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P0045

Disorganized attachment and genetics in the development of borderline personality disorder

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Borderline Personality Disorder (BPD) is a frequent disorder with a pronounced suicidal risk. BPD is characterized by affective instability, intense interpersonal relationships, lack of stable sense of the self, and impulsive behaviour. Early relationships with caregivers frequently include verbal, emotional and physical abuse or neglect. This can set up an approach-avoidance conflict in child.

Attachment is a cognitive and emotional development theory in the context of interpersonal relationships. In BPD, attachment is either unresolved in relation to their parents; fearful or preoccupied in close relationships.

Genetic factors might be implied in some of the main characteristics of BPD: impulsivity and affective instability. Impulsivity might represent a heritable endophenotype link to serotonergic activity. Affective instability seems to be related to cholinergic and noradrenergic systems. These traits constitute a vulnerability to dysfunctions in infancy relationships.

Disorganized attachment in BPD can come from the encounter between genetic factors and a social environment which is both threatening and comforting. Disorganized attachment can be considered as an adaptive strategy to protect against abuse and a disruption in affective communication without correcting. It could give rise to multiple, fragmented and incoherent Internal Working Models and to a deficit in mentalization. This could explain emotional instability, the mutable relational style, the identity disturbance and the self-damaging behaviours in BPD.

Finally, we propose that BPD should be considered as the result of interactions between attachment behavioural system and biological traits during the development of the child. Improved methods to measure fundamental genetic dimensions of BPD are needed.

P0046

Conduct disorder in former USSR immigrant adolescents and the role of parenting style and ego identity

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Objectives: This study assesses Conduct Disorder in Former USSR immigrant adolescents compared with native-born Israeli adolescents. Immigrant adolescents from the Former USSR face the complex task of forming their identity while having to adjust to a new culture. Meanwhile, studies have shown that their parents tend to use control and harsh punishment in their parenting methods. These adolescents are thus at greater risk of psychological distress and more prone to

identify with socially deviant peer-groups, resulting in the dramatic increase in crime level found among them.

Method: 97 adolescents living in residential children's home, including 47 Former USSR immigrants and 50 native Israelis, completed questionnaires assessing level of hostility and sense of guilt (BDHI), ego identity (EIS), and parenting style (GPBS). Objective assessments of Conduct Disorder were obtained by the instructors at the residential children's home using the Child Behavior Checklist (CBCL).

Results: Immigrant adolescents showed higher levels of fused ego identity, and reported more negative and punishing parenting styles (linked to Conduct Disorder), compared with native adolescents. Hierarchic regressions for predicting Conduct Disorder revealed that diffused ego identity has the greatest effect on behavioral disorders, while immigration variables and parenting style have an enhancing effect on levels of behavioral disorder among youths with diffused ego identity.

Conclusions: The high levels of identity fusion among immigrant adolescents, resulting in higher levels of Conduct Disorder, warrant ethnic-sensitive interventions.

P0047

Alopecia areata in female patient suffering from borderline personality disorder (with co-occurring mood disorder, present episode depressive)

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Case report of a 44 years old female patient, highly educated, suffering from Borderline personality disorder with co-occurring mood disorder, present episode depressive who suffered from acute emotional stress for a few months. She was in a process of divorce and losing her children by order of the court. In a two months period she has lost over a 90% of her hair and started treatment for alopecia areata. Dermatologist and psychiatrist treated her simultaneously; she also went on group psychotherapy. The influence of psychological factors in the development, evolution and therapeutic management of alopecia areata is documented in this case. Life events and intrapsychically generated stress played an important role in triggering of the disease. The role of treatment on concomitant psychopathological disorders is a vital one in this case because it positively affected how the patient adapted to her alopecia areata and social setting and led to a better dermatological evolution of the alopecia areata.

P0048

A new strategy for treatment of borderline personality disorder

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Objective: To demonstrate that borderline personality disorder can be predictably overcome through 'Breakthrough Intimacy' - closeness between committed couples far greater than their previous maximum experiences.

Method: Lifetrack therapy works with couples (the patient and his/her partner in life) bringing them far closer than ever before, guided by their own daily self-rating on 41 parameters that allow accurate graphic tracking via Internet of subtle changes in their personalities during each therapy session. Working in three-way teamwork, the therapist actively helps the couple to achieve closeness far greater than their previous maximum level, overcoming waves of symptom spikes (anxiety, anger, physical-symptoms, depression, and

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 to 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.