

**Objectives:** To study the state of mental health of internally displaced persons (IDPs) and to develop, on this basis, a system of therapy and prevention of mental disorders.

**Methods:** A combination of clinical-psychopathological and psychodiagnostics methods of studying were used to identify peculiarities of the mental state and various forms of mental pathology.

**Results:** 270 IDPs were examined. It was established that the group of IDPs is heterogeneous and includes 3 categories: 1 group of IDPs who do not have signs of mental disorders (conditionally healthy) (34.81%), 2 group of IDPs who have separate symptoms of mental disorders (risk group) (25.19 %) and the 3 group of IDPs with established mental disorders (40.00 %). The assessment of the general condition of the IDPs of the 1 group shows that they have various somato-neurological disorders and the absence of mental disorders. The assessment of the emotional state of the IDPs of the 2 group indicates the presence of various emotional disorders that include asthenic syndrome ( $41.18 \pm 5.97$  %), agripnic syndrome ( $45.59 \pm 6.04$  %), somato-vegetative syndrom ( $30.88 \pm 5.60$  %), anxiety-depressive syndrome ( $20.59 \pm 4.90$  %). That separate syndromes do not meet the criteria of ICD-10 and were subthreshold. The general features of mental disorders in group 3 IDPs are characterized by the predominance of disorders of the anxiety-depressive spectrum and includes adjustment disorders (F43.2) in 35,18%; post-traumatic stress disorder (F43.1) in 17.59%; a moderate depressive episode (F32.1) in 16, 67%; organic affective (depressive) disorder (F06.3) in 14.81%; organic anxiety disorder (F06.4) in 9.28%; recurrent depressive disorder (33.1) in 6.48%.

**Conclusions:** A system of treatment of mental disorders in IDPs has been developed, which includes pharmacotherapy (the usage of antidepressants, anxiolytics and, if necessary, antipsychotics), cognitive-behavioral and family psychotherapy. For prevention mental disorders among IDPs of groups 1 and 2, a psychoeducational program was created, aimed at forming awareness of clinical manifestations of mental disorders, opportunities to prevent their formation, and necessary actions in conditions of exacerbation of the mental state. Evaluation of the effectiveness of the developed system of therapy and psychoeducation has testified to their effectiveness.

**Disclosure of Interest:** None Declared

## EPP0166

### Polish psychiatrists' experiences consulting displaced patients from ukraine in 2022

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**Introduction:** The ongoing conflict in Ukraine has resulted in a significant influx of refugees seeking asylum in other countries, including Poland. Among these refugees are individuals who are struggling with mental health issues. Polish psychiatrists have stepped up to provide care for these patients, despite facing a number of challenges in the process.

**Objectives:** This presentation aims to shed light on the experiences of Polish psychiatrists treating refugees during the war in Ukraine,

highlighting the difficulties they have encountered and the strategies they have employed to provide the best possible care to their patients. The presentation also examines the impact of war on mental health, and the long-term effects on the well-being of refugees.

**Methods:** A questionnaire study was done among Polish Psychiatrists about the forms of support they provided for Ukrainian psychiatric patients they consulted after 24 February 2022. The responses to questionnaires were collected during psychiatric Congresses.

**Results:** The most commonly reported symptoms were anxiety (44.1%), followed by depression (35.3%), and panic attacks (23.5%). Other symptoms like irritability and sleep disorders were reported by 11.8% and 8.8% of the respondents, respectively. Disturbingly, thoughts of resignation and suicidal ideation were also reported, albeit at lower frequencies (8.8% and 2.9%, respectively). A small percentage (2.9%) reported no new symptoms.

The high prevalence of anxiety and depression suggests that the war has had a profound impact on the mental health of the affected population. The emergence of severe symptoms like psychotic thoughts and suicidal ideation, although less frequent, is alarming and calls for immediate intervention. It is also noteworthy that a small but significant portion of the population reported no new symptoms, which may indicate resilience or other coping mechanisms at play.

**Conclusions:** The war in Ukraine has led to a range of new psychological symptoms among the affected populations, with anxiety, depression, and panic attacks being the most prevalent. Immediate and long-term psychological interventions are urgently needed to address these emerging mental health issues. Further research is also required to understand the resilience factors among those who reported no new symptoms.

**Disclosure of Interest:** None Declared

## Personality and Personality Disorders

### EPP0167

#### Cognitive functioning of patients with borderline personality disorder

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**Introduction:** The neurocognitive deficit model as a characteristic of patients with borderline personality disorder (BPD) has been the focus of research for the past 20 years. However, no such studies have been performed in Russia.

**Objectives:** The aim of the present study was to investigate the neurocognitive profile of patients with BPD.

**Methods:** Fifty patients with BPD (according to DSM-V criteria) in stable mental state (72% women; mean age  $22.44 \pm 4.32$ ) were examined. BPD symptom severity was assessed using the Borderline Personality Disorder Questionnaire (PBQ-BPD), which was validated in the Russian population (34 points or more indicated a higher probability of BPD diagnosis). The Brief Assessment of Cognition in Schizophrenia (BACS) was used to assess cognitive function (in order to use these data for differential diagnosis with

schizophrenia spectrum disorders). The study was approved by the ethical committee of Saint Petersburg State University.

**Results:** On the PBQ-BPD results, 38% of patients (n=19) scored over 34 points, despite being stable. BACS subscales T-scores (presented as median [Q1; Q3]) were within normal limits (Verbal memory - 49.81 [46.56; 53.06]; Working memory - 43.73 [38.0; 47.50]; Motor function - 44.08 [41.0; 47.25]; Coding - 45.56 [42.50; 48.63]; Verbal fluency - 48.14 [46.0; 52.0]; Tower of London test - 52.33 [47.0; 57.0]). A number of patients had low scores on the BACS subscales (T-score < 40), particularly working memory (33.3%), coding (20.8%), and verbal memory (18.8%). The BACS Composite T Score (46.02 [43.65; 48.39]) correlated with the PBQ-BPD score (32.00 [27.00; 36.00];  $r=-0.316$ ;  $p=0.028$ ). To better characterize the cognitive functioning of patients with BPD, patients were divided into two groups: those who scored less than 34 on the PBQ-BPD (group 1) and those who scored more than 34 on the PBQ-BPD (group 2). Group 2 patients had a lower BACS Composite T-score (42.32 [38.06; 46.58]; 48.45 [45.87; 51.03];  $p=0.009$ ) and nominally lower mean scores on all BACS subscales, compared with Group 1 patients. We found significant differences in T-scores values on the Working Memory subscale (Group 1 - 45.0 [41.0; 49.0]; Group 2 - 38.0 [33.0; 43.5],  $p=0.003$ ), Verbal Fluency (49.0 [47.25; 53.75]; 48.0 [44.0; 49.0];  $p=0.047$ ), Tower of London Test (57.0 [52.0; 57.0]; 48.0 [42.0; 57.0];  $p=0.036$ ).

**Conclusions:** Neurocognitive impairment was detected in 33.3% of patients with BPD. The dominant cognitive impairments in the patients were decreased working and verbal memory and information processing speed. The severity of BPD symptoms has been confirmed to correlate with the neurocognitive functioning of these patients.

**Disclosure of Interest:** None Declared

## EPP0168

### A pilot Randomized Controlled Trial (RCT) study protocol for assessing physical activity in individuals diagnosed with Borderline Personality Disorder (PABORD)

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**Introduction:** Most treatments for severe mental disorders involve either pharmacotherapy or psychological interventions, which show mild to moderate effectiveness and may not lead to complete remission. Physical activity (PA), effective in enhancing physical health among the general population, emerges as a potential adjunctive treatment option that can address the existing gaps.

Borderline Personality Disorder (BPD) is a severe condition associated with profound psychosocial impairment, a heightened risk of suicide, and considerable burden on informal caregivers and mental health service providers. While there is a lack of approved medications for individuals with BPD, psychosocial interventions

demonstrated good efficacy. However, the implementation of these treatments is limited by the demanded extensive training for staff. No studies have investigated the effectiveness of structured PA as an adjunctive treatment for individuals with BPD.

**Objectives:** The primary objective of this study is to assess whether the intervention group outperforms the control group in terms of improvement on a standardized assessment scale evaluating BPD psychopathology, the *Zanarini Rating Scale for Borderline Disorder*. Secondary objective is to assess whether the intervention group can increase and sustain higher levels of PA. We hypothesise that a structured PA program will demonstrate superior results compared to the psychoeducation control group concerning PA levels upon completion of the intervention. Additionally, we hypothesise that the intervention group will exhibit enhanced outcomes in psychopathology, functioning, and sleep.

**Methods:** The PABORD Randomized Controlled Trial is designed for female outpatient individuals diagnosed with BPD aged 18-40 years. This trial will involve two distinct groups: (i) an intervention group (25 participants) that will engage in a 12-week structured PA program under the supervision of a sports medicine physician; (ii) a control group (25 individuals) that will undergo a 12-week psychoeducation program focused on PA and diet.

Patients are assessed at three different time points. Standardized assessments include psychopathology, psychosocial functioning, sleep, menstrual cycle and nutrition data. Measurements are taken on the amount and intensity of PA and sleep patterns using a biosensor device (Actigraph GT9X), dynamometric measures and BMI. Biomarkers and hormonal cycles are examined through the collection of plasma and saliva samples.

The trial is financially supported through donations (5x1000 fund), and has been submitted to the local Ethics Committee for approval. The trial registration process is also currently in progress.

**Results:** Not yet available.

**Conclusions:** The study will provide new knowledge which may enhance our treatment options with patients suffering from BPD.

**Disclosure of Interest:** None Declared

## EPP0169

### Temperamental differences in the Subtypes of Attention Deficit Hyperactivity Disorder

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**Introduction:** Attention-Deficit/Hyperactivity Disorder (ADHD) is a neurodevelopmental condition marked by difficulties in attention, hyperactivity, and impulsivity. Its subtypes—predominantly inattentive, predominantly hyperactive-impulsive, and combined—vary in symptom presentation and impact on daily functioning. Understanding these subtypes is crucial for tailored interventions and support.

**Objectives:** Our aim is to clinically characterize the psychopathological aspects of the subtypes of ADHD.

**Methods:** Our study is conducted on patients (>18 years) referred to the adult ADHD outpatient service of the Psychiatric Clinic of Ancona (Università Politecnica delle Marche, Italy). The