: It is necessary to assess the difficulty of the differential diagnosis in these patients, and offer them specialized treatment depending on the diagnosis, as it can affect the patient’s outcome.

Disclosure: No significant relationships.

Keywords: Borderline personality disorder; differential diagnosis; Psychotic symptoms

Philosophy and psychiatry

EPV0449

Transcendental cinema and psychiatry. The case of Blue Velvet by David Lynch

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Introduction: Term ‘transcendental cinema’ was first used by Paul Schrader in the context of slow cinema, characterized by long shots, austere camerawork and acting devoid of self-consciousness. This style expresses a spiritual state and comes closer to metaphysic dimension. All these features bring transcendental style closer to philosophy of mindfulness characterized by the practice of purposely bringing one’s attention to experiences occurring in the present moment without judgment, a skill one develops through meditation or other training.

Objectives: The purpose of this project is to demonstrate the connection between transcendental style in cinema and mindfulness. Moreover, we would like to present the cinema as a tool approaching meditation and mindfulness. Particularly, we will use the example of David’s Lynch movie Blue Velvet.

Methods: In our research we use the approach proposed by Paul Schrader and David Lynch to analyze the principles of mindfulness and transcendental cinema in Blue Velvet.

Results: There are a number of presenting positive impact of mindfulness and meditation on mental and physical health of patient not only with neurological or psychological problems. Transcendental cinema is a representation of mindfulness as it teaches paying attention to single stimulus and staying in one thought. Particularly, the combination of meditation music, slow sequences as well as contemplation of human mind and emotional reactions displayed in Blue Velvet is perfect example of transcendental cinema.

Conclusions: We think that transcendental cinema should be treated as a technique of mindfulness used to understand psychological state of health and disease.

Disclosure: No significant relationships.

Keywords: transcendence; cinema; mindfulness; psychiatry

EPV0451

Disturbances of intentionality in schizophrenia and in depression

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Introduction: Intentionality constitutes an essential phenomenon of psychic life (Brentano, 1874; Husserl, 1917). Its disturbance can be expected in schizophrenia and depression.

Objectives: To study how such fundamental psychic function is altered in these two diseases.

Methods: Phenomenological method allows to deepen in the structure of complex phenomena. Husserl's analysis of "consciousness of immanent time" helps in studying how intentionality functions in schizophrenia. In depression, we appeal to own previous phenomenological researches revealing three fundamental features: a specific change in body experience; inability to act, feel, think, etc. (inhibition); and alteration, inversion, and suspension of biorhythms.

Results: The intentional arc connects the beginning and the end of a phrase. This arc will keep tensor, the bigger is the potency of the aim of my speech and my capacity to exclude inadequate associations. In schizophrenia intentional arc expands and appear "lax associations" (Bleuler, 1911) and "overinclusion" (Cameron, 1968). Fuchs (2005) argues that also the rest of schizophrenic symptoms represent disturbances of intentionality, e. g., in paranoid ideas an inversion occurs. In depression, its three essential phenomena can be interpreted as different forms of intentionality failure: the compromise of lived body and its consequent loss of transparency lead to incapacity of projecting oneself toward action and future. "Not being able to" (inhibition) means a detention of intentionality. Closely related appears the inability to anticipate. Finally, the alteration, inversion or suspension of biorhythms is temporal and insofar implicates a disturbance of intentionality.

Conclusions: The main features of schizophrenia and depression represent specific forms of alteration of intentionality.

Disclosure: No significant relationships.

Keywords: intentionality; phenomenology; schizophrenia; depression

EPV0453

Borges and the art of forgetting

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Introduction: In 2005 Elizabeth Parker and fellow researchers described the first case of Hyperthymestic Syndrome, a woman going by initials AJ. Thereafter, a handful more of such cases have emerged. Older descriptions of extraordinary memory in medical literature mainly considered semantic and working memories. Jorge Luis Borges in his 1930s short story 'Funes, his Memory' writes about his, presumably fictitious, encounter with a man named Ireneo Funes who possessed an extraordinary memory and a knack for keeping track of briefest of passing moment. Among many qualities that Funes and AJ share are their extraordinary memories, obsession for keeping track of time, and their problems

with abstraction. After describing his extraordinary memory, Borges says of Funes, 'I suspect nevertheless, that he was not very good at thinking. To think is to ignore (or forget) differences, to generalize, to abstract.' Similarly, AJ has been described to have impaired abstraction, hypothesis formation and conceptual shifting. Moreover, both Funes and AJ see their capability as a burden rather than a gift. "My memory, sir, is like a garbage heap." Says Funes.

Objectives: A brief exploration of Jorge Luis Borges' works in the context of autobiographical memory.

Methods: The comparisons between Borges' description of his character's autobiographical memory and findings of modern research techniques will be done qualitatively.

Results: Effort is made to undersatnd Borges philosophy in context of mordern memory research.

Conclusions: An in depth look into Borges' philosophies linking perception of time, coding of memory, abstraction and language can inform further line of research regarding autobiographical memory.

Disclosure: No significant relationships.

Keywords: Jorge Luis Borges; literary work review; Hyperthymestic Syndrome; Autobiographical Memory

Posttraumatic stress disorder

EPV0455

Posttraumatic stress disorder with psychotic symptoms. A case report

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Introduction: We present a 29-year-old man with a family psychopathological history of depression and a personal history of Posttraumatic Stress Disorder after sexual and psychological abuse in childhood, depressive symptoms and substance use (cannabis), who experienced delusions that made him feel threatened and in danger, with huge anxiety and insomnia for one year after a heartbreak. In addition, the patient was dysphoric, verborrhic and presented ruminative thoughts and flashbacks of abuse suffered in childhood.

Objectives: To review the literature of Posttraumatic Stress Disorder with Psychotic Symptoms (PTSD-PS) and study the difference between PTSD-PS and other psychotic disorders.

Methods: Literature review of scientific articles searching in Pubmed and Medline. We considered articles in English and Spanish.

Results: Pharmacological treatment with antipsychotics and mood stabilizer was started with remission of anxiety and insomnia and recovery of euthymia. Delusions persisted but without affective and behavioral repercussions. With psychotherapeutic work in a psychiatric Day Hospital, complete remission and proper processing of traumatic experiences were achieved. The main psychotic symptoms in PTSD are hallucinations and delusions which tend to