

*Disclosure of interest* The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1860>

#### EV877

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

S. Ekdahl<sup>1,\*</sup>, I. Ewa<sup>1</sup>, P. Kent-Inge<sup>2</sup>, S. Mats<sup>3</sup>

<sup>1</sup> Malmö university, faculty of health & society, the department of care science, Malmö, Sweden

<sup>2</sup> Red Cross university college, psychiatric nursing, Stockholm, Sweden

<sup>3</sup> Karolinska institute, department of neurobiology- care sciences and society, Stockholm, Sweden

\* Corresponding author.

*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.

*Disclosure of interest* The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1862>

#### EV878

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

E. Gimeno\*, C. Chiclana

University CEU San Pablo, department of psychology, Madrid, Spain

\* Corresponding author.

*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

*Disclosure of interest* The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1863>

#### EV879

### Paliperidone palmitate study in patients with personality disorder

M.A. Gutierrez Ortega<sup>1,\*</sup>, D.P. María Dolores<sup>1</sup>, M.A. Manuel<sup>2</sup>, M.M. Esther<sup>2</sup>

<sup>1</sup> University hospital of Burgos, Residente medical of psychiatry, department of psychiatry, university hospital of Burgos, Burgos, Spain

<sup>2</sup> Divino Vallés hospital, department of psychiatry, Burgos, Spain

\* Corresponding author.

*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.

*Disclosure of interest* The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1864>