

psychosis) until they disappear by exhaustion, as the couples undergo personality transformation.

Results: The patients typically go through four distinct stages through Lifetrack therapy in the process of personality transformation, with stage IV representing complete transformation. Of the last 182 BPD diagnoses confirmed patients (out of total of 1,170 patients over the last 20 years), 15% reached stage IV, 12% reached stage-III, and 12% reached stage-II at the time of termination. 15% improved without going through typical four stages. However, 23% remained in stage-I and 35% remained in stage-0 at the time of termination.

Conclusion: Symptoms of borderline personality disorder can be better understood and treated as the consequence of one's personality which can be transformed through 'Breakthrough Intimacy.' The result of this study supports an alternative approach in treatment of borderline personality disorder through personality transformation, working in three-way teamwork.

P0049

Is there any influence of personality disorder on the treatment of social phobia?

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The efficacy of the treatment of personality disorder was repeatedly been reported as less successful than the therapy of patients without personality disorder. Our study is designed to compare the short-term effectiveness of therapy in patient suffering with social phobia with and without personality disorder. The aim of the study was to assess the efficacy of the 6 week therapeutic program designed for social phobia (SSRIs and CBT) in patients suffering with social phobia and comorbid personality disorder (17 patients) and social phobia without comorbid personality disorder (18 patients). They were regularly assessed in week 0, 2, 4, and 6 on the CGI (Clinical Global Improvement) for severity, LSAS (Liebowitz Social Anxiety Scale), and in self-assessments BAI (Beck Anxiety Inventory) and BDI (Beck Depression Inventory). Patients of both two groups improved in most of assessment instruments. A combination of CBT and pharmacotherapy proved to be the effective treatment of patients suffering with social phobia with or without comorbid personality disorder. The treatment efficacy in the patients with social phobia without personality disorder had been showed significantly better compared with the group with social phobia comorbid with personality disorder in CGI and specific inventory for social phobia – LSAS. Also the scores in subjective depression inventory BDI showed significantly higher decrease during the treatment in the group without personality disorder. But the treatment effect between groups did not differ in subjective general anxiety scales BAI.

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P0050

Augmentation of antidepressants with bright light therapy in patients with comorbid depression and borderline personality disorder

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Bright light has been found to be effective in treating seasonal affective disorder, delayed sleep phase type disorder, jet lag, improved sleep-wake patterns and reduces sundowning behavior in hospitalized patients with Alzheimer's disease. Some studies reported an antidepressant effect of bright light also in non-seasonal depression (non-SAD). The efficacy of any treatment of comorbid depressive disorder and borderline personality disorder was been reported as less successful than the therapy of patients without personality disorder. There were no studies, which describe using the bright light therapy in patients with comorbid depression and borderline personality disorder. The aim of our open label study is to assess the efficacy of the 6 week combined therapeutic program with adjunctive administration of the bright light therapy (10000 lux from 6:30 to 7:30 in the morning for 6 weeks) to previous stable 6 week administration of high dosages of SSRI in a pharmacoresistant depressive patients suffering with the comorbidity with the borderline personality disorder. Thirteen patients with major depression and borderline personality disorder according the ICD-10 research diagnostic criteria and DSM-IV-TR were participated in this study. They were regularly assessed on the CGI, HAMD, MADRS and in self-assessments BDI and BAI. During the bright light therapy administration the patients improved in all assessment instruments. The results must be seen with caution because the trial was open.

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P0051

Borderline personality – bad behavior as illness

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Background: Charland has stated in a philosophical analysis that B-cluster personality disorders are moral not medical categories. The status of borderline personality disorder has been challenged also using other grounds.

Methods: The aim of this paper is to discuss whether borderline personality is a moral or medical/psychological condition or just "bad behavior", a moral category.

Results: Charland's statement relies on a consideration that an act that can be characterized by using moral terms could not be characterized in another manner more efficiently and that this act is a failure of following a moral principle of ethical behavior. Using Jonathan Danth's argumentation, it is stated that ethical behavior does not necessitate any principles. There may be several reasons for certain behaviors, and reasons may vary from one situation to another. Several results of modern cellular biology indicate that contrasting bad behavior and illness may be outdated and overstatements, as structure and functions are interrelated in biology. I present the case for considering all types of illnesses as some form of bad behavior or vice versa. Additionally, research gives reasonable basis for arguing that sense of agency is severely impaired in borderline personality disorder, and that this is associated with disturbed connectivity between amygdala, hippocampus and the orbitofrontal cortex impairing the regulation and integration of emotion and cognition.

Conclusion: Borderline personality can be considered an illness impairing abilities for judgment and agency.