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

Diagnostic Interview for ADHD in adults (DIVA 5.0) was used for diagnosing ADHD. The following rating scale were administered: Temperament Evaluation in Memphis, Pisa and San Diego (TEMPS-M), and Temperament and Character Inventory-Revised (TCI-R).
Results: 76% (n=170) of all screened patients were diagnosed with ADHD in adulthood. 57.6% (n=98) were diagnosed with ADHD combined subtype, 35.3% (n=60) with ADHD inattentive subtype, and 7.1% (n=12) with ADHD hyperactive subtype. Only 12.9% (n=22) were diagnosed with ADHD in childhood. Based on the results obtained at TEMPS-M, 43.8% (n=32) of patients were found to have cyclothymic temperament. Subjects with ADHD combined subtype scored significantly higher mean on the irritable temperament subscale of the TEMPS-M than those with ADHD inattentive subtype (p=0.016), while patients with ADHD inattentive subtype had a significantly higher mean score on the disorderliness subscale of the TCI-R than those with ADHD hyperactive and combined subtype (p=0.010). Given the logistic regression analyses using the TCI-R, developing an inattentive type of ADHD is negatively predicted by the disorderliness subscale of the TCI-R (exp(B)=0.788, IC95%=0.669-0.929, p=0.005) and positively predicted by the extravagance subscale of the TCI-R (exp(B)=1.104, IC95%=1.009-1.208, p=0.031), the hyperactive subtype of ADHD is negatively predicted by the fatigability subscale of the TCI-R (exp(B)=0.775, IC95%=0.597-1.005, p=0.055) and the combined subtype that is positively predicted by the disorderliness subscale of the TCI-R (exp(B)=1.140, IC95% =1.011-1.287, p=0.033). Regarding temperament, through a logistic regression analysis, the inattentive subtype of ADHD is negatively predicted by the irritable temperament subscale of the TEMPS-M (exp(B)=0.904, IC95%=8.39-0.974, p=0.008), while for the combined subtype of ADHD it is positively predicted by the irritable temperament subscale of the TEMPS-M (exp(B) =1.088, IC95%=1.014-1.167, p=0.019).
Conclusions: The results show that irritable temperament is a predictor for the inattentive and combined subtype, but with different polarities. In addition, how different patterns of personality are specific to the various subtypes of ADHD are highlighted.

Disclosure of Interest: None Declared

EPP0170

Sexuality in patients treated for borderline personality disorder at the Arrazi psychiatric hospital in Salé

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Introduction: Borderline personality disorder is a severe mental disorder characterized by generalized instability of emotional regulation of interpersonal relationships and self-image, and marked impulsivity. Several features of this disorder are likely to be associated with problematic sexual health, such as impulsivity (impulsive sexual behavior), identity disorders (unstable sexual identity) and unstable and intense interpersonal relationships. In addition, childhood sexual abuse and violence are common in people's histories.
Objectives: Assessing sexuality in patients followed for borderline personality disorder at Arrazi Salé psychiatric hospital.
Methods: This is a descriptive cross-sectional study using a questionnaire including socio-demographic criteria with a questionnaire on sexual behavior in female patients followed for borderline personality disorder at the Arrazi Salé psychiatric hospital. Inclusion criteria: women over 18 years of age diagnosed with borderline personality disorder. Exclusion criteria: psychosis, intellectual disability.
Results: We collected 45 patients with borderline personality disorder. The average age was 22, 80% were single, 58% unemployed, 46% had dropped out of high school. The majority of participants were using psychoactive substances. 25% had attempted suicide. 83% were victims of childhood sexual abuse. The majority were significantly more likely to engage in sexual activity at a younger age than their peers. Over 60% had never used contraception 10% had their first pregnancy at a younger age, with termination. 15% have had genital infections. 53% were attracted to both sexes, and over 66% had more than one sexual partner. Over 73% did not experience sexual satisfaction (sexual satisfaction scale less than 10).
Conclusions: The results indicate that sexuality in patients with borderline personality disorder is present early in the course of the disorder, often at a young age, with significant physical, mental and social consequences. Primary care mental health, sexual health and sexual assault services need to be attentive to the clinical diagnosis of this personality disorder, as the nature of the disorder represents both a risk factor and a health threat.

Disclosure of Interest: None Declared

EPP0171

A HORMONAL INFLUENCE? Polycystic ovary syndrome and borderline personality disorder

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Introduction: Borderline Personality Disorder (BPD) is a chronic personality disorder characterized by emotional and interpersonal instability, difficulty in mentalization, impulsivity with functional impairment and increased rates of comorbid mental disorders. Polycystic ovary syndrome (PCOS) is the most prevalent endocrine disorder in premenopausal women, with important impact on quality of life and mental health. Studies have begun to explore the eventual relationship between these two pathologies.
Objectives: The authors aim to describe the existing evidence exploring the relationship between BPD and PCOS as well as explore eventual common causal pathways and the forms which one might influence the other.
Methods: The authors describe a clinical case of a 31 year old female patient with history of borderline personality disorder and polycystic ovary syndrome presenting with hyperandrogenism and hirsutism as well as menstrual irregularities. As a compliment to the case, the authors conducted a brief non-structured literature review using articles published in the Medline/Pubmed, ScienceDirect and Google