Objectives: This pilot study documents the facceptability of a protocol testing the effects of exercise on the response to a negative emotion in adults with BPD.
Methods: 28 adults with a diagnosis of BPD have been recruited in a psychiatric hospital. Participants filled several questionnaires then viewed a scene from Silence of the Lambs to induce negative emotions. They were then assigned to 20 minutes of exercise or a neutral video of 20 minutes. Affects were assessed 7 times during the protocol.
Results: In this sample, 9 participants reported at least equal levels of affect after the induction than before. Preliminary results show a tendency of higher response of physical exercise than control on positive affects and no participant had any adverse effect from exercise.
Conclusions: This pilot study was the first to test the effects of exercise on symptoms of BPD. It also informs on the best way to conduct the principal study. First, the mood induction was poor, thus it will be changed for a stronger induction strategy. Then, the control intervention will be a placebo exercise. These modifications will enable a better understanding of the effects of exercise on emotion regulation with BPD population.

Keywords: Borderline personality disorder; Physical Activity; Emotional Regulation

EPP0903

Borderline personality disorder and psychotic symptoms. report of two cases

A. Hernández Mata*, A. Sotillos Gómez, M. Esparza Barandiarán and P. Marco Coscujuela

Psychiatry, Hospital Universitario de Getafe, Getafe, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2021.1171

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.

Keywords: Borderline personality disorder; Psychotic symptoms; differential diagnosis

EPP0904

Pharmacotherapy for borderline personality disorder: A review.

M.D.C. Molina Lietor*, I. Cuevas and M. Blanco Prieto

Psiquiatría, Hospital Universitario Príncipe de Asturias, Alcalá de Henares, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2021.1172

Introduction: Borderline personality disorder (BPD) is characterized by instability of interpersonal relationships, self-image, and emotions, and by impulsivity. Although patients with BPD are misdiagnosed, some of them receive mental health treatment. Even if the first-line treatment of this disorder is psycotherapy, the patients with BPD may be highly symptomatic and are often prescribed multiple medications in a manner unsupported by evidence.
Objectives: The aim of this study is to study the available evidence about the pharmacotherapy for borderline personality disorder.
Methods: A review of the available literature about the management of borderline personality disorder and de pharmacotherapy for personality disorders was performed.
Results: First-line treatment of the personality disorders is psycotherapy. The treatment plan for BPD may include individual and group therapy, medication, self-education, specialized substance use disorder treatment, partial hospitalization, or brief hospitalization during times of crises. Medications are generaly used only as adjuncts to psychotherapy and the adjunctive use of symptom targeted medications has been found to be useful. There is limited information to guide pharmacotherapy; preliminary evidence limits the practice of polypharmacy. Sympton-domain focused medication treatment is recommeded by some guidelines: cognitive-perceptual symtoms (low-dose antipsychotic drugs), impulsive-behavioral dyscontrol (mood stabilizers), affective dysregulation (mood stabilizers and low-dose antipsychotic drugs) and self-harm (omega-3 fatty acids).
Conclusions: BPD cause significant distress and impariment of social, occupational and role functioning. The first-line treatment for BPD is psychotherapy; however symptom-focused, medication treatment of BPD is generally considered to be an adjunct to psychotherapy. The data support the efficacy of low dose antipsychotic drugs and mood stabilizers.

Keywords: Borderline; pharmacotherapy; personality disorders

EPP0905

Monoamine oxidase a gene polymorphism associated with hostility in male population of 45-64 in Russia/ Siberia

V. Gafarov*, E. Gromova, D. Panov, I. Gagulin, A. Gafarova and V. Maximov

Collaborative Laboratory Of Cardiovascular Diseases Epidemiology, Institute of Internal and Preventive Medicine - branch of Institute of Cytology and Genetics SB RAS, Novosibirsk, Russian Federation
*Corresponding author.
doi: 10.1192/j.eurpsy.2021.1173

Introduction: The presence of low-activity alleles of the MAOA gene increases the risk of hostility.

Objectives: To study the association of hostility with high and low-active variants of the MAOA gene in an open population of men 45-64 years.
Methods: Under the WHO International Program MONICA-psychosocial and HAPIEE a representative sample of men aged 45–64 years (n = 781 men, average age was 56.48 ± 0.2 years) examined in 2003-2005. All respondents independently completed a questionnaire on hostility. From the surveyed sample using the random number method 156 men were selected who were genotyped for MAOA-uVNTR polymorphism.
Results: It was found the level of hostility in the population of men was 60.3%. In persons with low-active alleles of the MAOA-L gene (allele 2 and 3) a high level of hostility was more common - 50.9%. The results of building a logistic regression model showed that the presence of low-active alleles (2; 3) of the MAOA gene increases the likelihood of hostility OR = 2,103 (95% CI 1,137-3,889, p = 0.018).
Conclusions: Our findings allow us to conclude that the low-active allele of the MAOA-L gene is associated with hostility.

Keywords: population; men; MAOA gene; hostility

EPP0906

Relationship between guilt and shame and depressive symptoms in normal population and patients with personality disorders

O. Khokhlova[1,2] and M. Vinogradova[1]*

[1]Department Of Neuro- And Pathopsychology, Faculty Of Psychology, Lomonosov Moscow State University, Moscow, Russian Federation and [2]Psychology Department, Middlesex University Dubai, Dubai, United Arab Emirates

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.1174

Introduction: Shame and guilt are often discussed in their association with depression. However, there is a need in deeper understanding of relationship between these emotions and depressive symptoms in personality disorders, where affective patterns do not reach the level of clinical depression.
Objectives: To examine the differences in shame and guilt levels in normal subjects and patients with personality disorders and their association with depressive symptoms.
Methods: In total, 28 patients (M=36.07, SD=11.87) diagnosed with personality disorders and 76 (M=29.67, SD=8.87) healthy individuals were recruited to take part in this study. Patients and healthy controls had equivalent educational level. Participants were given two standardized tests: Beck Depression Inventory and Test of Self-Conscious Affect (TOSCA) – 3.
Results: There were significant differences in levels of guilt between patients with personality disorders (M=64.79, SD=6.78) and healthy individuals (M = 59.92, SD = 11.86), t (102) = 2.603, p = .011. Patients also demonstrated higher levels of shame (M=47.86, SD=9.70) than the participants without diagnoses (M = 43.38, SD = 14.96), however, these differences were not significant t (102) = 1.47, p > .05. It was found that depressive symptoms in normal population but not in patients significantly correlated with levels of guilt (r(76) = .124, p <.01) and shame (r(76)=.188, p<.01).
Conclusions: It might be assumed that shame and guilt play different roles in emotional sphere of healthy individuals and patients with personality disorders, being associated with depressive symptoms in norm and unrelated to depressive symptoms in personality disorders.

Keywords: Guilt; depressive symptoms; personality disorders; Shame

EPP0907

The relationship between risk, the dark triad traits, and empathy

T. Kornilova, E. Pavlova and Y. Krasavtseva*

Department Of Psychology, Lomonosov Moscow State University, Moscow, Russian Federation

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.1175

Introduction: Empathy is generally viewed as a "positive" trait, while the Dark Triad traits are regarded as a "negative" side of a Dark personality. The perception of Risk is less univocal, as it plays a role in both courage and questionable behavior.
Objectives: We posed the following research questions: 1. Is risk linked to empathy and the Dark Triad traits? 2. Which traits help distinguish between participants with contrasting latent profiles (determined cumulatively for the specified personality variables)?
Methods: Participants (n=250) completed three questionnaires: the Dirty Dozen, Personality Factors of Decision-making and the Questionnaire of Cognitive and Affective Empathy (QCAE). Correlation and Latent profile analysis (LPA) were performed.
Results: Risk was linked to Machiavellianism, psychopathy, and decentration (positively) and to emotion contagion and affective empathy (negatively). Rationality was positively correlated with cognitive empathy. Machiavellianism correlated negatively with rationality and online simulation (a cognitive empathy subscale). Empathy subscales were linked to psychopathy (negatively) and to narcissism (positively). LPA established two latent profiles: the smallest BIC value was obtained for the model with two profiles (log-likelihood: -3204.013, df=77, BIC=-6833; VEE). Analysis of means revealed that Class 1 was characterized by significantly higher Dark Triad values and higher Risk, whereas Class 2 was characterized by lower Dark Triad traits, lower Risk, and higher Rationality (see Figure 1).

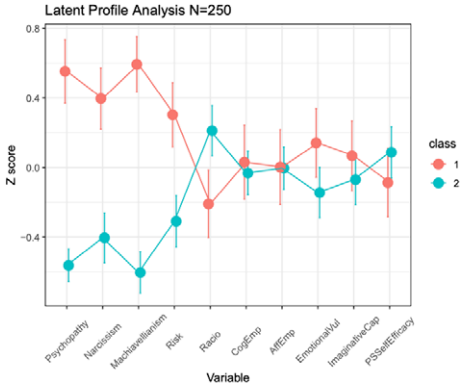

Figure 1. Latent profile analysis