

**Results** A total of 175 patients was randomized. At 3-month follow-up, patients randomized to intervention reported more days abstinent and less drug use severity than patients randomized to treatment as usual. In addition, patients randomized to intervention were at lower risk of dropout after intervention. In addition, patients randomized to intervention were more likely to report having received help for antisocial personality disorder at follow-up interviews.

**Conclusions** A brief psychoeducational intervention may improve outcomes for outpatients with antisocial personality disorder.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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**0006**

### Childhood parental childrearing differently influences on adulthood fears, agoraphobia and navigation strategy selection in females and males

J. Kállai<sup>1,\*</sup>, S. Rózsa<sup>2</sup>, G. Vincze<sup>3</sup>, L. Martin<sup>4</sup>, Á. Csathó<sup>1</sup>, K. Dorn<sup>5</sup>, I. Török<sup>6</sup>

<sup>1</sup> University of Pécs, Institute of Behavioral Sciences, Pécs, Hungary

<sup>2</sup> Eötvös Loránd University, Institute of Psychology, Budapest, Hungary

<sup>3</sup> Pándy Kálmán Country Hospital, Gyula, Hungary

<sup>4</sup> Kaposvár University, Department of Pedagogy and Psychology, Kaposvár, Hungary

<sup>5</sup> University of Pécs, Pediatric Clinic, Pécs, Hungary

<sup>6</sup> Semmelweis University, Department of Applied Psychology, Budapest, Hungary

\* Corresponding author.

**Introduction** Using self-report assessment methods, the present study examined affective factors that influenced the gender specific use of a survey-based orientation strategy and landmark-based route-finding strategy in an unfamiliar environment. First, we analyzed the role of early navigation experiences and the influence of early parental attachment (emotional warmth, overprotection and rejection) on way finding strategy. Second, the study analyzed the intercorrelations between way finding strategies and fear-related avoidance behavior and anxiousness.

**Methods** Three hundred and sixteen male and female students were recruited in a study to analyze the relationships between navigation strategies, fears, early parental childrearing behavior and navigation experiences. We proposed that use of navigation strategy depends on not only the physical features of the current environment and the participants' gender, but also fears of closed and opened spaces and types of perceived parental childrearing behavior.

**Results** We found that when exploring strange places, females used a route-finding strategy in contrast to males who used an orientation strategy for exploring a strange environment. Fear enhanced the preference for a route-finding strategy in both females and males. A route-finding strategy was associated with agoraphobic scores in females and with social fears in males. Perceived rejection from father and emotional warmth from mother together induces usage of route-finding navigation strategy.

**Conclusion** The family background influence on the capability to have personal experiences in unfamiliar environment and to cope with fears and behavioral avoidance in strange opened and closed places.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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**0007**

### Reasons for acute psychiatric admissions and psychological interventions for patients with borderline personality disorder

N.P. Lekka\*, G. Carr, T. Gilpin, B. Eyo

Sheffield Health and Social Care Foundation Trust, Acute Inpatient Service, Sheffield, United Kingdom

\* Corresponding author.

**Introduction** NICE guidelines advise to consider admission for patients with borderline personality disorder (BPD) for the management of crises involving significant risk to self or others. Furthermore, to consider structured psychological interventions of greater than three months' duration and twice-weekly sessions according to patients' needs and wishes.

**Objectives** We aimed to assess reasons for admission and access to psychological interventions in an acute inpatient BPD population.

**Methods** Case notes of patients with a diagnosis of BPD (ICD-10 F60.3 and F60.31), discharged from four acute general adult wards in Sheffield during a period of twelve months were studied retrospectively, using a structured questionnaire based on BPD NICE guidance.

**Results** Of the 83 identified BPD patients, seventy-eight percent were female and 82% between 16–45 years old. Eleven patients had four or more admissions. Eighty percent reported suicidal ideation at admission, with 50% having acted on it (70% by overdose, 50% cutting, 10% hanging). Of this cohort, 58% reported they intended to die. Psychosocial factors at admission were identified in 59 cases, including relationship breakdown (47.5%), alcohol/drug use (30.5%) and accommodation issues (17%). Disturbed/aggressive behaviour was documented in 27.1% of these cases. Sixty-eight percent of patients had psychology input in the 5 years preadmission: 38% (21 patients) received structured therapy, whilst 62% received only one assessment or advise to teams.

**Conclusions** Patients were mainly admitted for risk management. A high proportion received unstructured psychological interventions. Services offering structured psychological interventions should be supported, as hospitalisations only temporarily address BPD patients' suicidality and psychosocial difficulties.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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**0008**

### Assessing the role of weight suppression (WS) and weight loss rate (WLR) in eating disorders

G. Miotto\*, I. Chiappini, A. Favaro, P. Santonastaso, D. Gallicchio  
Università degli Studi di Padova, Clinica Psichiatrica, Padova, Italy

\* Corresponding author.

**Introduction and aims** In this study, we aim to assess the role of weight suppression (WS) in eating disorders, not only from a quantitative point of view but also assessing the speed of the weight loss by using a new parameter: the weight loss rate (WLR). We analysed the role of these two indexes in different eating disorders domains, considering both eating behaviours and outcome profiles.

**Methods** The sample consisted of 414 patients, including 62 with AN binge purge subtype (ANBP), 146 with AN restrictive subtype (ANR) and 206 with bulimia nervosa (BN). Data about response to treatment were available for a subsample of 201 patients. A cross-sectional design was used for the clinical symptoms detected during the initial assessment and a longitudinal design was adopted for the response to treatment analysis.

**Results** No significant relationship emerged between both WS and WLR and variables collected at baseline assessment. We