After discharge, she returns home with her parents, and the crisis become more frequent and of longer duration. She acknowledges that during these periods she is dominated by her alternate personality, which she is unaware of until her family informs her. This personality is a demon, who verbally assaults and even physically threatens her surroundings, and can hardly be controlled by the prayers of her family.

Methods: Despite psychopharmacological treatment, as well as the cognitive-behavioral therapy carried out by the patient for more than two years, there was no improvement. Once she comes to the consultation, it is decided to carry out a therapy guided by the central Rogerian attitudes, originating a process of empathic resonance of the therapist, which influences the experience of the patient. Three main interventions are carried out, the awareness of the disease, the regulation of the intensity of this experience, to maintain the attention and the exploration of what guides the change. After carrying out this intervention, the patient is currently asymptomatic.

Results: Currently, there are not evidence-based treatment guidelines. The most common approach is individual psychodynamic psychotherapy according to practice-based guidelines initiated by the International Society for the Study of Trauma and Dissociation. To handle the present case, we used a model with two pillars, the patient's commitment and the investigation of microprocesses within a process of experiential exploration, in which the therapist is a facilitator of reflective attention and experimental awareness.

Conclusions: The torpid evolution suffered by the patient, with little clinical improvement to the interventions carried out, and the absence of evidence on the treatment, led to a therapeutic approach focused on the empathic resonance process of the therapist, with good results.

Disclosure of Interest: None Declared

EPV0758

Treating Borderline personality disorder with Asenapine : Case report

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Introduction: Borderline personality disorder (BPD) is a common and serious mental disorder. Its prevalence is estimated to be around 20% among psychiatry inpatients and 11% in Psychiatric Outpatients. Patients with BPD present a wide range of psychopathological symptoms such as affective instability, impulsivity, interpersonal problems, psychotic-like symptoms and self-destructive behaviour. BPD also occurs as comorbid illness with number of other Psychiatric diseases. There is no psychotropic medication that has been approved by FDA or recommended by NICE guidelines nevertheless polypharmacy is routinely prescribed in patients with BPD

Objectives: To domenstrate the possibility of using Asenapine in treating Border line personality disorder

Methods: Case :A case seen in our practice of a patient with Borderline Personality presenting with symptoms of affective instability,impulsivity,quasipsychotic symptoms that have not responded to trial of many different antipsychotics.She was started on Asenapine and experienced significant improvement in symptoms and daily functioning.However her medication was changed due to Asenapine being non formulary and this caused relapse in her mental state.She reported erratic sleep,poor appetite,anxiety and aggression.Asenapine was restarted and she improved.

Results: Asenapine belongs to the chemical class of dibenzo-oxepino pyrroles and acts antagonistically at a number of receptors, and this combination of receptor-binding affinities differs from other available antipsychotics. Asenapine has high affinity for several 5-hydroxytryptamine (5-HT)-receptor subtypes, including 5- HT_{2C} , 5-HT_{2A} , 5-HT_7 , 5-HT_{2B} , and 5-HT_6(Musselman et al. AP 2021; 10.1177). Asenapine's favourable weight and metabolic profile are of clinical interest. Asenapine was generally safe and well tolerated in paediatric patients (Dogterom et al. 2018 ; *Drug Des Devel Ther* 12:2677-2693). One open label study that looked at efficacy of Asenapine in BPD showed improvement with Asenapine in not only affective but also improve impulsive and cognitive symptoms(Martı´n-Blancoet al. ICP 2014 ;29(2):120-3). The results of both the CGI-BPD and the BSL-23 scales, which reflect the view of clinician and patients, respectively, show a significant improvement in the BPD general symptomatology (Martı´n-Blancoet al. ICP 2014 ;29(2):120-3). In our case patient reported worsening of symptoms after Asenapine was discontinued.She experienced suicidal ideation, impulsivity, aggression, erratic sleep wake cycle and poor appetite.On restarting Asenapine there was significant improvement in her symptoms and marked subjective improvement in activities of daily living.

Conclusions: Asenapine has therapeutic efficacy as well as good tolerability and safety profile.It can be used in patients with BPD especially when other antipsychotics have caused undesirable side effects like weight gain.

Disclosure of Interest: None Declared

EPV0759

Munchausen Syndrome Presenting with Hematemesis And school refusal: A Rare Case Report

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Introduction: Factitious hematemesis is the bleeding type of Munchausen's syndrome together with dual diagnosis of school refusal is rarely reported in the literature. It is a condition in which the patient intentionally produces symptoms to assume a sick role and gain medical attention. Underdiagnosis of this disorder results in the unnecessary use of medical resources, i.e. unnecessary medical tests and evaluations.

Objectives: case

We present this rare case of a patient with chronic factitious disorder who presented to the emergency with hematemesis. The 12 year old male patient grade 6 student presented with curious history of hematemesis just before the entrance of school and in the new school premises since 2 years resulting in school refusal and multiple doctor shopping. The patient underwent laboratory tests (such as the examination of sputum specimens, urinalysis, complete blood evaluations) and diagnostic studies (fiberoptic