

EW0448

Overweight/obese patient referrals to plastic surgery: Temperamental and personality traitsC. Pavan^{1,*}, F. Bassetto², V. Vindigni²¹ University of Padova, Department of Medicine, Padova, Italy² University of Padova, Department of Neurosciences, Padova, Italy

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Introduction Correlations between psychiatric disorders and overweight/obesity are reported in the literature. The study aimed at detecting correlations between psychiatric disorders, temperamental traits and body image perception in overweight and obese patients who seek surgical lipostructuring treatments.

Methods 28 overweight/obese patients (age 18–60 yrs, BMI 25 to 34.9 at recruitment) were enrolled in the period March 2008–June 2011 between those referring to the outpatient service for Obesity-related lipodystrophisms of the Institute of Plastic Surgery. Presence of psychiatric disorders, temperamental traits and body image perception were evaluated, and compared to a control group ($n=25$) from general population sharing clinical/demographic features. Psychiatric evaluation was based on acquisition of clinical history, Mini-International Neuropsychiatric Interview, Beck Depression Inventory, Yale Brown Scale (YBOCS), Paykel Life Events Scale, NEO Five Factor Inventory, Tridimensional Personality Questionnaire (TPQ), Body Shape Questionnaire (BSQ).

Results The patients group presented higher scoring in lifetime depression and BSQ with moderate/mild concern with body shapes. With regard to personality traits, TPQ revealed higher score in subscale RD4 (dependence/independence) in the patients, while controls scored higher in “openness to experience” NEO-FFI subscale. At YBOCS obese patients presented higher prevalence of obsessive characters.

Conclusion The affective sphere is a relevant feature in obese patients, but also obsessive traits, as negative body shape perception and temperamental and personality characteristics appear to be involved in leading patients to seek surgical consultation. These aspects are implicated in medical/surgical outcome and compliance to treatments.

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

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EW0449

Psychological defense mechanisms in patients with different forms of essential hypertension

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Introduction Essential hypertension (EH) is one of the most common diseases of the cardiovascular system. Today scientists discover more and more patients whose blood pressure values during work appear to be higher than those values during free time. This form of EH is called “hypertension at work”.

Objectives To indicate psychological defense mechanisms in patients with “hypertension at work”, as compared with ‘classical’ EH and healthy individuals.

Materials and methods Defense mechanisms were evaluated by the survey “The Life Style Index”. Eighty-five patients with ‘Hypertension at work’ (mean age was 45.9 ± 2.8) and 85 patients with ‘classical’ EH (mean age was 47.4 ± 4.5 years) took part in the study.

Results The results showed the dominance of low level psychological defences. The most common mechanisms were denial, projection and regression. More mature defense processes included

reaction formation and rationalization. The patients with ‘Hypertension at work’ significantly ($P < 0.05$) differs from second group by more frequent representation of displacement, denial, projection and reaction formation. Comprehensive interpretation of our findings suggested that affection of EH patients (specifically ‘Hypertension at work’) can be characterized by dominance of negative emotions and aggressive tendencies which would be projected, denied or suppressed. Such a complex of defense mechanisms is typical for those, who knows, based on own experience, that uncontrolled negative emotional reactions could be unsafe in social environment.

Conclusions Our findings can be considered as a basis to define a “risk group” amongst EH patients by an attribute of “emotional well-being” disorder and to develop psychological recommendations for them.

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

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EW0450

The factor structure of the Portuguese version of the personality inventory for DSM-5 (PID-5)R. Pires^{1,*}, A. Sousa Ferreira², B. Gonçalves¹¹ Universidade de Lisboa, Faculdade de Psicologia, Lisboa, Portugal² Universidade de Lisboa, Instituto Universitário de Lisboa, Business Research Unit BRU-IUL, Faculdade de Psicologia, Lisboa, Portugal

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Introduction The DSM-5 Section III proposes a dimensional-categorical model of conceptualizing personality and its disorders, which includes assessment of impairments in personality functioning (criterion A) and maladaptive personality traits (criterion B). The Personality Inventory for DSM-5 (PID-5) is a self-report, composed of 220 items, organized into 25 facets nested in five domains of personality differences, and was developed to operationalize criterion B.

Objectives This study explores the factor structure of the Portuguese adaptation of the PID-5.

Aims The five-factor structure that has emerged in previous studies with the PID-5 (cf. Krueger & Markon) is expected to be replicated in the current study.

Methods Exploratory factor analyses with varimax oblique rotation were conducted on a sample of Portuguese adults from the general population ($n = 379$, $M_{age} = 31.49$, $SD = 14.16$, 25.3% males, 74.7% females).

Results A six factor structure was retained in which the first 5 factors resemble the PID-5 domains. The model showed good fit indices ($KMO = 0.897$). The total explained variance was 68.25%. All the facets but four had primary loadings on the expected factor.

Conclusions The similarity of results across studies and nationalities contributes to the validation of the Portuguese translation of the PID-5 and highlights the structural resemblance among the DSM-5 model and the five factor model (FFM) and the personality psychopathology-five model (PSY-5), drawing attention to the relevance of these models for the diagnosis of Personality Disorders.

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EW0451

Real life consequences of stigmatization, misdiagnosis, misunderstanding, and mistreatment of borderline personality disorder

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