

**Methods:** Fifty patients (72% female;  $n=36$ ; mean age  $22.4\pm 4.3$ ) 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:** The age of onset of BPD symptoms was  $14.9\pm 2.7$ . It was found that 50% of patients had previously received inpatient (20%,  $n=10$ ) and outpatient (30%,  $n=15$ ) psychiatric care unrelated to the current mental condition, that is, not due to the BPD. 16% of patients ( $n=8$ ) referred for the first time for psychiatric care in adolescence. The vast majority of patients (86%;  $n=43$ ) were not diagnosed with BPD when they first consulted a psychiatrist. Prior to the diagnosis of BPD, patients were diagnosed with mental disorders due to organic brain injury (4%), affective disorders (44%), schizophrenia spectrum disorders (12%), anxiety disorders (20%) and other personality disorders (6%). On average, it took  $7.5\pm 4.0$  years from the date of first psychiatric assessment before the diagnosis of BPD was confirmed. At the time of inclusion in the study, patients were diagnosed with the following comorbid mental health conditions: affective disorders (12%), anxiety disorders (6%), eating disorders (4%), and addictive disorders (2%).

**Conclusions:** The hypodiagnosis of BPD in the early stages of the disorder has been identified, making it challenging to obtain high quality mental health care in a timely manner. The frequent comorbidity between BPD and other mental disorders has been confirmed. The study demonstrates the relevance of introducing programs (including education) to improve the diagnosis and study of comorbidity of BPD in real clinical practice. The pilot study results provide the basis for a project to investigate approaches to differential diagnosis and evaluation of treatment strategies for patients with BPD.

**Disclosure of Interest:** None Declared

## EPV0753

### Personality traits among Moroccan officials in the Rabat-Sale-Kenitra Region

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**Introduction:** Public servants, because of the nature of their work, are under tremendous pressure. Hence the need to study the dominant personality traits within this sample.

**Objectives:** Demonstrate the domination of certain personality dimensions over others in this population.

The aim of this research is to study the five major personality traits in a sample of officials in the Rabat-Sale-Kenitra Region, Morocco.

**Methods:** This is a cross-sectional epidemiological study that involved 387 individuals, including 55.8% ( $n=216$ ) Male and 44.2% ( $n=171$ ) Female with an average age of  $32.75\pm 9.79$ . The personality traits were assessed using the Big Five test.

**Results:** The results show that, 76.74% of our study subjects have a high score of Agreeableness, while 23.26% have a low score. 59.69%

of our sample has a high score in Extraversion, while 40.31% have a low one. Slight increase in the percentage that has a high score in Neurosis compared to those that have a low score with 51.94% and 48.06%. 78.29% of our sample have a high Consciousness score, while 21.71% have a low one. Concerning Openness, 79.84% of the participants have a high score and only 20.16 have a low score.

**Conclusions:** This study sample is characterized by the dominance of three main traits, Agreeableness, Consciousness and Openness. Moreover, this study has shed light on the fact that the Neurosis trait is dominant in almost half of our sample. However, considering this study concerned only one region, it would be interesting to widen the geography of the survey to acquire more exhaustive results.

**Disclosure of Interest:** None Declared

## EPV0754

### Reviewing the consistency of Dissociative Identity Disorder: a case report.

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**Introduction:** We present the case of a 22-year-old patient who has been followed up in a daytime hospital for personality disorders since June 2022. Of note is the presence of multiple personalities (in total of more than 20 have been identified), each of which has distinct physical and psychological characteristics.

**Objectives:** The objective is to present a clinical case of dissociative identity disorder and to review the existence of scientific evidence supporting this diagnosis.

**Methods:** Literature review of scientific papers over the last years and classic textbooks on the issue. We included references in English and Spanish languages.

**Results:** Numerous studies support that dissociative disorders are the result of psychological traumas that generally begin in childhood. This is a difficult category to diagnose, since they present symptoms that also appear in other disorders such as those of the schizophrenic spectrum.

One or more dissociative parts of the subject's personality avoid the traumatic memories while others become fixed to these traumatic experiences and manifest symptoms. In the case of our patient, there are dissociative episodes with subsequent amnesia and auditory, visual and olfactory hallucinations, as well as impulsive behaviors in the form of self-injury and a flattened affect, with significant emotional distancing.

**Conclusions:**

- The prevalence of dissociative identity disorder is higher than traditionally thought.
- Some theories develop how trauma essentially produces a degree of dissociation of the psychobiological systems that constitute the subject's personality.

**Disclosure of Interest:** None Declared