based on gender, ethnicity and health. The mental health of those who feel discriminated against tends to be poorer, especially looking at the intersectionality of diversity domains.
Conclusions: The results of this study suggest that both more measures to prevent discrimination in a university hospital have to be implemented and individuals from marginalized groups need special psychosocial support to ensure a safer working environment. In addition, greater attention to diversity and inclusion in medical research is needed to develop appropriate responses and interventions, including diversity policies.

Disclosure of Interest: None Declared

Others

EPP0043

Piled-up Risk Factors: a Case Report of Diogenes Syndrome

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Introduction: Diogenes Syndrome (DS) is an uncommon neurobehavioral syndrome characterized by social isolation, extreme neglect of personal care and a tendency to excessively accumulate useless objects in the home, usually leading to unsanitary living conditions. It is further characterized by a lack of insight into the condition, leading to a refusal to seek assistance.
Objectives: To outline the clinical features of primary DS, unassociated with other psychiatric conditions, emphasizing key risk factors contributing to its development.
Methods: Descriptive report of a case of DS, based on an interview with the patient, review of his clinical file, and a non-systematic literature review using the PubMed database.
Results: We report a case of a 62-year-old man, widowed since the age of 33, without children, living alone in a rural area in the north of Portugal. Currently retired, he worked as a Philosophy Professor. He had no known psychiatric history until 2015, when he attended two psychiatric appointments, due to anxiety and changes in sleep pattern. He has since lost psychiatric follow-up and in May 2022 he was brought to the emergency department by his neighbor, due to changes in his behavior. He was seen several times rummaging trough trash and he didn't leave the house for a few weeks, resulting in a cluttered and unsanitary living space. He looked malnourished, unkempt and dirty. Despite not recognizing his behavior as problematic, he accepted hospitalization. No obsessive-compulsive, depressive or psychotic symptoms were detected, nor were dysfunctional personality traits. Reversible causes of dementia were excluded, a cranioencephalic CT scan revealed no abnormal findings and a neuropsychological assessment showed no changes in cognitive functions. Post-discharge, local health services provided home support, with meal delivery and house cleaning. However, he did not buy the medication and canceled the home support service several times, ending up being hospitalized again. After this second hospitalization in August 2023, he went to live with his brother in another city and has remained stable, medicated with an SSRI and low dose Aripiprazole.
Conclusions: Primary Diogenes Syndrome is rare and and its etiopathogenesis remains poorly understood. It is known that there is no distinction between genders, profession or socioeconomic status, and that it is more common in the elderly, single people, widowers and people with poor or non-existent social links with their local community. Familiarity with DS characteristics enables earlier recognition of such individuals, thereby facilitating prompt provision of social and clinical support in order to reduce morbidity, mortality, and enhance public health.

Disclosure of Interest: None Declared

EPP0045

Community psychiatric care for people with mental disorder and homelessness, with the involvement of peer support. Cooperation of the Awakenings Foundation and BMSZKI

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Introduction: A person diagnosed with a psychiatric illness, must face labels and discriminiation most of the time. Fear of these undermines the motivation of people in need to seek help. A special example of this phenomenon is the case of people experiencing homelessness and mental disorder, avoiding the additional stigma of homelessness and therefore do not seek any help for their mental ill-health. Availability of the specific services complicates their problem.
Fear of stigma, trauma, and previous bad experiences of using services also keep people experiencing homelessness away from services.
In Hungary, the February Third Working Group (F3) Report on the 2020 Homelessness Survey After the Penal Code - Before the Pandemic Homelessness - Services Perspectives by Péter Győri shows in his summary paper that only 29% had received psychiatric treatment.
Objectives: Methodology Center of Social and Its Institutions (BMSZKI), in collaboration with the Awakenings Foundation, developed a complex rehabilitation service for people experiencing homelessness and mental disorder. This presentation aims to present this good practice.
Methods: Complex rehabilitation based on the methodology of community psychiatric care with the involvement of peer support.
Results:

- provision of community psychiatric care for people experiencing homelessness and mental disorder,
- introduction of screening for effective care of undiagnosed persons with mental disorders,
- provision of outpatient and day hospital care
- focus of care in accommodation services on persons with mental disorders,
- the involvement of peer-support work in the service,

- building a network of contact points, organizing case conferences,
- developing and organizing training on recovery-based rehabilitation for people with mental disorders in cooperation between the two organizations,
- telemedicine, making digital mental health available
- presence of resources represented by self-help groups
- running a working group to promote improvements based on practical experience homelessness and mental disorder.

Conclusions: extra-institutional teamwork multiplies the resources for people experiencing homelessness and mental disorder.

Keywords: mental disorder, homelessness, community psychiatric care, peer support, collaboration

Disclosure of Interest: None Declared

Personality and Personality Disorders

EPP0046

Relations between the Arabic BFI-2 and HEXACO-60 scales among Kuwaiti Undergraduates.

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Introduction: Many researchers are likely to use the BFI-2 as a measure of the Big Five personality factors. The HEXACO-60 Honesty-Humility factor has no direct counterpart in the Big Five system; however, it should show modest positive correlations with Big Five Agreeableness.

Objectives: The study aimed to examine the BFI-2 in relation to a similar-length version of the HEXACO-60.

Methods: Participants were 1536 undergraduate students (960 women 576 men) at Kuwait university who completed the personality questionnaires. Participants aged 18–23-years-old mean age = 21.26 ± 1.20. The Arabic versions of HEXACO-60 and the BFI-2 instruments were administered in paper-and-pencil format in research laboratories.

Results: Cronbach's alphas ranged from 0.75 to 0.88 for the BFI-2 Domains and 0.70 to 0.75 for the HEXACO-60 Domains denoting good internal consistency. Regarding cross-inventory correlations, these were high for the two inventories variants of Openness (0.77), Conscientiousness (0.75), and Extraversion (0.71). BFI-2 Agreeableness correlated 0.56 with HEXACO-60 Agreeableness. The HEXACO-60 Honesty-Humility was weakly related to the BFI-2 scales, showing only modest correlation with Agreeableness (0.48). In addition, the BFI-2 Neuroticism correlated 0.53 with HEXACO-60 Emotionality, −0.33 with HEXACO-60 Extraversion, and −0.30 with HEXACO-60 Agreeableness.

Conclusions: The BFI-2 scales captured well the variance of the HEXACO-60 scales apart from Honesty-Humility. In particular, the BFI-2 accounted for about as much variance in the HEXACO Openness, Conscientiousness, Extraversion, and Agreeableness scales as the HEXACO-60 scales accounted for in the BFI-2 scales of the same names. The results confirm the BFI-2 and HEXACO-60 are heavily overlapping.

Disclosure of Interest: None Declared

EPP0047

Pharmacotherapy and psychotherapy interventions in patients with borderline personality disorder in outpatient clinical practice

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Introduction: Despite the high prevalence of borderline personality disorder (BPD) in the population, the evidence regarding approaches to therapy for BPD is inconsistent. No psychopharmacological medications are approved for the treatment of BPD, yet most patients with BPD are treated with pharmacotherapy. Meanwhile, psychotherapy is the method of choice for the treatment of BPD. Little is known about the clinical practice of BPD treatment in Russia, since most studies have been conducted in Western countries.

Objectives: The aim of the study: analysis of approaches to treatment of BPD in real outpatient clinical practice in Saint-Petersburg, Russia.

Methods: Fifty patients (72% female; n=36; mean age 22.4±4.3) who were treated in an outpatient community care were included in the study. Diagnosis was made according to the ICD-10 criteria (F60.31), as it does in clinical practice in Russia. Research methods included a clinical-catamnestic method.

Results: All examined patients received pharmacotherapy. Twenty-four patients (48.0%) received monotherapy with a selective serotonin reuptake inhibitor antidepressant. The remaining patients (52.0%) received two or more psychotropic medications simultaneously. The most frequent combination of psychopharmacotherapeutic agents was a combination of an antidepressant and a mood stabilizer. Analysis of therapy revealed that antipsychotics (always of the second generation) as well as mood stabilizers were prescribed to target emotional instability and impulsivity as symptoms of BPD, as well as increased self-harming behavior in order to reduce impulsivity. Despite the assumption that the simultaneous prescription of several medications to patients with BPD was due to the presence of a comorbid psychiatric diagnosis, this was not confirmed ($p>0.05$). Most of the patients (n=42; 84.0%) received individual and group psychotherapy (cognitive-behavioral with elements of dialectical-behavioral therapy). It was found that patients who received psychotherapy had a faster response to pharmacotherapy ($p<0.05$).

Conclusions: An analysis of approaches to the treatment of BPD in outpatient clinical practice in Saint-Petersburg, Russia, showed a predominance of medication-assisted psychopharmacotherapy (selective serotonin reuptake inhibitors, antipsychotics, mood stabilizers) over the frequency of prescription of psychotherapeutic care. In none of the cases was a first-line psychotherapy method (with proven efficacy for BPD) used. An assessment of the availability of psychotherapeutic care for patients with BPD is required. An earlier initiation of psychotherapeutic care after the BPD diagnosis is recommended, which may lead to an increase in the effectiveness of psychiatric care for patients with BPD in outpatient clinical practice.

Disclosure of Interest: None Declared