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In recent years, mobile phone is a necessary device in life, because it provides much easiness in education, work, business, etc. but extreme use of communication devices, especially among young people are related with mental health problems. So, the aim of this study was surveying of relationships between personality traits with Mobile dependency in high school students. The research method was correlation. The population were included all high school students that 220 students were selected by cluster sampling method. Research data were collected by McCare & Costa's NEO personality traits (Neuroticism, Openness to new experience, Extroversion, Agreeableness, and Conscientiousness) and Jenaro's Mobile dependency inventory, and were analyzed by Pearson correlation formula. The results showed that there is positive and significant relationship between Neuroticism and openness to new experience with Mobile dependency, and positive and significant relationship between extroversion, agreeableness, and conscientiousness with mobile dependency. Thus, it can be concluded that personality traits have main impact on mobile dependency.

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EV0952

A serious case of hysteria

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Introduction Histrionic personality disorder (HPD) is one of the most common personality disorders diagnosed in Psychiatry. This disorder, although not thoroughly researched, has been known to be present in more than 40 percent of patients. There is also a high tendency for those diagnosed with this disorder to be female.

Objectives The purpose of this case is to show all the difficulties caused by this pathology, since differential diagnosis with other personality disorders, groups of characteristics from different clusters and also, complications produced in daily routine.

Methods The purpose is to study a clinical case of a 27-years-old woman, with a degree in journalism, who began with a depressive episode after a failed relationship. After being diagnosed of infertility, she debuted with dissociative episodes and somatization symptoms. She did not remember what she had done during the dissociative episode. After that, she suffered several depressive episodes, and a pseudo hipomaniac episode, making the diagnosis of bipolar disorder, with no pharmacological response to lithium or lamotrigine.

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EV0953

Vortioxetine efficiency in controlling obsessive symptoms in patients with depression. A case report

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Introduction Obsessive symptomatology can sometimes be worsened when a patient with this personality trait suffers through a period of increased stress.

Aim To review articles in PubMed related to how vortioxetine affects obsessive symptoms in patients with depression.

Methods We review the case of a 45-year-old male with obsessive personality traits diagnosed of recurrent depression. He was going through a period of stress at work that had worsened his obsessive symptoms (primarily obsessive thoughts). In a previous depressive episode, he was treated with an antidepressant that triggered sexual dysfunction as a side effect. Trying to prevent another antidepressant-induced sexual dysfunction, we decided to use vortioxetine because of its low tendency to interact with the sexual function.

Results We started treatment with vortioxetine reaching a dose of 10 mg/day. Three weeks later the patient reported a decrease in his levels of anxiety, a slight upturn of his mood and a relieve of his obsessive symptoms.

Conclusions Vortioxetine can be considered a good therapeutic option in the treatment of obsessive symptoms in a depressive episode with patients with a history of antidepressant-induced sexual dysfunction.

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EV0954

Use of memantine in organic personality disorder: A case study

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This is a case study of a 27-year-old man with co-morbid congenital communicating hydrocephalus and epilepsy. The patient had multiple hospitalizations in psychiatric clinics due to serious domestic violence caused by compulsive buying demands. Impaired social interaction skills, diminished judgment, planning, insight and temporal organization difficulties were also present and the diagnosis of organic personality disorder was given.

The patient was treated with 1.5 g valproic acid for epilepsy and for the behavioural difficulties multiple antipsychotics, benzodiazepines, SSRI's and beta-blockers were administered, without major benefits. Due to serious aggression and impulsive behaviour, it was administered memantine 20 mg/day according to NMDA receptor antagonist hypothesis and gradually reduced the benzodiazepines and SSRI's.

A significant decrease in the average score of the Barratt Impulsiveness Scale (BIS-11) and to violence incidences was observed. Also, social interaction skills were improved and a slight improvement at patient's judgment was observed.

The patient had good tolerance during the treatment and no side effect was reported. It is the first scientific report on memantine effectiveness in this patient group. Further research is needed.

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EV0955

Shame: An overlooked factor in conceptualizing and treating

borderline personality disorder: Its' powerful role in the lives and suicides of people with BPD

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Shame, a central emotion in borderline personality disorder (BPD), has been overlooked despite its' relationship to self-injurious behaviour, chronic suicidality, self-esteem, quality of life, and angry-hostile feelings. Patients describe shame when explaining acute feelings of emotional pain. There is a paucity of research exploring the impact of shame on the person with BPD's sense of self and behaviors. BPD symptoms may be the expression of and defenses against this painful emotion. Shame-proneness is related to anger arousal and the tendency to externalize attributions for one's own behavior by blaming others or not taking responsibility for one's behavior. The relationship between shame-proneness and BPD has important implications for treatment. TARA for BPD, an educational and advocacy organization, developed a Family Psycho-education program teaching how shame is often the common denominator of BPD responses, triggering escalations, emotional shifts, volatile reactions, anger and misperceptions. Shame is the response to perceived negative evaluations (judgment, criticism, or blame) and general misinterpretation of social situations. Shame is an impediment to thinking clearly, exaggerates ambiguity and overwhelms cognitive ability in the moment. As shame is often confused with guilt, raising awareness of shame responses is essential for improving family relationships. Families can learn to recognize shame responses and implement evidence based techniques from dialectic behavior therapy (DBT) and mentalization based therapy (MBT) to decrease its' impact on their loved one with BPD. Demonstration of methodology to address shame in family interactions and data from a TARA Internet survey of The Experience of Shame will be presented.

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EV0956

Stability of results of treatment and therapeutic compliance of patients with organic non-psychotic mental disorders

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Introduction Non-psychotic mental disorders of organic register tend to have protracted progressive course, to respond poorly to treatment. Traditionally it is explained by features of cerebral-organic process. However, affective, behavioural and cognitive disturbances can be complicated by medico-social problems including treatment-related.

Objective To analyse efficiency and stability of results of the therapy of organic mental disorders and propose approaches and means of their improvement.

Methods Clinical-psychopathological, epidemiological, clinical-dynamic, catamnestic, experimental-psychological, medical statistics.

Results The most frequent causes of decompensations of organic mental disorders in patients with positive results of the therapy were analyzed. Sixty-four percent (58 patients) after 6 months showed partial recurrence of symptoms and after a year the condition practically returned to the initial one. However, only 12.22% (11 patients) passed recommended course of maintenance therapy to sufficiently full extent, 23.33% (21 persons) have discontinued it due to subjective causes during a month after discharge, about 2/3 of patients during the first two months of the therapy. Patients showed low indicators of therapeutic compliance, low level of therapeutic alliance, little familiarity with the illness and treatment and unrealistic expectations about prospects of the therapy. During insignificant difficulties in the therapy, it usually was discontinued and renewed during relapse of symptoms. A medico-social approach with support of psychotherapeutic and psycho-corrective work and information educational programs were developed.

Conclusion Proposed psychotherapeutic and educational approach heightens efficiency and stability of treatment and can serve a basis for further improvement of psychiatric, psychotherapeutic and medico-social assistance for patients with organic mental disorders.

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e-Poster Viewing: Philosophy and psychiatry

EV0957

Working with anxiety and depression from a Buddhism framework

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Buddhism as a spiritual discipline is concerned with freedom from suffering, conceptualizing suffering as originating in false views about the nature of self and reality. Buddhist psychology conceptualizes emotions and mental habits as being wholesome or unwholesome based on the tendency of these habits to promote or hinder the quest for enlightenment, and contains a rich diversity of methods to transform unwholesome emotional tendencies. Many of these emotions, such as anger, fear, and despair, are commonly dealt with in clinical or therapy settings. Buddhist ideas about the genesis and cessation of suffering can be used as an overarching model to organize a diversity of therapeutic techniques, bridge different therapy models, and select particular techniques at particular times in the treatment of emotional disorders. Learning objectives: after this session, participants will be able to use the Buddhist Yogacara model of mind and karma as a model of how negative emotions are transformed. After this session, participants will be able to describe indirect methods (evoking wholesome feelings) in order to transform negative emotional tendencies and how this overlaps with current therapy models such as supportive and compassion-focused therapy. After the session, participants will be able to conceptualize how Buddhist "direct methods" of mindful awareness and contemplating right view overlaps with methods used in cognitive behavioural therapy, marital therapy, or acceptance and commitment therapy. Self-assessment questions: according to Buddhist psychology, what is the primary cause of neg-