

EPP0484

Comorbidity borderline-narcissistic personality disorderK. Douk^{1*}, I. Belabess² and I. Hanine¹¹psychiatry, Military hospital Mohammed V, Rabat and ²psychiatry, psychiatric hospital Ar-Razi, salé, Morocco

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Introduction: borderline personality disorder, which is characterized by major impulsivity and marked instability of emotions, interpersonal relationships and self-image, may be associated with traits such as grandiosity, sense of entitlement, exploitation of others, over-reliance on the admiration of others to regulate self-esteem arrogant and haughty behaviors, exhibitionism and lack of empathy, traits belonging to the narcissistic personality disorder, thus modifying the clinical expression, influencing the occurrence of possible additional comorbidities and complicating both the diagnostic approach, the therapeutic strategy, the possible complications and the prognosis.

Objectives: to shed light on this combination, its characteristics, its manifestations and clinical implications and its therapeutic approaches

Methods: We have performed a systematic review of literature using the following keywords on the GoogleScholar and PUBMED database: borderline personality disorder subtypes, borderline personality disorder comorbidities; borderline and narcissistic comorbidity; borderline treatment

Results: The authors have noted that patients meeting both borderline and narcissistic personality disorder criteria are significantly less likely to be hospitalized in psychiatric facilities and have fewer psychiatric comorbidities than those with borderline personality disorder alone, particularly anxiety disorders.

In contrast to the rarity of psychiatric complications, the authors noted that patients with both borderline and narcissistic personality criteria were more likely to exhibit other pathological personality traits, including schizotypal, histrionic and paranoid.

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Conclusions: The combination of narcissistic personality traits and borderline personality disorder has a significant impact on clinical manifestations, complications and prognosis, which is seen positively with a decrease in psychiatric complications, self-harm and suicide attempts, hence the rarity of hospitalization compared to subjects with borderline personality disorder, thus classifying narcissistic personality traits as a protective factor for subjects with borderline personality disorder.

Disclosure of Interest: None Declared

EPP0486

Preliminary findings on diagnostic validity of the ICD-11 personality disorder scales among Croatian psychiatric patientsN. Jaksic^{1*}, I. Simunovic Filipic^{1,2}, M. Sagud^{1,3}, B. Vuksan Cusa^{1,3}, M. Skocic Hanzek^{1,3}, Z. Madzarac¹, V. Bilic^{1,3}, J. Grubisin¹, I. Filipic^{2,4}, M. Copo⁵, Z. Vuksan Cusa³, E. Podolski³ and D. Marcinko^{1,3}¹Department of Psychiatry and Psychological Medicine, University Hospital Center Zagreb, Zagreb; ²Faculty of Dental Medicine and Health, Josip Juraj Strossmayer University of Osijek, Osijek; ³University of Zagreb School of Medicine; ⁴University Psychiatric Clinic Sveti Ivan, Zagreb and ⁵Neuropsychiatric Hospital "Dr. Ivan Barbot", Popovaca, Croatia

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Introduction: Official classification of personality disorders (PDs) has witnessed a significant shift from traditional categorical to more dimensional diagnostic perspective in the recently published *International Classification of Diseases - 11th Revision (ICD-11)*.

Objectives: The goal of this preliminary study was to explore the clinical use (i.e., diagnostic validity) of the newly constructed, as well as recently adapted to Croatian language, self-report measures of the ICD-11 PD severity and personality trait domains.

Methods: This study was carried out in a sample of 363 psychiatric patients (54% female, mean age 46 years) who were being treated at Department of Psychiatry and Psychological Medicine of the University Hospital Center Zagreb and the University Psychiatric Clinic Sveti Ivan, Zagreb, Croatia. Patients were divided into two groups: 98 patients with the diagnosis of PD ("PD group") based on the ICD-10 criteria and 265 patients with other psychiatric disorders ("non-PD group") (43% anxiety disorders, 31% affective disorders, 16% psychotic disorders, and 10% substance use disorders). They filled out the following scales that were developed according to the ICD-11 PD guidelines: the Personality Disorder Severity ICD-11 (PDS-ICD-11) scale and the Personality Assessment Questionnaire for ICD-11 (PAQ-11).

Results: Statistical comparison of the two clinical groups revealed that the "PD group" was significantly younger, had relatively more female patients and showed a trend towards higher number of psychiatric hospitalizations, whereas there were no group difference in terms of education level, relationship status and treatment length. More importantly, the "PD group" exhibited a significantly higher total score (mean 16.30 vs. 12.39) on the PDS-ICD-11, indicating greater global personality dysfunction (i.e., more severe PD). Also, of the five PD trait domains measured by the PAQ-11, the "PD group" had significantly more pronounced Negative Affectivity, Dissociality, Disinhibition and Detachment, whereas Anankastia was similar across the two groups.

Conclusions: Given the radical changes in ICD-11 related to PD diagnosis, there is an urgent need to culturally adapt and evaluate psychometric properties of the scales developed to measure PD severity and personality trait domains. Our preliminary findings support diagnostic validity of two such instruments among Croatian psychiatric patients: the PDS-ICD-11 and PAQ-11.

Disclosure of Interest: None Declared