Occasionally has obsessive controlling and criticizing thoughts and several episodes of self-harm, incidental substance abuse. The third person is a 20-year-old male, unemployed, LPFS-BF 2.0 - 32, PSQ-11 elevated values for negative affectivity and disinhibition and BPS – 41. He is occasionally paranoid, has a history of self-harm and occasional excessive use of benzodiazepines. All three give information that they occasionally steal from markets and large stores, but they do not steal from people. As a reason for stealing, they cite a lack of funds at a given moment for a particular item they wanted, but also the need to steal, the inability to refrain and the excitement they feel at that moment.

Conclusions: Negative affectivity and disinhibition appear as common pathological traits in all three people. Disinhibition, characterized by impulsivity due to a rush of immediate emotions and thoughts, without thinking about the consequences and the need for immediate gratification, manifests itself in these individuals through shoplifting. Occasional shoplifting, without practice of other forms of stealing, is a disinhibitory phenomenon.

Disclosure of Interest: None Declared

EPV1360

Evaluation of a psycho educative group intervention for family members of patients with severe personality disorder undertaken within a mental health centre in Forlì, Italy

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doi: 10.1192/j.eurpsy.2025.1909

Introduction: Severe personality disorders have a significative impact not only on patients but also among their families, causing emotional distress and relevant burden related to care giving. Psycho-educational intervention targeting family members can improve their understanding of the disorder and their ability to cope with symptoms.

Objectives: Forlì Mental Health Centre multi-professional team undertake this study with the scope to evaluate the efficacy of a nine sessions' psycho-educational program targeting a group of family members, based on the dialectical behavioral therapy (DBT) principles and skills.

Methods: 12 participants completed the program and filled self report questionnaires administered at the first (t0) and ninth (t1) session: Symptom Checklist - 90 (SCL-90) and Zarit Burden Interview (ZBI). They also answered a qualitative format investigating their subjective experience.

Results: Results at baseline (t0) indicate high scores on the SCL-90 subscales such as Somatisation (mean = 1,21; st. dev = 0,91), Depression (mean = 1,08; st. dev = 0,86), Sleep disturbances (mean = 1,39; st. dev = 1,03).

Statistical analysis suggest an increase of SCL-90 subscales, at the end of the program (t1), such as Somatisation (mean = 1,38; st. dev = 0,85), Obsessions and compulsions (mean = 1,19; st. dev = 0,78), Depression (mean = 1,40; st. dev = 0,93), Paranoia (mean = 0,93; st. dev = 0,78), Sleep disturbances (mean = 2,18; st. dev = 1,03). ZBI questionnaire total scores indicate an increase of perceived caregiving burden(mean = 42; st. dev = 24,7). Qualitative indicators were administered at the end of the program showing a general satisfaction for the intervention described as "useful", "important", "helpful", "comforting". The most liked session was the one about "validation" skill.

Conclusions: Despite the perceived psychological distress and burden' increase, participants have intended the psycho-educative program as useful and worth it. Results suggest that their learnings may be paired with complementary skills and their generalization to enable a significative reduction of psychological impact of caregiving. Future development will include a follow up session to explore this possibility.

Disclosure of Interest: None Declared

EPV1361

Efficacy of transcranial magnetic stimulation in borderline personality disorder

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doi: 10.1192/j.eurpsy.2025.1910

Introduction: Transcranial Magnetic Stimulation is non-invasive neuromodulation technique that manages various mental disorders, including Borderline Personality Disorder (BPD) that is characterized by impulsive behavior, emotional lability, aggressiveness and unstable mood. TMS may decreases some core symptoms of borderline personality disorder by targeting specific brain regions involved in emotion regulation, aggression management and impulse control.
magnetic fields stimulate nerve cells in prefrontal cortex, involved in emotional regulation, also influences neural circuitry, that diminish symptoms like aggressiveness, dysregulation and problems in interpersonal relationships.

Objectives:

- **Treatment effectiveness assessment in reducing symptoms like problems in interpersonal relationships, mood swings, impulsivity, aggressiveness, sometimes paranoid ideations**
- **management of affect, anxiety and depressive states**
- **Changes in neural circuitry:** alterations in brain activity patterns
- **Safety profile** of TMS in individuals with BPD, also adverse reactions
- self assessment of the pationt regarding symptom relief
- **Compare with medications**

Methods: Type of Study: Randomized controlled trial (RCT)

Duration: 10-14 weeks

Setting: Outpatient department of Todua clinic

Inclusion Criteria:

- Adults aged 18-65 y
- Diagnosis of Borderline Personality

Exclusion Criteria:

- Contraindications (e.g., metal implants in the skull or brain)
- substance abuse disorder or psychiatric illness (cognitive disorder, schizophrenia, bipolar disorder)

Results: The results have shown a really promising outcome:

1. **reduced symptom severity: impulsivity, aggressiveness, self-harming, emotional instabiliyu, mood swings, improved mood and decreased anxiety and depressive states.**
2. **Changes in neuronal circuits:** TMS changed total brain activity in a positive way, it regulated limbic system functioning tha correspondingly improved the symptoms.

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

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doi: 10.1192/j.eurpsy.2025.1911

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 ≥ 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: