

After discharge, she returns home with her parents, and the crisis become more frequent and of longer duration. She acknowledges that during these periods she is dominated by her alternate personality, which she is unaware of until her family informs her. This personality is a demon, who verbally assaults and even physically threatens her surroundings, and can hardly be controlled by the prayers of her family.

**Methods:** Despite psychopharmacological treatment, as well as the cognitive-behavioral therapy carried out by the patient for more than two years, there was no improvement. Once she comes to the consultation, it is decided to carry out a therapy guided by the central Rogerian attitudes, originating a process of empathic resonance of the therapist, which influences the experience of the patient. Three main interventions are carried out, the awareness of the disease, the regulation of the intensity of this experience, to maintain the attention and the exploration of what guides the change. After carrying out this intervention, the patient is currently asymptomatic.

**Results:** Currently, there are not evidence-based treatment guidelines. The most common approach is individual psychodynamic psychotherapy according to practice-based guidelines initiated by the International Society for the Study of Trauma and Dissociation. To handle the present case, we used a model with two pillars, the patient's commitment and the investigation of microprocesses within a process of experiential exploration, in which the therapist is a facilitator of reflective attention and experimental awareness.

**Conclusions:** The torpid evolution suffered by the patient, with little clinical improvement to the interventions carried out, and the absence of evidence on the treatment, led to a therapeutic approach focused on the empathic resonance process of the therapist, with good results.

**Disclosure of Interest:** None Declared

## EPV0758

### Treating Borderline personality disorder with Asenapine : Case report

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**Introduction:** Borderline personality disorder (BPD) is a common and serious mental disorder. Its prevalence is estimated to be around 20% among psychiatry inpatients and 11% in Psychiatric Outpatients. Patients with BPD present a wide range of psychopathological symptoms such as affective instability, impulsivity, interpersonal problems, psychotic-like symptoms and self-destructive behaviour. BPD also occurs as comorbid illness with number of other Psychiatric diseases. There is no psychotropic medication that has been approved by FDA or recommended by NICE guidelines nevertheless polypharmacy is routinely prescribed in patients with BPD

**Objectives:** To demonstrate the possibility of using Asenapine in treating Border line personality disorder

**Methods:** Case :A case seen in our practice of a patient with Borderline Personality presenting with symptoms of affective instability,impulsivity,quasipsychotic symptoms that have not

responded to trial of many different antipsychotics.She was started on Asenapine and experienced significant improvement in symptoms and daily functioning.However her medication was changed due to Asenapine being non formulary and this caused relapse in her mental state.She reported erratic sleep,poor appetite,anxiety and aggression.Asenapine was restarted and she improved.

**Results:** Asenapine belongs to the chemical class of dibenzoxepino pyrroles and acts antagonistically at a number of receptors, and this combination of receptor-binding affinities differs from other available antipsychotics. Asenapine has high affinity for several 5-hydroxytryptamine (5-HT)-receptor subtypes, including 5-HT<sub>2C</sub>, 5-HT<sub>2A</sub>, 5-HT<sub>7</sub>, 5-HT<sub>2B</sub>, and 5-HT<sub>6</sub>(Musselman et al. AP 2021; 10.1177). Asenapine's favourable weight and metabolic profile are of clinical interest. Asenapine was generally safe and well tolerated in paediatric patients (Dogterom et al. 2018 ; *Drug Des Devel Ther* 12:2677-2693). One open label study that looked at efficacy of Asenapine in BPD showed improvement with Asenapine in not only affective but also improve impulsive and cognitive symptoms( Marti'n-Blancoet al. ICP 2014 ;29(2):120-3). The results of both the CGI-BPD and the BSL-23 scales, which reflect the view of clinician and patients, respectively, show a significant improvement in the BPD general symptomatology ( Marti'n-Blancoet al. ICP 2014 ;29(2):120-3). In our case patient reported worsening of symptoms after Asenapine was discontinued.She experienced suicidal ideation, impulsivity, aggression, erratic sleep wake cycle and poor appetite.On restarting Asenapine there was significant improvement in her symptoms and marked subjective improvement in activities of daily living.

**Conclusions:** Asenapine has therapeutic efficacy as well as good tolerability and safety profile.It can be used in patients with BPD especially when other antipsychotics have caused undesirable side effects like weight gain.

**Disclosure of Interest:** None Declared

## EPV0759

### Munchausen Syndrome Presenting with Hematemesis And school refusal: A Rare Case Report

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**Introduction:** Factitious hematemesis is the bleeding type of Munchausen's syndrome together with dual diagnosis of school refusal is rarely reported in the literature. It is a condition in which the patient intentionally produces symptoms to assume a sick role and gain medical attention. Underdiagnosis of this disorder results in the unnecessary use of medical resources, i.e. unnecessary medical tests and evaluations.

**Objectives:** case

We present this rare case of a patient with chronic factitious disorder who presented to the emergency with hematemesis. The 12 year old male patient grade 6 student presented with curious history of hematemesis just before the entrance of school and in the new school premises since 2 years resulting in school refusal and multiple doctor shopping. The patient underwent laboratory tests (such as the examination of sputum specimens, urinalysis, complete blood evaluations) and diagnostic studies (fiberoptic

bronchoscopy with bronchoalveolar lavage, computerized tomography and radiography of the chest, bronchial arteriography, endoscopic studies etc), because he continually presented with hematemesis, in order to spot and discover the nature of the bleeding. Since such examinations failed (a few of them-namely fiberoptic bronchoscopies--were even performed when he was coughing up blood) and psychiatric consultations revealed the presence of psychologically traumatic events in the patient's history which could explain the psychopathic traits of her personality (in fact she was aggressive and unstable in interpersonal relations), a diagnosis of factitious hematemesis in Munchausen's syndrome was made.

**Methods:** The typical characteristics that should prompt the physician to include Munchausen syndrome in the diagnosis include deliberately lying, repeatedly coming to the clinic/hospital with similar complaints in a short span of time, taking excessive drugs (especially insulin and warfarin) to induce side-effects, recurrent abdominal pain, scars on limbs, and rheumatologic and hematological disorders.

**Results:** We recommend that physicians all across the globe should report more cases of Munchausen syndrome. More research is required in this arena to understand the cultural, social, and psychological aspects of Munchausen syndrome and to find out which treatment strategy can be most beneficial for such patients

**Conclusions:** Munchausen syndrome is a diagnostic dilemma that needs to be given adequate medical and social attention by encouraging further research and spreading awareness not only amongst the general population but also health care providers. With proper evaluation, diagnosis, and psychotherapy, the disease will not remain a diagnostic dilemma and would be easier to control and treat. This case report will contribute towards the awareness of physicians about Munchausen syndrome and the strategies to diagnose and treat it.

**Disclosure of Interest:** None Declared

## EPV0760

### Characteristics of patient with borderline personality disorder in a sample of Tunisian out patient

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**Introduction:** Borderline personality disorder (BPD) is a real source of suffering for people affected and for those around them.

**Objectives:** The aim of this study was to describe the socio-demographic and clinical characteristics of out patients with BPD consulting the psychiatry department of Hedi Chaker hospital in sfax tunisia during the period between January 2022 and October 2022.

**Methods:** It was a descriptive study. The population study consisted of patients diagnosed with BPD (DSM 5) consulting the psychiatry department of the hospital Hédi Chaker of Sfax tunisia during the period from January 2022 to October 2022.

Sociodemographic and clinical data were collected using a predefined form.

All statistical analyses were performed using the SPSS software package v 18.

**Results:** Among 700 adult patients referred to the psychiatric unit of hedi chaker hospital in sfax from january 2022 to october 2022, 35 patients (5%) were identified as meeting the criteria for BPD.

The average age was about 35 years, 54.3% of the patients were men. They were married in 40% of cases. Only 31.4% of the patients had a regular job.

The presence of a family psychiatric illness was noted in 48.5% of cases and 20% had a childhood psychiatric follow-up .

The rates of sexual abuse, physical abuse, psychological abuse and neglect were 17.1%, 65.7% and 68.6% respectively.

In our sample, 48.6% of the patients had attempted suicide and 60% of them had committed self-harm.

The most common means of attempted suicide was phlebotomy. No prior thoughts of suicide were mentioned, all suicide attempts were impulsive. Negative feelings and family conflicts motivated the suicide attempt (37.5% ,56.25%).

Comorbid psychiatric disorder was mentioned in 54.3% and The most frequent comorbid psychiatric disorders was depression (20%). Pharmacotherapie was used in 88.6% of cases.

**Conclusions:** The results emphasize on the comorbidities with mainly depressive episodes and a high proportion of suicide attempts and self-harm. Moreover, this study confirms the impact of family conflicts and abuse in the development of this disorder

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## EPV0761

### Features of self-attitude and self-esteem of freelancers

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**Introduction:** Freelancing can be analyzed through psychological prism of escapism, through the desire not to be involved in the systems of inflexible social ties that are accepted in group (career, family, classical education, etc.)

**Objectives:** Freelancers have a non-standard self-attitude and self-description, which indicates their "isolation" from the real social world by these people.

**Methods:** Quantitive (**Spyrman's criteria** and corellations) and qualitative analisis ( semi-structured interviews). N = 300, residents of ussia and Austria.

**Results:** The hypothesis was rejected that freelancers do not have career and personal orientations, in contrast to individuals who are not prone to this type of career choice. The absence of a connection between goal setting and downshifting was revealed based on the analysis of the author's questionnaire for goal setting.

The hypothesis was empirically confirmed that freelancers have more pronounced indicators such as global self-attitude, self-esteem, self-sympathy, expected attitude from others, self-confidence, self-acceptance in the affective component of the self-concept, in contrast to people choosing the traditional career path.

**Conclusions:** Freelancers have a less pronounced indicator of self-accusation, in contrast to people committed to careerism.

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