

Negative (PN), Past Positive (PP), Present Hedonistic (PH), Present Fatalistic (PF) and Future (F).

**Results** BPD patients scored significantly higher in PH and PF and significantly lower in PP factors than OCD patients. No significant gender differences emerged for either group. In the BPD group, age correlated significantly negatively with PH, while education correlated positively with F.

**Conclusion** The study's findings suggest that BPD patients have a hedonistic orientation towards time and life and a help-less/hopeless attitude towards the future to a significantly greater degree than OCD patients, whereas OCD patients seem to have a more positive and nostalgic attitude towards the past than BPD patients. Further research would provide additional information concerning the role of TP in OCD and BPD patients.

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### EV889

#### Anger in personality disorders – catalyser of violence – bio-psycho-social mechanisms

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**Introduction** Personality disorders designate a series of personality traits involving a behavioural pattern characterized by the recurrent violation of social norms, the importance of medico-legal implications associated to personality disorders being incontestable.

**Objective** This study aims to obtain a clear image regarding the particularities of violent behaviour, and also the mechanisms of anger in personality disorders, in relation with the legal implications of those reactions.

**Methods** The present study is a synthesis of recent literature (2012–2014) regarding the role of anger in violent behaviour with legal implications, in personality disorders. The research was made on PubMed, by the following keywords: personality disorder; violence in personality disorders; anger.

**Results** The core element that determines violent behaviour is anger. The physical effects of anger include increased heart rate and blood pressure, as well as an increase in the level of epinephrine and norepinephrine. Therefore, anger can be considered an integrant part of the response to a potential aggression or a potentially dangerous environment. Several general circumstances can activate anger. A strong example in supporting this theory is the bidirectional relation between anger within personality disorders and the use of alcohol and psychoactive substances. The individual gets extra stimulation, including through their psychopharmacological properties, thus exacerbating anger.

**Conclusions** In conclusion, it is necessary to conduct future studies focusing on the underlying causes of violence in personality disorders, as well as on the warning signs of potential violent acts, considering that personality disorders alone often cannot explain criminality.

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### EV890

#### Occurrence of addictions, self-harm behaviours, suicidal attempts in patients with personality disorder (PD)

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**Introduction** According to previous researches, the risk of addictions and self-harm or suicidal behaviours seems to be higher in patients with personality disorders (PD) than in general population. **Objective** To prove that patients with the diagnosis of PD are in the group of risk of addictions, self-harm behaviours and suicidal attempts.

**Aims** Analysis the occurrence of addictions, autoaggressive behaviours and suicidal attempts in patients with PD.

**Methods** Retrospective analysis of 123 patients diagnosed with PD and hospitalized over the years 2012–2015 in the Department of psychiatry and psychotherapy, medical university of Silesia, Katowice. Statistic analysis of variables and comparing with previous studies.

**Results** Three quarters of hospitalized patients were females.

Average age in analysed population was about 48.5 years old.

The frequency of suicidal attempts history was 38% among these patients.

Most popular method of suicidal attempts was drugs overuse.

Nineteen percent of PD patients has revealed self-harm behaviours history.

PD's population have 46% risk of addictions.

**Conclusion** Hospitalized patients with personality disorders are in the group of risk of addictions, self-harming behaviours and suicidal attempts.

Care should be taken with patients revealing any risk of autoregressive behaviours and they should be advised accordingly. Preventive actions should be taken with these patients when any life-threatening behaviours suspecting.

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### EV891

#### Family and professional functioning in patients with personality disorders

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**Introduction** Personality disorders (PD) are weight group of conditions. As possible causes of PD, literatures indicates being victim/witness of domestic violent. There is valid suspicion that PDs may have influence on marital status, education level and professional activity.

**Objective** Studying the PD influence on patients quality of life concerning both personal and professional areas of life.

**Aim** Analysis of the exposition to the violence in relation to PD diagnosis. Evaluation of the education level and professional activity in studied group, furthermore marital status.

**Methods** Retrospective analysis of 123 patients diagnosed with PD hospitalized over the years 2012–2015 in the Department of psychiatry and psychotherapy, medical university of Silesia hospital. Statistic analysis of variables and comparing with previous researches.

**Results** Three quarters of hospitalized patients were females.

Average age was about 50 years old.

Proximal marital status: 40% single, 60% formalized relationship (about 20% were divorced).

Among participants, 50% were employed, and 80% have completed at least 12 years of education.

About 40% had been victim/witness of domestic violence.

**Conclusions** The patients with PD had often experienced the domestic violence in childhood. Higher risk of impaired personality development with patients, who had been violence victim or witness is possible and they need to be advised accordingly. Research did not reveal PDs' influence on the education level. To define correlation between employment or marital status and PD further researches are needed.

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## Philosophy and psychiatry

### EV892

#### Vulnerability and psychopathology. Reviewing a model in theory of psychiatry

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**Introduction** The vulnerability model is prevalent in the current Theory of Psychiatry. Systematic reflection after reviewing the historical proposition of this model can enrich its contents.

**Objectives** Complete and deepen the meaning of the concept "vulnerability" in Psychiatry.

**Aims** Review historical approaches to the concept of vulnerability in Psychopathology. The study starts with Zubin & Spring and reaches contemporary approaches especially in the writings of Giovanni Stanghellini.

Seek sources to deepen its meaning looking back to Karl Jaspers and Ludwig Binswanger's classical Psychiatry. They offer psychopathological notions that can be used to enrich a model of vulnerability. **Methods** This is research in the context of Theory of Psychiatry, its method implies a historical literature review and a systematic philosophical reflection.

**Results** Vulnerability is still revealed to be the best concept to organize a model of mental illness. This study proposes to avoid any simple identification of vulnerability with statistical or genetic risk. Vulnerability in psychopathology should always be confronted with the horizon of human subjectivity. To keep in view this horizon – a limit impossible to grasp – is indispensable for clinicians and researchers if they want to understand patients who suffer mental illness. This process is helpful to avoid any reductionism about the image of mental illness and about the human being who suffers that illness.

**Conclusion** "Vulnerability" is shown as a concept that needs to be thought over thoroughly and to be present in psychopathology to overcome reductionism and to understand the very possibility of psychiatric illness.

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### EV896

#### Veiling existence with clothing

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Our aim is to discuss the notion of freedom in severe depression. We will address it considering several phenomenological conceptions of the matter, from Binswanger's *nicht können* to more recent Ratcliffe's loss of existential feelings and also by clinging to our own clinical experience, in particular a case of melancholic depression in a 67-year-old woman.

Our patient suffered a clear melancholic syndrome, with an intense psychomotor inhibition, she felt incapable of doing anything, spent hours brooding over menial tasks and thought much about dying, because she sensed the world as being devoid of possibilities and the future closed, experiences she considered "not related to disease" but to her own "incurable moral failure".

In order to discuss the notion of freedom in depression, we will particularly focus on one of her psychopathologic phenomena, the impoverishment delusion-like experience of having run-out of proper clothing, which we consider was based on a inhibited "perception" of reality, an unreflective experience of corporeal "not being able", a loss of the motivational force of intentionality. However, we will argue that this unreflective, pre-given experience showed striking connections to the patient's sub-depressive personhood, a classical Tellenbach's *typus melancholicus*.

An hermeneutical analysis of her existence will be performed using the anthropologic person-centered dialectic model developed by one of the authors, and building on it, we will introduce the distinction between lived experience (*Erlebnis*) and factual experience (*Erfahrung*) which we consider it is essential to enlighten the nature of the loss of freedom that severe depression entails.

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### EV897

#### On becoming ill: An exploration of the concept of "transition" to a mental disorder

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**Introduction** As a general problem in nosology, the moment when one becomes ill may be hard to define. In Psychiatry, the boundaries of disease may be more difficult to establish. In the last decade, we've been observing a growing interest in early diagnosis in this field, and the concept of "transition" to a mental illness became an important topic of discussion with implications in clinical practice.

**Objective** To review different author's models of evolution of symptoms and transition to mental illness and discuss their advantages and limitations in the actual context of Psychiatry research and clinical practice.

**Aim** To increase understanding on the different paradigms of becoming ill and their relevance to present and future psychiatric practice.

**Methods** Non-systematic review of literature devoted to the creation of models that describe the establishment of a mental disorder.

**Results** One of the first accounts of becoming mentally ill was developed by K. Jaspers within a phenomenological life-history analysis. Nonetheless, a cross-sectional approach to diagnosis has