

## EPV1263

### Impact of Dialectical Behavior Therapy Prolonged Exposure protocol on trauma-related symptoms in Egyptian women with Borderline Personality Disorder

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**Introduction:** Although around 50% of individuals with borderline personality disorder (BPD) suffer from trauma-related disorders, literature lacks a specific treatment for these serious co-occurring problems. Dialectical Behavior Therapy Prolonged Exposure (DBT PE) is a recent protocol developed by Melanie Harned, integrating (PE) into standard (DBT). The protocol has showed promising results in treating comorbid PTSD in BPD patients. The current study, however, was the first trial to apply DBT PE protocol in Egypt.

**Objectives:** To investigate the efficacy of (DBT PE) protocol in reducing trauma-related symptoms (psychological trauma symptoms and trauma-related cognitions) among Egyptian women with BPD.

**Methods:** Sixteen women diagnosed with BPD and trauma-related symptoms, were recruited from “DBT clinic”, a private outpatient clinic in Alexandria, Egypt and randomly divided into equivalent (Therapeutic & Control) groups. The therapeutic group received DBT PE protocol while the control group received Treatment as usual (TAU). Participants were assessed pre and post-intervention using: The short version of the Borderline Symptom list, The Trauma Symptom Checklist-40, and The Posttraumatic Cognitions Inventory. The therapeutic group started treatment with standard comprehensive DBT concurrently with DBT PE protocol (14 individual sessions, 120 minutes/ week), according to readiness criteria suggested by the treatment developer.

**Results:** Patients who received DBT PE protocol showed significantly lower degrees of psychological trauma symptoms and trauma-related cognitions compared to patients in control group.

**Conclusions:** Despite being applied for the first time in Egypt, DBT PE protocol proved to be an effective intervention in reducing trauma-related symptoms in a sample of Egyptian BPD patients without any need to modify the original protocol.

**Disclosure:** No significant relationships.

**Keywords:** Dialectical Behavior Therapy Prolonged Exposure (DBT PE) Protocol; Trauma - related symptoms; borderline personality disorder

## EPV1262

### Socrates’ “maieutics” and the ethical foundations of psychotherapy

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**Introduction:** The noun “maieutics” derives from maia (mother, midwife) and the related verbs “maieusis” and “maieonuai” mean “giving birth” and “easing childbirth”. Socrates’ maieutics aspires to give birth to the truth in the youth. Since homeric times psychotherapy has been part of medical act. Initially, the physician’s word had a magical character. Plato rationalized this in many of his dialogues, specially in “Charmides”.

**Objectives:** The search of the essential characteristics of this therapeutic method described by Plato, as well as its ethical implications

**Methods:** Hermeneutic method

**Results:** The consequences for doctor-patient relationship in general and psychotherapy in particular are: 1. Remedy and “epodé” (charm) must be applied in every doctor-patient relationship. 2. The body can only be healed if the soul is cured first by a charm. 3. The openness of the patient’s soul to the physician and the physician’s beautiful speech to the patient will enable the latter to reach the state of “sophrosyne” (temperance), condition of possibility of true health.

**Conclusions:** In the discussion of the meaning of “sophrosyne”, Socrates questions disciples’ propositions and concludes that the only thing one can be sure of is that “sophrosyne” is a way of searching virtue (arete). Later, in Theaetetus, Plato adds another element: temperance is a “homoiosis theó”, that is, the assimilations of patient to God. With this Plato seals the ethical character of psychotherapy for ever.

**Disclosure:** No significant relationships.

**Keywords:** Psychotherapy; Plato’s Dialogue Charmides

## EPV1263

### The connection between diabetes and depression. Is coaching the best therapeutic path?

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**Introduction:** As it is well known, diabetes and depression are highly prevalent conditions and affect significantly overall health (Egede & Ellis,2010). This presentation aims to describe the impact of a chronic disease (diabetes) on mental health and its comorbidity with depression. Additionally, it presents the psychotherapeutic process and beneficial effects of coaching on an adolescent patient.

**Objectives:** The current study tries to present the comorbidity and interaction between diabetes and depression. It explores the therapeutic path followed, so that the patient could cope effectively with the comorbidity of these diseases and break the vicious circle of sadness that he had been into.

**Methods:** A case study of an adolescent with diabetes is presented. It depicts how the sudden appearance and diagnosis of diabetes led to depressive impasse and cancellation of his dream to become a pilot. The role of coaching is described.

**Results:** Through monthly coaching the young adolescent discovered his hidden talents and thus he was able to redirect his professional goals and to design a pathway that would lead to the fulfillment of his new life plans. Working closely together with his therapist, step by step, his depressive symptoms were diminished and anti-depressive medication was reduced gradually. Consequently, his diabetes was well regulated, and his overall health was radically improved.

**Conclusions:** Psychotherapeutic coaching is proved to be appropriate for patients with comorbidity in order to cope effectively with their chronic disease and discover new meaning in their own lives. Last, but not least, self-management skills and diabetes education are required in addition to psychological interventions.

**Disclosure:** No significant relationships.

**Keywords:** diabetes; coping; Depression; coaching

## EPV1264

### Current trends in the use of psychodrama and drama therapy in the treatment of mental disorders

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**Introduction:** Psychodrama and Drama therapy enable patients to establish contact with the threat of stepping into a given role. This gives the opportunity to learn how to control it, which leads to better expression of oneself and better communication with the environment. Those qualities are crucial in the treatment of mental disorders. Despite the variety of literature describing the methodology, clinical trials using these forms of therapy are relatively rare.

**Objectives:** To describe the current trends in psychodrama (PD) and drama (DT) research over the last 6 years.

**Methods:** We have implemented a systematic approach to literature review, consistent with the PRISMA declaration. We searched through major medical databases: PubMed, Web of Science, Scopus by Elsevier and Science Direct for peer-reviewed articles published between 2015 and 2020. We have included studies using all types of methodology: mixed, quantitative and qualitative and also case studies. The risk of bias was assessed for randomized clinical trials, consistent with the PRISMA declaration.

**Results:** Using our search strategy we have identified 24 publications with 454 participants. Most of the subjects were adults, only four studies focused on children. Overall, these studies looked at the effects of PD i DT on more than 25 different outcomes. Therefore theatre - based therapies research reports promising results across all methodologies. Although, most of the interventions have small groups of clients and are not randomized.

**Conclusions:** Current reports on the effectiveness of PD and DT still need to be verified on a larger group of patients.

**Disclosure:** No significant relationships.

**Keywords:** Mental Disorders; psychodrama; drama therapy

## Quality Management

### EPV1267

#### Incomplete Medical Charts: Impacts And Possible Solutions.

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**Introduction:** Proper documentation and relevant updating of patients' health status has become a cumbersome task with the inception of electronic medical records. Inpatient, ED, and ambulatory patient evaluation generate billions of records each year. It brings about a burden on the workload of the providers regarding registering and completing patients' records. Incomplete medical records set up complications in patient management and subsequent administrative operations. Specifically, denials for reimbursement because of incomplete medical records emerge as a critical concern. Effective measures, consisting of both technical and administrative enforcements are required to reduce number of open charts.

**Objectives:** To understand the reasons, consequences and solutions for Incomplete/Delinquent medical records.

**Methods:** We searched Google scholar and Pubmed database using keywords "Incomplete medical records", "Impacts" and "Solutions". Articles popped up. We selected 4 based on internal and external validity.

**Results:** Incomplete/Delinquent medical records are nowadays imposing a critical challenge upon financial, administrative and legal affairs in practicing Medicine. Our review shows that CMS recovery audit with hospital denials went high from 7-10% in recent years because of open/incomplete medical records. Provider's documentation time increases as well with implementation of EHR. Appropriate measures could be taken to resolve this issue, broadly we can try two ways- training and administrative courses.

**Conclusions:** Physicians, residents and all respective providers should get training on a regular basis regarding EMR/EHR to complete medical records duly and effectively. The other way is administrative surveillance. If providers fail repeatedly to comply with HIM standard and complete delinquent medical records, warnings, suspensions or other regulatory actions can be executed strictly to keep them on track.

**Disclosure:** No significant relationships.

**Keywords:** Solutions; Incomplete Charts; Impacts