3. **This technique is really safe and very well tolerated with** few side effects, most of them were mild, such as headache.

4. **Improved Quality of Life**

Conclusions: In conclusion, Transcranial Magnetic Stimulation leads to significant reductions in main symptoms, such as mood swings, impulsivity, aggressiveness, emotional dysregulation and self harm. moreover, this technique is very well-tolerated, with minimal side effects, like mild headache.

Changes in brain activity shows how TMS facilitates symptom improvement, especially when combined with psychotherapy or medications.

TMS promises to be an innovative technique nin the management of core symptoms of BPD and improving patients' quality of life.

Disclosure of Interest: None Declared

EPV1362

Evaluation of adherence to pharmacological treatment in a large sample of patients with personality disorder

M. Cocchi[1], N. Girone[1], M. Leonardi[1*], F. Achilli[1], B. Benatti[1,2] and B. M. Dell'Osso[1,3,4]

[1]Department of Mental Health, Department of Biomedical and Clinical Sciences Luigi Sacco, University of Milan; [2]Aldo Ravelli Center for Neurotechnology and Brain Therapeutic; [3]"Aldo Ravelli" Center for Neurotechnology and Brain Therapeutic, Milan, Italy and [4]Department of Psychiatry and Behavioral Sciences, Bipolar Disorders Clinic, Stanford University, Stanford, CA, United States
*Corresponding author.

Introduction: Personality disorders (PD) are defined as enduring and pervasive patterns of internal experience and behavior that deviate markedly from the expectations of the individual's culture, causing distress and functional impairment (APA, 2013). Pharmacological therapy can be crucial to manage specific symptoms or psychiatric comorbidities, improving the quality of life of these patients. Adherence to pharmacological treatment is often reduced in patients with PD, representing a significant challenge for clinicians (Åkerblad et al., 2008). Few studies have explored this topic, highlighting the need for further research.

Objectives: The aim of the present study was to assess medication adherence in patients with primary diagnosis or comorbidity of PD in different clinical settings of an Italian psychiatric department, considering clinical and socio-demographic differences.

Methods: A sample of **200 patients diagnosed with PD** was recruited from various psychiatric services from the Department of Psychiatry at Luigi Sacco University Hospital, in Milan. Diagnoses were made through a structured clinical interview based on DSM-5 criteria (APA, 2013). The patient's adherence to treatment was evaluated using the **Clinician Rating Scale (CRS)**, with a cut-off of ≥ 5 defining adherence subgroups [**Positive Adherence (A+): score $\geq$ 5; Negative Adherence (A-): score < 5**].

Results: Positive adherence to pharmacological treatment was observed in **64.5%** of the sample, with significantly higher rates in patients with **Cluster C** (15.5% vs. 5.6%, p<0.005)(Figure 1). Furthermore, higher rates of positive adherence emerged in patients with a **positive family history** (60.3% vs 45.5%, p < 0.005). Finally, the analyzes between the different clusters revealed a significantly **higher lifetime prevalence of suicidal thoughts in Cluster B** (63.0%, p<0.05) and that the **majority of Cluster A** (60%,

p<0.05) came **from territorial mental health services**, while the **majority of Cluster C** (66.7%, p<0.05) **from day hospital services** (Figure 2).

Image 1:
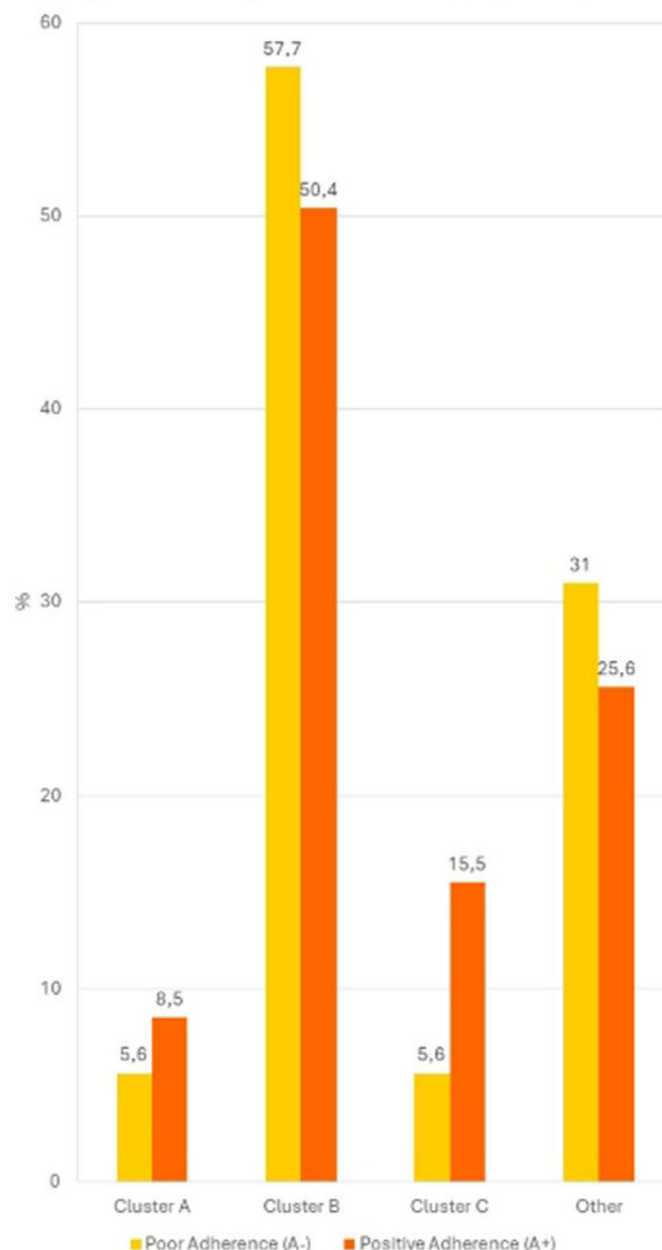

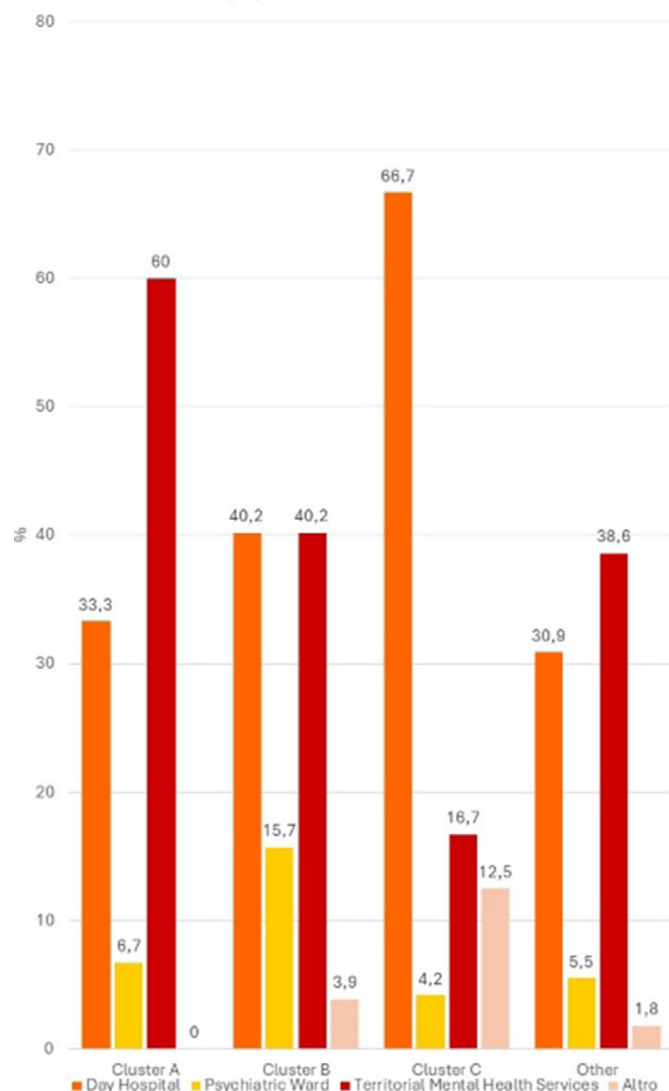Figure 1 Therapeutic adherence by Cluster

Image 2:

Figure 2 Distribution of PD clusters in psychiatric services

Conclusions: The study found significantly higher treatment adherence rates in Cluster C patients, suggesting a **possible link between the anxious traits characteristic** of this group **and greater compliance**. Furthermore, a positive family history was associated with higher adherence rates, highlighting **the role of family influences in adherence**. Analyzing the differences between socio-demographic and clinical variables in the different clusters, it emerged that the prevalence of lifetime suicidal thoughts was significantly higher in Cluster B and that the patients in Cluster A mainly came from local mental health services and those in Cluster C from day hospital services. These findings highlight **the importance of personalized interventions to meet the specific needs** of each Cluster in order to optimize treatment adherence and therapeutic outcomes.

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Challenges of the Maternal Role in Women with Schizotypal Personality Disorder

N. Curk Fišer[1]

[1]Intensive Care Unit, University Psychiatric Clinic Ljubljana, Ljubljana, Slovenia

Introduction: Children born to mothers with mental health disorders are at a significantly increased risk of developing insecure attachment patterns.

Objectives: Demonstrate with clinical case that mothers with schizotypal personality disorder tend to be less sensitive and responsive, and more intrusive in their interactions and caregiving (Høivik et al. BMC Psychiatry Int 2018; 18, 198; Willinger et al. ANZJP Int 2002, 36, 5; Vebeke et al. al. APA Int 2017, 8 54-63; Ripoll et al.).

Methods: The clinical case presented below highlights functional decline in a woman with schizotypal personality disorder during pregnancy and the transition to motherhood.

Results: The 39-year-old mother of a 16-month-old son, employed as a saleswoman, has been in outpatient psychiatric treatment for 6 years. She has been hospitalized 6 times, 4 of which occurred in the year after childbirth.

Her psychiatric history began at age 33, when she was first admitted due to an impulsive outburst, involving aggression toward objects. Psychological evaluation revealed impulsivity alongside paranoid ideation. Treatment (aripiprazole, quetiapine, and paroxetine) led to clinical improvement, and she continued psychotherapy for psychosis. For 5 years, she maintained regular employment, entered a relationship, and became pregnant, at which point she discontinued pharmacotherapy.

At 32 weeks of pregnancy, she became disorganised, refusing food and gynecological examinations, leading to psychiatric hospitalization. A combination of haloperidol, quetiapine, and lorazepam stabilized her condition, although negative symptoms, cognitive impairments and schizotypal features persisted. She gave birth to a healthy son via planned cesarean section and continued postnatal care under a psychiatrist and clinical psychologist.

Within the year postpartum, she experienced 4 additional hospitalizations, primarily due to mood destabilization linked to non-adherence to oral and depot pharmacotherapy. Each time, her condition improved upon reintroduction of therapy. By her penultimate discharge, a social coordinator was appointed, as she struggled with childcare, expressing emotional detachment from her child. Her fourth hospitalization was characterized by disorganization and impulsivity, after which she ended her relationship with her partner. Currently, she resides with her mother and remains on quetiapine, clozapine, and aripiprazole. With her consent, her partner and his mother assumed childcare responsibilities. The patient reports feeling emotionally relieved and stable, and has agreed to resume depot pharmacotherapy.

Conclusions: This case underscores the importance of early identification and timely intervention in perinatal psychiatry. Effective treatment of maternal mental illness, doesn't necessarily lead to secure attachment formation between mother and child, nor does it guarantee better cognitive or socio-emotional outcomes in the offspring.

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