

Methods: This patient will be presented, along with systematic bibliography review of the topic.

Results: The following results were extracted upon the attention given to this patient which was admitted to the Psychiatric Unit. First of all, the mouth stitches were removed, along with a petition for toxicological analysis. The results gave positive for cannabis and benzodiazepines. The patient was also brought previously this year with another autolytic attempt, this time on cocaine consumption too. Furthermore, a thorough review was made of the other autolytic attempts, including those which happened in his country of origin. The patient has hundreds of small cuts among his arms, from previous cuts made in the past. Furthermore, subcutaneous wounds were auto inflicted in the ER, with a small blade.

Among the whole interview, it was clear he had a personality disorder, with high impulsivity levels and lack of control once the situation overflows.

We also tried to understand the outcome of suturing his mouth. The patient referred his acts of impulsiveness due to his overwhelming situation of both having no job at this moment and the pain he was suffering due to his ankle procedure.

The patient was admitted to our Unit due to the high risk he could repeat this act. Upon arrival, the same day he was admitted, the patient asked if he had to stay at the unit. When explaining the following already told event, furthermore insisting in the possibility of been evaluated by the Traumatology team, he proceeded to try and hang himself with his medical-hospital clothing.

The patient was treated with antipsychotics. Along with Lormetazepam at night. At the end of the hospitalization, and after been evaluated by the Psychiatrist of this Unit, the patient was also treated with Lithium due to its effectiveness in the treatment of autolytic attempts.

Conclusions: Personality disorders are one of the psychiatric pathologies that prevail with greater frequency in autolytic attempts¹. Additionally, it should be taken into account the possible ongoing consumption of psychoactive drugs that could also derive in psychopathological decompensation. On top of the following, the use of antipsychotic treatment is indicated for the managing of conduction altercations², besides Lithium being a great option in managing suicidal temptations³.

Disclosure of Interest: None Declared

EPV0716

Personality disorders and addiction A study of 54 patients

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Introduction: Personality disorders are very often comorbid with addictions and are known to have a negative impact on the development of substance use disorder.

Objectives: Evaluate the prevalence of personality disorder in patients with problematic use of psychoactive substances followed at Ar Razi hospital Determine the relationship between different personality disorders and the clinical aspects of psychoactive substance use

Methods: This is a descriptive and analytical cross-sectional study carried out among 54 patients followed at Ar-Razi hospital Salé in Morocco for problematic use of psychoactive substances from June 1 to September 15, 2023 (Diagnosis assessed by DSM 5) Data collection was done using a questionnaire including clinical and socio-demographic characteristics and data on addiction to psychoactive and behavioral substances. The psychometric scale used to assess personality disorder: Personality Disorder Questionnaire (PDQ-4+)

Results: We recruited 54 patients with age ranges from 18 to 45 years, with a male predominance. The average age at the start of psychoactive substance use was 15 years. Tobacco is the most used substance followed by cannabis Antisocial, histrionic and borderline personality disorders were the most common in our population. There was a statistically significant difference between specific personality disorder and the presence of severe psychoactive substance use disorder

Conclusions: The frequency of personality disorders is high among subjects with problematic use of psychoactive substances. It is necessary to take care of them simultaneously (integrated care) in order to improve the prognosis

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EPV0718

Avoidant personality disorder through the lens of ICD 11

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Introduction: With the new dimensional diagnosis of personality disorders in ICD 11, the categorical model has been abandoned. The types of personality disorders in the new dimensional model should show certain common characteristics. According to the recognition of the common characteristics of individual types of personality disorders, as well as determining the severity, a transition from the categorical to the dimensional diagnostic system can be made.

Objectives: To analyze and present the trait domains specifiers in persons with avoidant personality disorder and to facilitate the adoption of the new diagnostic criteria.

Methods: An unsystematized literature review was made, with key words: avoidant personality disorder, ICD 11, ICD 10, traits; and a case was presented.

Results: This is the case of a 26-year-old student who has had no friends since his school days. During his secondary education, on the initiative of another person, he got together with several other people, but he was not fully accepted. During the studies, the communication with the colleagues took place only at the university and around the responsibilities. About a year ago, he had reduced willpower and suicidal thoughts, when he took antidepressant and adjuvant anti-psychotic therapy for some time. He is now being examined due to severe tension, dissatisfaction, lack of friends, repeated suicidal ideation. According to researches, people with avoidant disorder have prominent trait domains – negative affectivity, detachment and

reduced dissociation (Bach *et al.* BMC Psychiatry 2018; 18:351), negative affectivity, detachment and anankastia (Simon *et al.*, Front. Psychiatry 2023, 14:1175425), negative affectivity and detachment (Bach *et al.* Borderline Personality Disorder and Emotion Dysregulation 2022, 9:12). In our case, assessments of trait domains were made with PSQ-11 and PiCD. On the PSQ-11, an increase in the negative affectivity, detachment and anankastia on critical score was obtained, while on the PiCD, an increase in negative affectivity, detachment, anankastia, and a decrease in dissociation was obtained. Mild personality disorder was scored on the Rating Scales for Severity of Disorder (SASPD, LPFS-BF 2.0).

Conclusions: The types of personality disorder can be represented by certain common trait domain specifiers, which will be useful in adopting the diagnostic criteria in ICD 11 for personality disorder. Assessment of the severity of the disorder provides additional information on treatment strategies and prognosis. The most significant features of avoidant personality disorder are negative affectivity and detachment, while anankastia is on the borderline score and has a reduction in dissociation.

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EPV0719

Level of personality functioning among outpatients with predominant anxiety symptoms

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Introduction: Dimensional diagnosis of personality disorders has as its main criterion the assessment of the level of functionality. And in patients with other diagnostic categories, there is a difference in the degree of functioning, as well as a difference in the course and prognosis of the disorder. The reason for such a different course may be the existence of a certain degree of personality dysfunctionality.

Objectives: The aim of the study is to determine the prevalence of personality disorder in patients with neurotic disorder and predominantly anxiety symptomatology.

Methods: A descriptive cross-sectional study was made to determine personality disorder in patients with neurotic disorder (F40-F48, excluding those where the disorder is related to stress F43) and predominantly anxiety symptomatology. The HAM-A scale was used to assess anxiety, and the LPFS-BF-2.0 was used to assess the level of personality functioning. The results were processed by descriptive statistical analysis.

Results: The study included 25 individuals (*N* 25, 64% women), aged between 18 and 65 years (mean age 44.16, SD 13.20) with a diagnosed neurotic disorder. All subjects had elevated anxiety symptomatology, mean HAM-A score was 35.36 (SD 7.76). The assessment of the level of personality functioning with the LPFS-BF-2.0 gave the following results: 20% of people have a personality difficulty, 12% have a mild personality disorder, 32% have a moderate and 4% have a severe personality disorder.

Conclusions: According to the obtained results, 68% of people with a neurotic disorder and a high degree of anxiety have a

certain degree of personality dysfunction. The prevalence of personality disorder in individuals with neurotic disorder is high (48%). These results lead to the conclusion that people with pronounced anxiety often have a disruption in personality. In people with a high level of anxiety, an assessment should be made for the level of functioning of the person, as well as for the existence of a personality disorder, and the treatment should be adjusted according to the results obtained. In addition to the treatment of the emerging symptoms, the personality dysfunctions should also be treated.

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EPV0720

Typology of hyperthymic personalities with affective phases

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Introduction: Modern authors characterize hyperthymic individuals as eloquent, humorous, self-confident, optimistic, energetic, liberated, sexually active, constantly planning and implementing their plans. Four or more of the listed characteristics indicate the individual's involvement in the circle of hyperthymic people. Statistical data on the prevalence of hyperthymic is scarce, which is due to rare requests for help and the diagnosis of this condition not as a disease, but within the framework of characterological traits. Attempts to classify hyperthymics have been made more than once, but previously none of the authors divided them according to the presence of side character traits in the personality structure.

Objectives: To establish psychopathological types of hyperthymic individuals in whom affective states were formed.

Methods: The sample consisted of 50 patients (42 women, 8 men) who were on inpatient or outpatient treatment at the clinic since 2019 to 2022. Patients were examined by clinical-psychopathological, clinical-anamnestic methods due to the presence of a phase affective state.

Results: Four types of hyperthymic personalities have been identified: anxious-hyperthymic, hysterical-hyperthymic, schizoid-hyperthymic and standard hyperthymic. *Anxious-hyperthymic type*, 20% (*n*=10) characterized by a combination of increased activity, sociability with such traits as suspiciousness, perfectionism, meticulousness, exactingness, concern for one's health and the desire to maintain a healthy lifestyle. *Hysterical-hyperthymic type*, 46% (*n*=23) includes both hyperthymic and hysterical traits in the form of increased emotionality, egocentrism, drama, and desire for recognition from others. In addition, patients in this group are characterized by increased concern about their appearance (bright clothes, makeup, tattoos). *Schizoid-hyperthymic type*, 10% (*n*=5). In addition to increased activity and emancipation, patients in this group are prone to fantasizing, overvalued hobbies, sthenicity, emotional poverty and rationalism. *Standard type*, 24% (*n*=12) are characterized by the presence of typical hyperthymic traits - optimism, energy, constant desire for productive