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PREVALENCE OF THE METABOLIC SYNDROME IN PATIENTS WITH BORDERLINE PERSONALITY DISORDERS - RESULTS OF A CROSS-SECTIONAL STUDY K. Kahl<sup>1</sup>, W. Greggersen<sup>2</sup>, U. Schweiger<sup>2</sup>, C. Correll<sup>3</sup>, C. Balijepalli<sup>4</sup>, C. Lösch<sup>4</sup>, S. Moebus<sup>4</sup> <sup>1</sup>Psychiatry, Social Psychiatry and Psychotherapy, Hannover Medical School, Hannover, <sup>2</sup>Universitätsklinikum zu Lübeck, Lübeck, Germany, <sup>3</sup>Albert Einstein College of Medicine, New York, NY, USA, <sup>4</sup>IMIBE, Essen, Germany

Introduction: The metabolic syndrome (MetS) is an important risk factor for the development of type-2 diabetes and coronary artery disease. However, little is known about the prevalence of the MetS in patients with borderline personality disorder (BPD).

Objectives, aims: We aimed to compare the MetS prevalence in patients with borderline personality disorder (BPD) with control subjects followed in primary care from a similar region.

Methods: One-hundred thirty five BPD patients according to DSM-IV diagnostic criteria were compared to 1009 subjects from primary care. We used the American Heart

Association/National Heart, Lung and Blood Institute (AHA/NHBLI) criteria to determine the rate of MetS and of each individual MetS criterion. For comparison purposes we calculated age-standardized rates of the MetS and their 95%-confidence intervals (CI).

Results: The age-standardized prevalence of MetS was more than double in patients with BPD compared to control subjects (23.3% vs. 10.6%, p< 0.05).

Within BPD patients, an increased rate of MetS was associated with higher BMI (Wald=10.2; p=0.004), age (Wald=4.7; p=0.03), treatment with second generation antipsychotics (quetiapine, olanzapine and clozapine) (Wald=4.6; p=0.032), dysthymia (Wald=4.6; p=0.031), panic disorder (Wald=4.6; p=0.032), benzodiazepine dependency (Wald=5.9; p=0.015), and binge-eating disorder (Wald=5.4; p=0.02).

Conclusions: Our results demonstrate an increased MetS rate, dysregulated glucose and lipid metabolism in patients with BPD. Independent predictors of MetS in BPD patients require further study to inform targeted prevention efforts in this population. Cardiometabolic monitoring and careful screening for physical health conditions among people with BPD is warranted.