

Objectives: Describe the main psychopathological theories of male hysteria and its key clinical specifications referring to the theories.

Methods: We conducted a narrative literature review of articles and thesis published between 2009 and 2022, using databases such as PubMed, Google Scholar, and HAS (Haute Autorité de Santé) with predefined keywords such as “men”, “hysteria”, “masculine” and “conversion”. This review culminated in a narrative synthesis that aims a cohesive discussion integrating key findings from the literature.

Results: The bibliography first distinguished between two pairs in order to define masculine hysteria: Anatomical (male/female) and psychological (feminine/masculine), highlighting that masculine hysteria can occur in both men and women. Therefore, a male may identify with either masculine hysteria or feminine hysteria, the latter of which can be related to male homosexuality.

Research indicates that masculine hysteria is associated with theories of sexual identity conflict, which involve the repression of feminine traits and fears of castration. Additionally, cultural norms often restrict men's emotional expression, favoring strength over vulnerability, along with personal, relational, and environmental influences.

Clinical observations suggest that masculine hysteria typically presents with physical symptoms and dramatic expressions. The type and intensity of these symptoms may vary based on different early life experiences.

Conclusions: Referring to literature, the specific clinical signs leading to a diagnosis of men hysteria seem to be difficult to identify and not well developed. We also concluded that hysteria is too much related to lived gender rather than anatomical gender.

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EPV1370

Alexithymic traits and dissociative episodes in borderline patients

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Introduction: The biopsychosocial theory (Paris, 1996) considers the complex interaction of biological, psychological, and social factors in the development and manifestation of borderline personality disorder. Among the environmental factors are unstable family relationships, unresolved traumatic experiences, and adverse life events that can foster alexithymia and dissociative defense mechanisms, as supported by several studies in the literature (Carano et al., 2011; Caretti et al., 2005; Macri et al., 2022).

Objectives: The present study aims to investigate these constructs in a population of borderline patients admitted to the Psychiatry Department at Bufalini Hospital in Cesena.

Methods: The sample was selected using the SCID PD (Structured Clinical Interview for DSM-5), followed by the administration of the following scales: TAS-20 (Toronto Alexithymia Scale), DES II (Dissociative Experiences Scale), SHI (Self-Harm Inventory), and BSQ (Body Shape Questionnaire). Multivariate analyses were applied, including non-parametric correlations (Spearman's Rho) between variables using SPSS software.

Results: The sample consisted of 20 individuals (F = 17; M = 3) with a mean age of 27.57 years (SD = 7.83). Regarding the TAS, 85% of the participants reported clinically significant scores (Tot >50) compared to the healthy adult population, whose Italian mean is 44. For the DES, 70% of the sample reached clinically significant scores (Tot >30), whereas the healthy adult population scores below 10.

The data revealed a statistically significant positive correlation between high TAS-20 and DES II scores, indicating a relationship between alexithymia and dissociative symptoms. Furthermore, while a trend toward correlation was observed between TAS-20 and BSQ, as well as DES II and BSQ, and SHI and BSQ, these correlations were not statistically significant.

Conclusions: In line with previous literature, most individuals with borderline personality disorder exhibit alexithymia (85%) and experience dissociative episodes (70%). The present findings demonstrate a significant relationship between alexithymia and dissociative symptoms, highlighting how individuals with greater difficulty recognizing and describing their emotions tend to report more frequent episodes of depersonalization and derealization. This suggests that those with such difficulties may use dissociation as a defensive strategy to avoid intense emotions and stressful situations. Additionally, it would be valuable to further explore the relationship between body satisfaction, dissociative symptoms, alexithymia, and self-harm, as these manifestations may be linked to emotional processing difficulties. These findings contribute to a better understanding of emotional and dissociative dynamics in patients with borderline personality disorder and underscore the importance of integrated assessment during treatment.

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EPV1371

The effect of LITHIUM in mood improvement in patient with borderline personality disorder; A systematic review

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Introduction: Considering the need to conduct studies on the treatment of BPD and considering the high prevalence of this disorder and its negative effect on the quality of life, especially in young age range and possibility of this disorder being in the Bipolar spectrum, it is necessary to investigate the effect of lithium on mood improvement in patients with BPD. So, this study aimed to investigate the effect of lithium on mood improvement in these patients.

Objectives: Due to the lack of an FDA approved treatment, as well as discussed in the introduction, we decided to compare the effect of lithium in mood improvement in this disorder with the effect of other mood stabilizers and antipsychotics.

For this reason, we reviewed the published articles on the effects of other mood stabilizers and antipsychotics on improving the mood of this patients and compare them with those related to lithium in order to make better treatment decision.

Methods: This study presents a comprehensive review of the studies conducted related to the effect of lithium in improving mood in

BPD patients. We conducted a systematic review based on PRISMA guidelines of published and indexed articles from the following databases; EMBASE, MEDLINE, Google scholar, SCOPUS, Cochrane Library, PsycINFO.

KEY WORD: Lithium, Mood stabilizer, borderline personality disorder. Of the 131 retrieved articles, 9 included our inclusion criteria. **Results:** The review of 9 selected studies showed that lithium is useful in reducing emotional and impulsive behaviors, mood stabilization and suicidal tendencies and was more effective than placebo in preventing recurrence of mood disorders. In the study significant heterogeneity was found between all group of patients which could be due to the difference in the selection of participants and different exposure in the pre-study phase. Quantitative data on participants general health and social functioning were not reported and the direction of effect was the same in all studies.

Conclusions: No studies reported a negative effect for lithium and compared to other mood stabilization, it is more effective in controlling emotional and mood changes and aggression, also its side effects are less if controlled regularly and consistently. However, due to the small number of studies in this field and small sample size in studies, we suggest that more studies be conducted in all age groups.

Disclosure of Interest: None Declared

EPV1373

The Psychopathology of Ink: Tattoos as a Window into Personality (Disorders)

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Introduction: Tattoos, once viewed primarily as symbols of rebellion or cultural affiliation, have become increasingly prevalent and socially accepted across diverse populations. This shift raises questions about the psychological motivations behind body art, particularly in individuals with personality disorders.

Objectives: These case studies explore the potential significance of tattoos in the context of personality psychopathology, examining how tattoos may serve as externalized representations of inner conflicts, identity fragmentation, and unmet emotional needs.

Methods: Through the lens of theory, we will discuss how tattoos can function as a form of self-expression and self-regulation, offering insight into defense mechanisms such as splitting, projection, and sublimation in individuals with borderline, narcissistic, and antisocial personality disorders.

Results: The presentation will also explore the therapeutic implications of tattoos, considering their potential as entry points for understanding the symbolic and emotional worlds of patients with personality disorders. We will also reflect on the clinician's role in addressing tattoos in psychotherapy, balancing sensitivity with inquiry, and understanding how body art may influence the therapeutic alliance.

Conclusions: Through the session we aim to deepen our understanding of tattoos as meaningful psychological markers in modern psychiatric practice.

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EPV1374

EEG Features in Young Patients with Syndromally Different Subtypes of Borderline Personality Disorder

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Introduction: The study of the neurobiological characteristics of borderline personality disorder (BPD) in youth is actual due to its high prevalence, but quantitative EEG studies of BPD have yielded mixed results.

Objectives: The aim of the study was to assess the EEG features in patients with different clinical subtypes of borderline personality disorder (BPD).

Methods: Total of 52 patients aged 16-25 years (mean age 20.4 ± 3.2 years) with BPD (F60.31 by ICD-10) were enrolled in the study. Three groups of patients with different subtypes of BPD (with predominance of “affective storm”, “addictive adrenalin mania” and “cognitive dissociation”) were identified based on clinical and psychopathological characteristics. A pre-treatment multichannel resting EEG was recorded with measurements of EEG spectral power and coherence in narrow frequency sub-bands. Between-group differences in clinical and neurophysiological parameters were identified using Mann-Whitney criteria.

Results: The groups did not differ in EEG spectral power values, but significant ($p < 0.05$) differences between the groups were revealed in the spatial organization of the EEG namely in the number of “highly coherent” functional connections (with coherence coefficients above 0.9) that was the least in the group with “cognitive dissociation”. Low values of the number of such connections in the alpha2 EEG sub-band (9-11 Hz) in the frontal-central-temporal brain regions reflect a relatively poor functional state of the prefrontal cortex in this group.

Conclusions: The noted features of the spatial functional organization of brain activity in patients with different BPD subtypes may underlie differences in their clinical conditions, in control of emotions and behavior.

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EPV1375

The Impact of Intensive Care Unit Patient Care on Hostility Levels Among Relatives

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