

functions, problem solving, attention, working memory and cognition.

**Objectives:** Our objective is to assess the feasibility and efficacy of the tDCS and cognitive remediation on BPD symptoms and functioning.

**Methods:** The open study includes 10 daily sessions of tDCS for 2 weeks and 8 weekly group meetings for the cognitive remediation. Based on studies conducted on people with BPD, the settings for the tDCS are as follows; 20 minutes of continuous current at the intensity of 2mA and the electrodes are placed on specific stimulation sites related to impulsivity. To verify the effectiveness of the combination on the symptoms and evaluate the cognition and functionality of the patients, questionnaires at neuropsychological texts are conducted at the beginning of the study, after the tDCS, after the cognitive remediation and 3 months after the end of the study. The expected results of this study are that the combination of the two treatments will reduce the symptoms of BPD and improve executive functions compared to the treatment as usual or tDCS alone. This study would allow the implementation of an efficient and low-cost first-line treatment and a better functional progression of BPD patients.

**Results:** The expected results of this study are that the combination of the two treatments will reduce the symptoms of BPD and improve executive functions compared to the treatment as usual or tDCS alone. This study would allow the implementation of an efficient and low-cost first-line treatment and a better functional progression of BPD patients.

**Conclusions:** This study would allow the implementation of an efficient and low-cost first-line treatment and a better functional progression of BPD patients.

**Disclosure of Interest:** None Declared

## EPP0174

### Sex and pathological personality traits: measurement invariance and comparisons

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**Introduction:** The Personality Inventory for DSM-5 (PID-5) is an instrument that aims to assess pathological personality traits according to the alternative model proposed by the DSM-5. To validate the comparison of an instrument's scores between different groups, it is necessary that the measure's invariance be attested, in order to guarantee that the same underlying constructions are being evaluated between the groups. Differences between sex in relation to the predominance of adaptive personality traits were portrayed in previous studies, a fact that seems to be related to culture.

**Objectives:** This study aims to assess whether the PID-5 presents structural equivalence between sex (sex measurement invariance) and whether there are differences between pathological personality traits in Brazilian men and women.

**Methods:** A community sample of 1110 subjects was assessed (71.2% women, mean age 34.6 ( $\pm 15.8$ ) years, 68.8% higher education). They were recruited through advertisements in different media and by the "snowball" method. Participants responded to

the PID-5 in person. The cross-culturally adapted version into Brazilian Portuguese was used

**Results:** The PID-5 showed that its structure was invariant for sex at the configural level (CFI= 1.000; TLI=1.007; RMSEA<0.001), metric ( $\Delta$ CFI=0.01;  $\Delta$ TLI= 0.02;  $\Delta$ RMSEA=0.02) and scalar ( $\Delta$ CFI=0.006) ;  $\Delta$ TLI= 0.006;  $\Delta$ RMSEA=0.004), allowing comparisons. Regarding the domains evaluated by the PID-5, men showed more traits of Distancing, Antagonism, Disinhibition and Psychoticism ( $p < 0.002$ ), while for Negative Affectivity there were no differences between genders ( $p = 0.06$ ). In terms of facets, women showed higher indicators of lability, anxiety and impulsivity ( $p < 0.01$ ), while men showed perseverance, withdrawal, restricted affectivity, manipulation, dishonesty, grandiosity, attention seeking, insensitivity, irresponsibility, exposure to risks, unusual beliefs and eccentricity ( $p < 0.04$ ).

**Conclusions:** The findings reinforce the validity evidence of the DSM-5 trait model, which, through the PID-5, similarly evaluates such aspects between sex. Differences between genders were observed in relation to pathological personality traits, which bear similarities with differences observed in terms of adaptive personality traits. Specificities are observed at the cultural level, when, for example, the findings are compared with a Japanese university sample, reinforcing the role of culture at this level

**Disclosure of Interest:** None Declared

## Schizophrenia and other psychotic disorders

### EPP0175

#### Predominant negative symptoms: views of patients vs. doctors in a 1-year observational study

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**Introduction:** Negative symptoms are a key aspect of schizophrenia, significantly impacting a patient's functioning and quality of life. These symptoms are deemed predominant when they dominate the clinical picture and positive symptoms are only minimally present. As articulated in the most recent guidance by the European Psychiatric Association, including self-report measures is encouraged in negative symptom studies as they can further complement the observer-rated scales when assessing negative symptoms of schizophrenia.

**Objectives:** The objective of the poster is to compare the views of patients vs. doctors regarding predominant negative symptoms during a 1-year observational study.

**Methods:** This was a 1-year-long, prospective, multicentric cohort study with three visits after baseline at 3, 6 and 12 months. Adult outpatients with a schizophrenia diagnosis according to the International Classification of Diseases 10th edition who exhibited predominant negative symptoms according to clinical judgement were included. Patients received pharmacological and some non-pharmacological treatment as usual.

The primary outcome measure was the modified Short Assessment of Negative Domains (m-SAND), an anamnesis-based scale that is

composed of 7 items: two positive items (delusions and hallucinations) which make the m-SAND Positive sub-scale (m-SAND-P) and five negative items (anhedonia, alogia, avolition, asociality and affective flattening) which make the m-SAND Negative sub-scale (m-SAND-N) Each item is rated from 0 to 5 (not observed; mild; moderate; moderately severe; severe; and extreme). Other measurements included the Self-evaluation of Negative Symptoms (SNS), a validated scale that provides meaningful information regarding the patients' own perception of their negative symptoms. Least squares (LS) means were calculated for the change from baseline to final visit using a mixed model for repeated measures (MMRM).

**Results:** 188 patients were included in the study. The mean age was 39.8 years and 65% of patients were men. The mean duration of illness was 12 years. At baseline, patients rated alogia and apathy (mean SNS score: 5.7) to be the most severe and then asociality (5.5). In contrast, doctors found affective blunting (mean m-SAND total score: 4.3), apathy (4.2) and anhedonia (4.0) to be the most severe.

After the end of the observational period all negative symptom sub-domains improved significantly according to both the patients' and doctors' views. The latter group reported -1.9 LS mean change from baseline in apathy, -1.8 in anhedonia, and -1.7 in asociality (all p-value <0.0001). Patients felt most change in alogia and asociality (-2.7), and apathy and anhedonia (-2.4).

**Conclusions:** In summary, both patients and doctors reported significant improvement in predominant negative symptoms. Nonetheless, there were some differences how they perceived severity and change in the specific domains.

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## EPP0176

### Dandy-Walker malformation and psychotic disorder. Review in accordance with a clinical case

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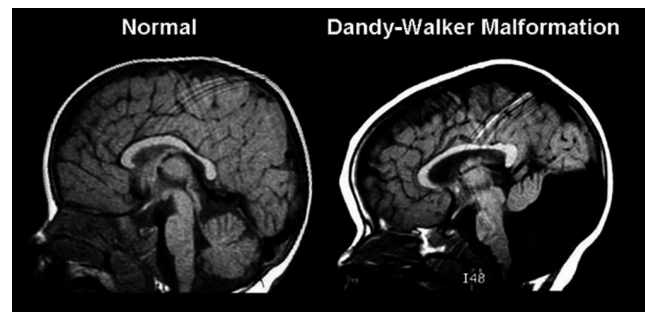
**Introduction:** A clinical case is presented of an 18-year-old woman diagnosed with Dandy-Walker malformation, who is admitted to an Acute Inpatient Psychiatry Unit due to atypical psychotic symptoms, pseudology and aggressive behaviour. After several medication trials, there is a partial response observed with low doses of clozapine, consolidating the improvement afterwards, being referred to an open-door community mental health center because of poor family and social network.

**Objectives:** Review clinical information about Dandy-Walker malformation and the development of psychiatric disorders, specifically psychotic symptoms, pointing out the peculiarities regarding clinical presentation and treatment management.

**Methods:** Search in the medical database PUBMED, MEDSCAPE and UPTODATE. Keywords: "Dandy-Walker Syndrome", "Psychotic Disorders".

**Results:** The Dandy-Walker syndrome consists on a cystic dilatation of the fourth ventricle, an abnormally high tentorium and the agenesis of the cerebellar vermis. Cerebellar structures are involved in cognitive, emotional and behavioural processes. This syndrome is related to the development of psychotic and affective disorders, as well as obsessive-compulsive disorder. The clinical presentation is usually atypical, being characterised by an early onset, a family history of psychosis and a high prevalence of cognitive deficit and borderline intelligence. There are no specific drugs recommended for the treatment of these patients, which present a high rate of refractoriness to antipsychotic treatments, together with a greater sensitivity to its side effects. Depending on the clinical presentation it is advisable to focus on the most relevant symptoms to be treated and potential side effects in order to reduce polypharmacy.

**Image:**



**Conclusions:**

- The Dandy-Walker syndrome is related to a higher risk of psychiatric disorders
- Clinical presentation is usually atypical and in early stages
- There is a high rate of refractoriness and greater sensitivity to treatments
- A specific pharmacological treatment is not recommended and it is recommended to avoid polypharmacy

**Disclosure of Interest:** None Declared

## EPP0177

### Are direct costs in schizophrenia influenced by duration of illness? results from a retrospective follow-up study

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**Introduction:** In Italy, it was recently estimated that the total economic burden for schizophrenia is € 2.7 billions, of which around 50% is derived from direct costs and 81% of these are due to hospitalization, residential facilities and semi-residential facilities, whereas only 10% of direct costs is derived from