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doi: 10.1192/j.eurpsy.2022.1705

Introduction: Self-Generated Stress might be defined as stress that is created by oneself by engaging in behavior or making decisions that ultimately add strain to pre-existing personal stress. The Self-Generated Stress Scale (SGSS; Flett et al. 2020) is a seven-item self-report measure built to assess this tendency to make one's own life more stressful.

Objectives: To analyze the psychometric properties of the Portuguese Version of the SGSS.

Methods: Participants (127 medicine and dentistry students; 78.0% female) answered an online survey including the preliminary Portuguese version of the SGSS and other validated questionnaires: Maslach Burnout Inventory – Students Survey, Depression Anxiety and Stress Scales, HEXACO-60 and *Big Three Perfectionism Scale*.

Results: Confirmatory Factor Analysis showed that the unidimensional model presented good fit indexes ($\chi^2/df=1.546$; RMSEA=.0666, $p<.001$; CFI=.982 TLI=.972, GFI=.960). The Cronbach's alfa was .868. Pearson correlations between SGSS and the other measures were significant ($p<.01$) and moderate/high: Burnout, .412; Stress/Anxiety/Depression, >.550; Perfectionism, .600; Emotionality, .315; Extroversion, -.411. After controlling for the effect of Emotionality and Extroversion, SGSS explained significant additional increments of 19.9% and 14.0% of the DASS and MBI variance; controlling for Perfectionism, the increments were respectively of 27.9% and 2.0%. SGSS mean score (22.96 ± 5.90) was not significantly different by gender.

Conclusions: As observed with the original English-language scale, the Portuguese version of SGSS showed good validity (construct and convergent-divergent) and internal consistency. As such, the SGSS might be useful in further investigation, particularly to explore the different pathways between personality traits, emotional regulation processes and psychological distress.

Disclosure: No significant relationships.

Keywords: self-generated stress; personality; psychological distress; emotional regulation

EPV0984

Aesthetics and mental health: an increase in personality disorders

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doi: 10.1192/j.eurpsy.2022.1706

Introduction: There has been a growing interest in our society for aesthetic interventions and achieving perfect beauty standards. We analyze its relationship with the mental health of our present time.

Objectives: 1. Describe the most frequent pathologies associated with aesthetic interventions.

2. Describe the population that most frequently uses these interventions.

3. Management of this pathology.

Methods: Systematic bibliographic review of the literature of the last 5 years following the PRISMA recommendations between March and June 2021.

Results: 4 articles were included. Most of them coincide in a high prevalence of borderline personality disorders, high impulsivity, high levels of anxiety, low perceived self-esteem and dysmorphophobia. Greater coordination between physicians who are dedicated to aesthetics and mental health is proposed due to the rise of this fashion.

Conclusions: 1. High increase in the use of aesthetic techniques.

2. Women who consume these techniques more.

3. High prevalence of personality disorders.

4. High prevalence of dysmorphophobia.

5. Referral is recommended in some cases to mental health consultations for specific treatment.

Disclosure: No significant relationships.

Keywords: Aesthetics; personality disorder; dysmorphophobia

EPV0985

Narcissism as a protective factor against the risk of self-harming behaviors without suicidal intention in Borderline Personality Disorder. Preliminary results.

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doi: 10.1192/j.eurpsy.2022.1707

Introduction: The spectrum of suicidal behavior is a core factor of the prognosis and care of Borderline Personality Disorder (BPD).

Objectives: Identify possible BPD specific personality traits that could act as protective factors of nonsuicidal self-injuries (NSSI).

Methods: We performed a cross-sectional, observational and retrospective study of a sample of 134 BPD patients aged from 18 to 56. We assessed the presence or absence of suicidal behavior and NSSI as well as different sociodemographic variables. Millon, Zuckerman-Kuhlman and Structured Clinical Interview for DSM personality questionnaires were also applied. The analysis of the association between variables was carried out with a multivariate negative binomial logistic regression model.

Results: A statistically significant association between NSSI and suicidal behavior was found. Elseways, statistically significant differences were also found in the association between NSSI and the SCID variables for Narcissistic Disorder, which appears as protective variables. These results provide an idea of the dynamic relationship between NSSI and suicidal behavior in a BPD population with particularly severe characteristics.

Conclusions: The role of narcissistic personality traits appears to be important in identifying protective factors for NSSI and suicidal behavior in BPD patients and could be the subject of further research projects.

Disclosure: No significant relationships.

Keywords: narcissism; protective factors against suicide; nonsuicidal self-injury; borderline personality disorder