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Emotional information-processing in borderline personality disorder: An EEG-study

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Background: Emotional dysregulation is one of the key symptoms in borderline personality disorder often seen in clinical practice. BPD patients report higher affective lability and higher affect-intensity than do patients with other personality disorders. BPD represents a serious health problem, in particular among women. With a lifetime suicide mortality rate of almost 10% (50 times higher than in the general population), BPD afflicts 1% to 2% of the general population and between 10 and 20 % of psychiatric patients. However, compared to other psychiatric diseases, such as depression or schizophrenia, relatively few studies addressed the underlying neuropathophysiologic basis of BPD. It is hypothesised that borderline patients are hyper-responsive to emotional stimuli compared to healthy control subjects. To our knowledge, no EEG-study has examined the role of emotional information processing in BPD.

Methods: Thirty BPS-patients are compared to thirty normal control subjects in their electrophysiological response to emotional information. Participants were shown pictures with neutral, positive, and negative valence.

Results: Borderline patients had larger LPP responses as a reaction to pictures with an unpleasant valence as compared to the controls.

Conclusions: Borderline patients show more emotional reactivity to stimuli with unpleasant valence compared to a control group as measured by EEG. Further research could be helpful to examine whether the neurophysiological abnormalities in BPD patients can be influenced by applying cognitive techniques.

P0053

Self-inflicted injury and outcome of treatment with borderline personality disorder patients

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Objectives: The purpose of this study was to show any possible differences in relation to the degree of improvement between two groups of patients with borderline personality disorder. The patients of the first group exhibited self-inflicted injury in the past while the second one didn't.

Methods: 50 patients took part in the study. 13 of them reported self-inflicted injury (group A) while the rest 37 didn't (group B).

All the patients followed a psychotherapeutic program based on a Kernberg model for borderline personality disorders. 10 of them received medication in addition to psychotherapy.

Several variables were examined: sex, age, medication and outcome of treatment.

Results: From the results we noted that:

76% of the patients of group A showed a great or sufficient improvement while from group B, 78,4%.

Also, the patients of the group A who received psychotherapy and some medication and showed great or sufficient improvement were 23%, while those without any medication 53,8%.

In the group B those who received psychotherapy and medicine and showed great or sufficient improvement were 66,7%, while the others without medication 80,6%.

Conclusions: From the results, it seems that the outcome of the treatment, overall, regardless of which of the two therapies for both groups, didn't show any significant difference.

The noted differences between those patients who received only psychotherapy and those who received psychotherapy and medication could be attributed to the fact that the condition of the patients in the first group was more severe than the others.

P0054

The effect of paramedical students attitude toward their jobs on their self-concept at the Fatemeh nursing and midwifery college. Shiraz-Iran

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Objective: The aim of this study was to determine the The effect of paramedical students' attitude toward their jobs on self-concept among first and fourth year paramedical students at the Fatemeh nursing & Midwifery college of the Shiraz University of Medical Sciences. Iran

Methods: 204 paramedical students at the first and fourth years of education at the Fatemeh Nursing and Midwifery College were invited to participate in this cross-sectional study. The data was collected through a self-administered questionnaire to solicit information regarding to demographic data, paramedical students' attitude toward their jobs and Cooper's self-concept scale were used for self-concept data collection.

Results: The greatest proportion of students (66.5%) was between the ages of 20-24 years. The results revealed that the majority of the students (65%) have high level of self-concept. Job satisfaction in 51.2% of students was excellent. Emergency technician students and operation room technician had high levels of self-concept than to Nursing and midwifery students. There was also a statistical correlation between self-concept and paramedical students' interest toward their job ($P < 0.005$). Self-concept score in last year paramedical students was significantly more than first year students.

Conclusion: This study has explored the potential impact of the paramedical students' interest toward their job on self-concept. Nursing and midwifery students' self-concept might be increased by expansion of intrinsic job characteristics, improving their job satisfaction and providing frequent positive feedback.

P0055

Collaborating for change: Decreasing BPD environmental stressors. Teaching families to be adjuncts to treatment by applying DBT and mentalizing techniques

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Changing therapeutic perception of BPD families. Families of people with BPD can become effective agents of change as they spend a great deal of time with the person with BPD, truly love them, provide emotional and financial support, and are incredibly motivated to help. Family members are often dealing with apparently irrational or dangerous BPD behaviors without sufficient knowledge of appropriate means to prevent or avoid triggering dysregulations that can lead to crisis situations. Most people with BPD are not receiving treatment in the mental health system. They quit treatment about 70% of the time. By default, families are on the front lines. We need to treat the family environment in the absence of the patient. Research by

McFarlane and Miklowitz on psychosocial interventions for families dealing with schizophrenia and Bipolar disorder demonstrates that family members who receive psychoeducational training can become adjuncts to treatment. With DBT training, families can play a crucial role in motivating the person with BPD to seek help, to continue in treatment and to reinforcing DBT therapeutic goals. BPD Family psychoeducation targets the following: Validating family's experience with BPD; neurobiology of BPD; CBT concepts, Avoiding "tough love" and "boundaries"; Talking to the amygdala; Communicating with emotional language; Developing awareness of misunderstandings, Understanding Shame in BPD; Radically accepting the effects of BPD on the entire family, Grieving losses; DBT change strategies to develop independence and competency. TARA data will demonstrate how this program changes family attitudes, ultimately improving treatment outcome.

P0056

Sexual behavior and borderline personality disorders

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Background: A great deal of knowledge has been accomplished along the last 20 years in the study of borderline personality disorder (BPD). However, the sexual functioning of individuals with BPD still remains to be well explored, and no systematic survey in the literature is available.

Aim: To find out in the medical literature evidence of problematic sexuality in patients with BPD.

Method: A literature search conducted via PubMed and Psycinfo using the terms "borderline personality disorder" and "sexuality".

Results: The literature on the sexuality of BPD has focused mainly on two aspects of sexual dysfunction: a) promiscuous sexual behavior as a manifestation of impulsivity, and b) homosexual orientation as a manifestation of the identity problems that affect many BPD patients.

Moreover, the research findings provided information about problems with respect to intimate and sexual relations. BPD have significantly more relationship problems regarding sex, greater sexual boredom, avoidance of sex, greater sexual preoccupation, sexual depression, and sexual dissatisfaction.

Conclusion: Sexual functioning may be relevant for the clinical course of BPD, so clinicians should pay attention to the sexuality of BPD patients, and to the sexual parameters of their intimate relationships.

P0057

Facial emotional recognition in borderline personality disorder

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Background and Aims: Patients diagnosed with Borderline Personality Disorder (BPD) have disturbed interpersonal relationships and emotional dysregulation. However, it remains uncertain whether these patients are also deficient at processing other people's emotions. The initial appraisal of emotional information (involving attention and interpretation of emotional cues) is viewed as one essential precursor to

emotional response and may relate to emotional dysregulation in borderline individuals.

The aim of the present study was to investigate the differences in the recognition of facial expressions of emotion and to investigate the pattern of classification errors among a group diagnosed with BPD, compared to a non-patient control group.

Method: 40 outpatients diagnosed with BPD, and 91 control subjects completed the Picture of Facial Affect developed by P. Ekman (POFA, 1976), a computerized emotion discrimination test presenting 110 photographs of evoked happy, sad, anger, fear, surprised, disgust and neutral expressions using a fixed-response format.

Results: We found significant differences in the patterns of error rates in POFA tests related to identifying emotions with a negative valence as well as in neutral expression responses between both groups.

Conclusion: Results are discussed in terms of emotional appraisal ability and dysregulation among individuals with BPD. Examining the predictive factors of emotional responding in borderline individuals may provide information on the nature of emotion dysregulation in this population.

P0058

Analogies between punishment and obsession-compulsion: Evidences of a social apprenticeship

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Objective: Demonstrate that Mental Illness, as aberrant process, is not a genetic disease.

Method: Analysis and record of all those animus states produced in the real I search, during 3 decades.

Results: Unexpected assault of paternal dispositions and coercive ideas or impulses, attacking against the Being, like they both share: Their repeated persistence, initial rejection, ignorance of their origin, to ignore their real premeditation, to interrupt the homeostasis, not to represent an intrinsic need, not to execute it will increase the contradictions; try for ignoring it, suppressing it, neutralizing it without result; alternative does not exist before these, because they are incisive and vertical; any adopted attitude will not avoid such a coercion; to execute immediately against the will; to produce annoyance, alienation and loss of control; environment disconnection, a dual feeling appearance. Consciousness of: impotence, not to have the necessary weapon to revert it and that, of such a conflict, will leave loser. This mechanical repetition, with evident vexation, originating a dead time (Non-Being), it will make abort the existence, of the Being, in emptiness, toward future avoidance.

Conclusion: This demonstrates that 'Mental Illness' comes from that imperfect relation among parents and children; since both events are essentially identical.

References

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