

sion Inventory (BDI) at baseline was the only predictor significantly related to the evolution of the Y-BOCS. A higher BDI at baseline seemed to be related to a smaller decrease of the Y-BOCS over time.

Conclusion Electrical stimulation in the IC/BST has a fast and sustained effect on OCD symptoms.

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

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EW460

Superficial neurostimulation application, alpha rhythm and clinical effects

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Introduction The alpha rhythm (EEG) in prefrontal regions has been related with the emotional equilibrium, predisposition for a positive mood (Urry et al., 2004) and the activation of the approximation system (Davidson and Irwin, 1999). Superficial neurostimulation application (SNSA) provokes an increase of such rhythm in prefrontal and temporal areas (Bardasano et al., 2010).

Aims To demonstrate that the increase of alpha synchronization is a common factor in the satisfactory evolution of patients with different pathologies.

Methods Thirty patients with different symptoms (hostility, anxiety, bruxism and obsessive symptoms) received 20 weekly sessions of 45 minutes long using the SNSA.

Materials –SNSA topology system: it is a machine for superficial stimulation that uses electricity through superficial electrodes which are placed on feet and hands and an electrode over the 7th cervical vertebra;

–digital encephalogram;

–Faraday cage.

Results The alpha rhythm was incremented in 85% of the cases in anterior regions of the brain, related with the improvement of scale's punctuation.

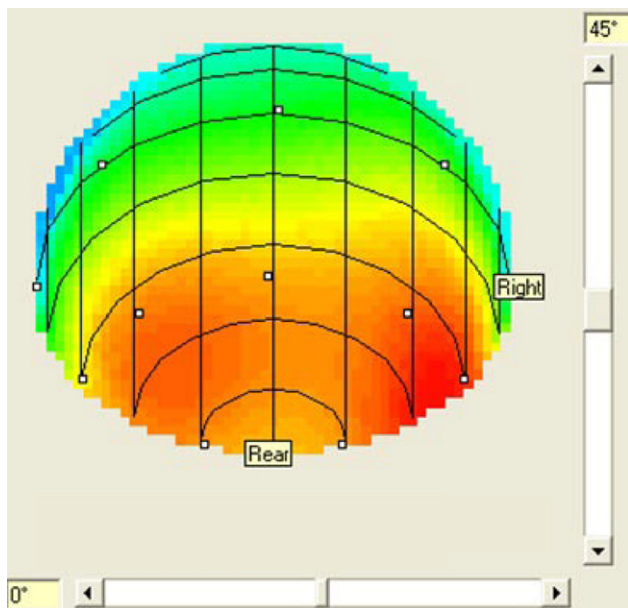


Fig. 1 Distribution of cranial α calotte activity post-SNSA. 20th session. Distribution of cranial α calotte activity pre-SNSA. 1st session.

Conclusion The alpha rhythm has been showed to be presented in all individuals that improved their symptoms after the application of SNSA (Fig. 1).

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

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Psychotherapy

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Digging out insights and behavioral correlates of false and true femininity in borderline personality disorder patients attending four-step integrative model group psychotherapy

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Introduction The four-step integrative model of psychotherapy is concerned with individual's needs, wants, rights and decisions in that order. It may carry a promise for deep and changing vision for patients with borderline personality disorder (BPD).

Objectives The study of the illuminating and changing effect of dealing with BPD patients in view of their needs, wants, rights and decisions.

Aims To evaluate the effect of group work through the hierarchy of the four-step integrative model with BPD patients and to help them explore false and true elements of their femininity.

Methods Forty-three female patients (age range: 19-37) diagnosed according to DSM-IV diagnostic criteria for BPD were enrolled in a dynamic psychotherapy group. Their progress was evaluated using Borderline evaluation of severity over time (BEST) and they wrote down detailed comments about their experience quarterly.

Results Results of regular attendants for 2 years were included (35 = 81.4%). The results of BEST showed a significant reduction of BPD severity at the end of 1 and 2 years. During psychotherapy sessions and within their quarterly comments, patients expressed their change in terms of moving from a state of cunning, manipulation, aggression, arrogance, envy and rejection (as stemming from their false femininity) into wisdom, confrontation, patience, pride, healthy competition and containment respectively (as stemming from their true femininity).

Conclusions Patients with BPD may gain a better insight and genuine change as they realize what is false and what is true about their femininity in the context of attending four-step integrative model group psychotherapy.

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

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What makes for good outcomes in solution-focused brief therapy? A follow-up study

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