European Psychiatry S171

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

F. D. L. Osório¹* and A. M. Barchi-Ferreira¹

¹São Paulo University, Ribeirão Preto, Brazil

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.378

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 measuremet 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 (Δ CFI=0.01; Δ TLI= 0.02; Δ RMSEA=0.02) and scalar (Δ CFI=0.006); Δ TLI= 0.006; Δ 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

J. Dragasek
 1* , Z. B. Dombi 2 , K. Acsa
i $^{2\cdot3}$, V. Dzurilla 4 and Á. Barabássy
 2

¹University of P. J. Safarik, Kosice, Slovakia; ²Gedeon Richter Plc.; ³Ceva Animal Health, Budapest, Hungary and ⁴Gedeon Richter Slovakia, Bratislava, Slovakia

*Corresponding author. doi: 10.1192/j.eurpsy.2024.379

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