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EV869

Differentiating between bipolar affective disorder (BD) and borderline personality disorder (BPD) – A clinical case

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Introduction Recent studies suggest that Borderline Personality Disorder (BPD) could be regarded as an affective disorder within the Bipolar Affective Disorder (BP) spectrum. This is supported by evidence suggesting a clinical/neurobiological overlap between these two disorders. The Temperament and Character Inventory Revised (TCI-R) may help differentiate between the two disorders and orientate the clinical approach, considering the evidence of the medium-term temporal stability of TCI-R in a clinical population.

Objective We present a clinical case diagnosed with BD which underwent testing using TCI-R. TCI-R orientated towards a secondary diagnosis of BPD and the case further received a course of Dialectical Behavior Therapy (DBT) which led to clinical improvement. We therefore study the usefulness of TCI-R in this clinical setting.

Aims To study whether TCI-R may help differentiate between BD and BPD in mood stabilized patients.

Method Our patient is a 52-year-old married male diagnosed with BD. Considering his clinical features of impulsivity/instability of behaviors and pathological interpersonal relationships, patient was started on individual DBT (fortnightly, 4 months). Psychotropic treatment (paroxetine 30 mg/day, lithium 1000 mg/day, aripiprazole 15 mg/day) was not modified.

Results TCI-R scores: harm avoidance (100%), novelty seeking (53%), reward dependence (20%), persistence (18%), self-directedness (1%), cooperativeness (2%) and self-transcendence (48%). After 4 months of therapy, the patient improved in distress tolerance, acceptance, behavioral activation and assertiveness.

Conclusions TCI-R is an inventory for personality traits in which character scores differ markedly between PD and non-PD patients. It is a useful tool in BPD patients orientating the clinician in the differential diagnosis and the treatment approach.

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Recurrent depression over an schizoid personality. Case report

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Introduction According to Millon, personality is a “complex pattern of psychological factors, which are mostly unconscious and express themselves automatically in almost every functional dimension of the subject”. It has been described how personality traits can modify the expression of other mental diseases, leading to confusion in diagnosis and treatment of the patient.

Method Systematic review of the literature in English (PubMed) and clinical history of the patient. Keywords: “recurrent depression disorder”; “schizoid personality”.

Objective To highlight the importance of making an accurate and detailed diagnostic formulation, in patients with both mental and personality disorders.

Case Sixty-seven-year-old woman, with many psychiatric hospitalizations, secondary to a recurrent depression disorder with psychotic symptoms and schizoid personality disorder. Both psychiatric monitoring and pharmacological treatment have been erratic. Initially, depressive episodes were considered as symptoms of her personality disorder. However, over the years, it was possible to make a more accurate diagnosis and a better treatment adjustment. In this case, lack of adherence is probably due to multiple factors, but no awareness of illness and personality disorder itself are the most important ones. This fact makes the patient less concerned about her personal care, leading to irregular treatment.

Conclusions People with schizoid, schizotypal or paranoid personality traits usually have a worse outcome, and they interfere with the functionality of the patient. This explains the importance of making an accurate and detailed diagnostic formulation, in order to benefit the course of the underlying mental disorders.

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Gut feeling

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Introduction There is growing evidence of the importance of nutrition in mental disorders. Gut microbiota, influenced by environmental factors such as diet and stress, has been proposed as one of the players on a dynamic called gut-brain axis, which is thought to have an influence on behaviour and mental health.

Objectives and aims To summarize recent evidence on the topic, and its potential role in psychiatric interventions.

Methods The authors review updated literature collected from online scientific databases.

Results The development of the brain itself has been shown to be influenced by the gut microbiome. Research demonstrates that the composition of the microbiota has influence on behaviour through neuroendocrine and other neuroactive messengers production by the bacteria within the gut lumen. Studies in germ-free animals, animals exposed to bacterial infections, probiotic supplements or antibiotic drugs suggest a role for the gut microbiota in the regulation of anxiety, mood, cognition and pain. The gut microbiome has been implicated in brain disorders including anxiety and depression, multiple sclerosis, Alzheimer's disease, Parkinson's disease, and autism.

Conclusions The treatment of mental disorders is usually based on pharmacological and psychotherapeutic interventions, and little attention is given to dietary interventions. The emerging field of research focused on the human microbiome suggests an important role for the gut microbiota in influencing brain development, behaviour and mood in humans, and points new strategies for developing novel therapeutics for mental disorders.

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EV877

A life tiptoeing: Being a significant other to persons with borderline personality disorder

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Introduction Borderline Personality Disorder (BPD) is a severe psychiatric health problem with a reputation of being difficult to deal with and to treat. Significant Others (SOs) of patients with BPD show higher levels of psychological distress compared with the general population. Strengthening the coping strategies of SOs has been shown to play an important role in the recovery of the person with psychiatric health problems. Research around SOs of persons with BPD is, to our knowledge, scarce, especially qualitative research exploring their experiences.

Objective We believe that if the personnel working in health care and psychiatric care are able to better understand SOs experiences and life situation, it could be an important step toward improved care.

Aim The aim of this study was to describe SOs experiences of living close to a person with BPD and their experience of encounter with psychiatric care.

Methods Data were collected by free-text questionnaires and group interviews and were analyzed by qualitative content analysis.

Results and conclusion The results revealed four categories: a life tiptoeing; powerlessness, guilt, and lifelong grief; feeling left out and abandoned; and lost trust. The first two categories describe the experience of living close to a person with BPD, and the last two categories describe encounter with psychiatric care.

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EV878

Borderline personality disorder in adolescence. Prevention and early intervention from a cognitive analytic approach

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Introduction Borderline personality disorder begins in adolescence, however, its diagnosis is subject to some controversy and tends to be underdiagnosed. Stigma associated with its diagnosis, comorbidity with other axis I disorders or the changeable sense of identity during adolescence are some of the elements that obscure the diagnosis. Increasingly, recent studies have shown the utility of prevention programs as well as instituting early intervention in adolescents, with very hopeful outcomes.

Objectives The aim of this study is to review the benefits derived from early prevention and intervention programs in adolescents with borderline symptoms from a cognitive analytic approach.

Methods A systematic review for scientific articles extracted from research databases including Dialnet, EBSCO, Pubmed, Unika

and Scholar Google was conducted. Other high-impact studies in the field were also included.

Results Evidence reported by reviewed articles supports Cognitive analytical therapy as one of the most successful approaches, the same as Mentalization based therapy, in the treatment of Borderline personality disorder. From this approach, prevention and early intervention have shown their effectiveness in reducing borderline symptoms and risk factors besides they contribute to interpersonal functioning improvement.

Conclusions Prevention and early intervention constitute the main pillars to prevent the potential development of Borderline personality disorder or its evolution in more complex and irreversible forms. But this intervention must be carried not only in young already diagnosed, but also in those who are on the diagnostic threshold, presenting risk factors for further development.

Keywords Cognitive analytic therapy; Borderline personality disorder; Adolescents; Early intervention; Prevention

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Paliperidone palmitate study in patients with personality disorder

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Introduction Personality disorders are chronic affectation of mood, impulsivity, aggression and anxiety. It is thought to have biological factors related to the development of personality disorders.

Aims To evaluate and compare the efficacy of injectable paliperidone in actual clinical practice of patients diagnosed with Personality Disorder, compared to other treatments.

Methods We conducted a descriptive, retrospective and observational study from January 2012 to June 2015 including all the patients who are treated with paliperidone palmitate extended-release injectable suspension with a diagnosis of Personality Disorder according to DSM 5. We included patients with at least 12 months of treatment and the results were compared with respect to the 12 months prior to taking said drug. Variables studied: medical diagnosis, hospital admissions, average length of stay, total number of emergency visits or other devices, maintenance doses.

Results We recruited 14 patients (7 women and 7 men) with a mean age of 36.2. 64.29% of patients had borderline personality disorder; 21.43% unspecified personality disorder. The mean dose of maintenance treatment is 105.357. Before the treatment, the quantity of total number of hospital admission are 1.14 versus 0.429 after treatment. The number of stay is also decreased from 13.7 to 3.5; like emergency room visits or to other devices. 78.57% of patients continue to psychopharmacological treatment. Fifty percent of patients undergoing treatment with another antipsychotic ($P < 0.05$).

Conclusions The present results show that paliperidone palmitate can be an effective way to control the most characteristic symptoms of Personality Disorders, and reducing emergency visits, hospitalisations and other devices.

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