practice we use to make diagnoses in first consultations, but sometimes it is more complicated, requiring a cross-sectional study of the evolution of the case.
Objectives: 44-year-old woman. Married and mother of one child. She has an hospitalization for alcohol dependence in the context of depressive syndrome. The patient attends the consultation regularly, presenting in the foreground alcohol consumption with evasive characteristics due to hypothymic mood. Many pharmacological approaches are tried with poor tolerance, as well as referral to an alcohol cessation unit. After that, it requires new income where partial disorientation is observed.
Methods: A CT scan is performed and is reported as normal.
Results: In admissions, family-type interventions are performed to reduce accompanying family dysfunction. The evolution is torpid, with the appearance of dysfunctional hysteromorphic personality traits, with childish demands and refusal to go to prescribed consultations. Tendency to confabulation and demonstrative attitudes in the family context, which yield with hospitalization, presenting an absence of disruptive behaviors in the hospital context, but it does seem to present brain alterations due to alcoholism. It is sent home with appropriate indications.
Conclusions: Sometimes, a detailed investigation and follow-up of a case, in this case by way of admission, may result in a different diagnosis than the previous one, which entails a different management.

Disclosure: No significant relationships.
Keywords: PSYCHOPATOLOGY; HISTRIONIC; disorder; Alcohol

EPV0444

Association between appearance schemas and personality traits

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Introduction: Personality traits play are related to many forms of psychological distress, such as body dissatisfaction.
Objectives: To explore the associations between appearance schemas and personality traits.
Methods: 494 university students (80.2% females; 99.2% single), with a mean age of 20.17 years old (SD=1.77; range:18-20), filled in the Appearance Schemas Inventory-Revised, the NEO-Personality Inventory, and the Composite Multidimensional Perfectionism Scale.
Results: A significant difference was found in Self-evaluation Salience scores by sex [females (M=37.99,SD=7.82); males (M=35.36,SD=6.60);t(489)=-3.052,p=.002]. Having conducted correlations separately, by sex, Self-Evaluation Salience was correlated with Concern Over Mistakes (r=.27), Doubts about Actions (r=.35), and Socially-Prescribed Perfectionism (r=.23). For females, Self-evaluation Salience was correlated with Concern Over Mistakes (r=.34), Personal Standards (r=.25), Doubts about Actions (r=.33), Parental Expectations (r=.24), Parental Criticism (r=.24), Organization (r=.11), Socially-Prescribed Perfectionism (r=.31), Self-Oriented Perfectionism (r=.32), and Neuroticism (r=.33). Concerning Motivational Salience, in the total sample (not separately, by sex), this scale/dimension significantly correlated with Conscientiousness (r=. 18), Personal Standards (r=.23), Socially-Prescribed Perfectionism (r=. 10), and Self-Oriented Perfectionism (r=.29).
Conclusions: Females seem to value more their self-appearance and, in females, the salience of appearance in life seems to be associated with maladaptive-perfectionism, as well as with adaptive-perfectionism. In males, the salience of appearance was only related with adaptive perfectionism. Males seem more concerned with their own standards, while for females other´s standards are also relevant. In females the level of salience of appearance in life seems to relate to the experience of feelings, such as anxiety/depression (neuroticism). The motivation to improve appearance seemed to be particularly related, in both sex, to adaptive perfectionism.

Disclosure: No significant relationships.
Keywords: University Students; appearance schemas; Personality

EPV0445

Gambling disorder (GD) in youth with borderline personality disorder: Understanding comorbidity

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Introduction: Epidemiological data suggest that in youth the prevalence of co-occurring borderline personality disorder (BPD) is particularly high in people with gambling disorder (GD).
Objectives: The objective of this study was to investigate clinical presentations of GD in youth patients with BPD.
Methods: Clinical psychopathological interview, SCID-II, The Gambling Symptom Assessment Scale (G-SAS), Hamilton Depression Rating Scale (HDRS), Zung Anxiety Rating Scale (ZARS). Sample: N=65 male and female, age: 18-25 with GD and BPD.
Results: GD clinical presentation in BPD patients in youth have age and individual specific signs, like polymorphism and high conjugacy with comorbid mental disorders (including, but not limited to MDD, OCD, anxiety disorders, body dysmorphic disorder and etc.) Types of GD in BPD varied due to these comorbid syndrome: 1. Subjects with GD, BPD and MDD in youth demonstrated severity progression in anticipatory tension emotional distress (mental pain, shame, guilt) and lower level in pleasure on winning the bet (G-SAS:SD/Mean 35± 3). 2. Group with OCR and Anxiety Disorders showed different profile: urges to gamble and emotional distress dominated here (G-SAS SD/Mean 32.5± 1). 3. Individuals