

Objectives: This pilot study documents the faceptability of a protocol testing the effects of exercise on the response to a negative emotion in adults with BPD.

Methods: 28 adults with a diagnosis of BPD have been recruited in a psychiatric hospital. Participants filled several questionnaires then viewed a scene from Silence of the Lambs to induce negative emotions. They were then assigned to 20 minutes of exercise or a neutral video of 20 minutes. Affects were assessed 7 times during the protocol.

Results: In this sample, 9 participants reported at least equal levels of affect after the induction than before. Preliminary results show a tendency of higher response of physical exercise than control on positive affects and no participant had any adverse effect from exercise.

Conclusions: This pilot study was the first to test the effects of exercise on symptoms of BPD. It also informs on the best way to conduct the principal study. First, the mood induction was poor, thus it will be changed for a stronger induction strategy. Then, the control intervention will be a placebo exercise. These modifications will enable a better understanding of the effects of exercise on emotion regulation with BPD population.

Keywords: Borderline personality disorder; Physical Activity; Emotional Regulation

EPP0903

Borderline personality disorder and psychotic symptoms. report of two cases

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Introduction: DSM-V includes near-psychotic symptoms as new criteria in borderline personality disorder (BPD). This change makes more difficult the differential diagnosis between considering psychotic symptoms as part of the BPD or as part of a comorbid psychotic disorder.

Objectives: Recognize the difficulty of the differential diagnosis in clinical practice between BPD and comorbid diagnosis of BPD with psychotic disorders, and how it can affect the patient's outcome.

Methods: Patients' data is obtained from medical history and psychiatric interviews carried out during their hospitalizations.

Results: 32 year-old female patient with previous diagnosis of BPD, psychotic episodes and cannabis abuse, was admitted due to paranoid ideation and aggressiveness, with massive borderline defense mechanisms (frequent displays of anger, high impulsivity, low frustration tolerance, self-destructive behavior...). Psychotic symptoms ceased two weeks after admission, and considering the patient's individual characteristic it was believed BPD fitted more with this clinical case, although different psychotic disorders were considered. 30 year-old female patient began intensive psychiatric treatment with previous diagnosis of BPD, psychotic disorder and cannabis abuse. It was observed that the paranoid ideation and bodily experiences she suffered lasted months and were characterized by a strong belief. These two reasons were put into consideration when it was decided to judge this clinical case as a comorbid diagnosis of BPD with a psychotic disorder.

Conclusions: It is necessary to assess the difficulty of the differential diagnosis in these patients, and offer them specialized treatment depending on the diagnosis, as it can affect the patient's outcome.

Keywords: Borderline personality disorder; Psychotic symptoms; differential diagnosis

EPP0904

Pharmacotherapy for borderline personality disorder: A review.

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Introduction: Borderline personality disorder (BPD) is characterized by instability of interpersonal relationships, self-image, and emotions, and by impulsivity. Although patients with BPD are misdiagnosed, some of them receive mental health treatment. Even if the first-line treatment of this disorder is psychotherapy, the patients with BPD may be highly symptomatic and are often prescribed multiple medications in a manner unsupported by evidence.

Objectives: The aim of this study is to study the available evidence about the pharmacotherapy for borderline personality disorder.

Methods: A review of the available literature about the management of borderline personality disorder and de pharmacotherapy for personality disorders was performed.

Results: First-line treatment of the personality disorders is psychotherapy. The treatment plan for BPD may include individual and group therapy, medication, self-education, specialized substance use disorder treatment, partial hospitalization, or brief hospitalization during times of crises. Medications are generally used only as adjuncts to psychotherapy and the adjunctive use of symptom targeted medications has been found to be useful. There is limited information to guide pharmacotherapy; preliminary evidence limits the practice of polypharmacy. Symptom-domain focused medication treatment is recommended by some guidelines: cognitive-perceptual symptoms (low-dose antipsychotic drugs), impulsive-behavioral dyscontrol (mood stabilizers), affective dysregulation (mood stabilizers and low-dose antipsychotic drugs) and self-harm (omega-3 fatty acids).

Conclusions: BPD cause significant distress and impairment of social, occupational and role functioning. The first-line treatment for BPD is psychotherapy; however symptom-focused, medication treatment of BPD is generally considered to be an adjunct to psychotherapy. The data support the efficacy of low dose antipsychotic drugs and mood stabilizers.

Keywords: Borderline; pharmacotherapy; personality disorders

EPP0905

Monoamine oxidase a gene polymorphism associated with hostility in male population of 45-64 in Russia/Siberia

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Introduction: The presence of low-activity alleles of the MAOA gene increases the risk of hostility.