

Kinesiophobia (TSK-11SV) and catastrophism with the Pain Catastrophizing Scale (PCS).

Results: The results show that the patients presented a high level of catastrophic thinking, especially in the subgroup of women with a longer duration of pain. Movement phobia was observed in 27% of patients, and correlated with feelings of depression and anxiety.

Conclusions: Catastrophism is a multidimensional psychological construct that encompasses elements such as rumination, magnification, and incapacity. Catastrophic thinking in relation to pain is a risk factor for chronic pain. Kinesiophobia is based on the fear avoidance model and perpetuates a cycle of heightened fear of pain, disability, and depression. These constructs can be very useful to evaluate in patients to reduce the intensity of pain, the associated emotional suffering and reduce the probability that the pain will become chronic.

Disclosure of Interest: None Declared

Personality and Personality Disorders

EPV0742

BORDERLINE PERSONALITY DISORDER: ATTITUDES OF PSYCHIATRY AND FAMILY MEDICINE RESIDENTS

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Introduction: Patients with Borderline Personality Disorder (BPD) require a significant amount of time and effort on the part of general practitioners and psychiatrists, resulting in longer visits and complex medical records, with a poor resolution of both physical and mental symptoms.

These patients are likely to express feelings of anger and violence, compared to other patients which makes it difficult to deal with them.

Objectives: To determine attitudes toward patients with BPD among psychiatry and family medicine residents in Tunisia. To understand in addition the challenges that these professionals encounter in their everyday practice

Methods: An online anonymous questionnaire was distributed through social networks to psychiatry residents and family medicine resident.

The attitudes of health professionals towards people with BPD was used to assess clinicians' attitudes towards people with BPD.

Results: Thirty three clinicians were in the study. A high proportion of respondents (81.8%) were females. The age of the participants ranged from 25 to 34 years, with an average age of 28 years and 3 months (SD = 2.23). In our study 34% reported that they often see patients with borderline personality. The half of the participants (51.5%) reported a feeling being on guard when meeting borderlines while 36.4% were empathetic and neutral. The feeling of anger and frustration was reported with 12.1 % of the participants. The most frequent cause of these feelings was the difficulty of taking care of patients with BPD.

The majority of the participants (51.5%) reported avoiding working with them. However, only 39.4% reported asking a colleague to replace them in their follow-up.

The results of Attitudes of health professionals towards people with BPD Scale indicate that clinicians generally present a positive attitude towards patient BPD with a mean score 94.94 (SD=18.60)

Conclusions: Working with patients with BPD can be challenging. Professionals' attitude can create obstacles to effective communication and successful treatment.

Therefore, all clinicians should receive more specific training to be able to deal with this condition.

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EPV0743

Expectations in the treatment of delusional disorder: A case report

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Introduction: We present the case of a 43 year-old woman that, following the sudden death of his brother in 2015, begins with symptoms of anxiety, irritability and emotional instability, with a tendency to social isolation. Thereafter, she starts the development of persecutory delusions focused on the work and family environment that evolve into inappropriate behaviors to the point of abandoning her professional life.

Objectives: (1) We will carry out a complete review about persecutory delusions and its relationship with affective disorders, based on the severity of our patient's case.

(2) We will study the different lines of treatment in delusional disorder (DD) and its course and prognosis in relation to the intervention performed.

Methods: A review of the patient's history will be conducted, taking into account her biography, clinical evolution and response to the treatments received.

Likewise, a bibliographic review of the available scientific literature in relation to DD treatment strategies will be carried out.

Results: (1) DD is more common in middle-aged women. People who tend to be socially isolated are more likely to develop DD.

(2) Acute onset, in young women with identifiable precipitating factors, suggests a better prognosis.

(3) In the long term, 50% of patients recover and a further 20% experience some improvement.

(4) The combination of antipsychotic medications and psychological therapies such as cognitive behavioral therapy (CBT) is fundamental in the management of DD patients.

Conclusions: The prognosis for patients with DD varies depending on various factors, including the type and severity of the delusional ideas, and their own life circumstances. It is often possible to eliminate the behavioral alterations derived from the DD, allowing the patient to function normally. However, delusions often persist and become encapsulated.

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