independent of the hippocampal volume. However, DWMH volume is not associated with any cognitive function. Only PVWMH among subclassified WMH are related to the severity of AD.

Disclosure of Interest: None Declared

Others

EPP0321

Impulsivity profile analysis and it's potential role in the differential diagnostics of adult Attention Deficit Hyperactivity Disorder and Borderline Personality Disorder

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Introduction: Impulsivity is a complex construct, having at least three factors: 1) impulsivity as a personality trait, 2) ismpulsive action – waiting and stopping impulsivity and 3) choice impulsivity. Impulsive symptoms are present in Attention Deficit Hyperactivity Disorder (ADHD) and Borderline Personality Disorder (BPD) as well, eventhough impulsvity profile significantly differs.
Objectives: Our aim is to describe the impulsivity profile in adult ADHD (aADHD) and BPD in comparison with the control group, and describe a characteristic pattern, which associates with these disorders.
Methods: aADHD (n=100) and BPD Patients (n=63) were included, based on DSM-5 diagnostic criteria. Healthy control subjects (n=100) were screened using the Derogatis Symptom Checklist (SCL-90). Comorbid psychiatric disorders were assessed by structured clinical interviews and those who have both aADHD and BPD were excluded from the study. Participants were further investigated with online questionnaires: e.g. Barratt Impulsiveness Scale (BIS-11) Difficulties in Emotion Regulation Scale (DERS) and neuropsychological tests, like CANTAB Rapid Visual Processing, Stop Signal Task, and the Rogers' decision-making test.
Results: Based ont the BIS-11 results, significantly higher attentional impulsivity was present in adult ADHD compared to BPD ($p<.001$) and healthy controls ($p<.001$). Emotional regulation difficulties, measured by DERS were significantly higher in BPD ($p<.001$) than aADHD, but the impulse control problems were more pronounced in the aADHD group, compared to BPD ($p<.001$). Using CANTAB neuropsychological test battery, strategy formulation difficulties ($p=0.16$) and stopping impulsivity ($p<.001$) were only present in aADHD compared to HC. BPD patients did not differ significantly from the control group in strategy formulation and in Stop Signal Reaction Time, a measure of stopping impulsivity. The significantly higher level of total false alarms, reflecting on waiting impulsivity were present both in aADHD and BPD.
Conclusions: According to our results these two disorders have different impulsivity profile characteristics, which can be useful in differentiating these two disorders, and in buiding treatment plans. Stopping impulsivity, measured by SST was found in aADHD, but not in BPD. In BPD impulsive behavior is more likely attached to emotional dysregulation, a trait rooted in childhood traumatization.
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EPP0322

The four abilities of emotional intelligence as predictors of health risk behaviour: what role do impulsivity and sensitivity to reward play in this relationship?

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Introduction: Risky sexual relationships, reckless driving or initiating drug use are examples of health-related risk behaviours that are often related to poor emotional abilities (emotional identification, emotional understanding, facilitating thought and emotional regulation). However, the mechanisms by which this relationship operates have been relatively little studied. It is well known that certain personality traits such as impulsivity and sensitivity to reward are strongly related to risk-taking behaviour.
Objectives: The aim of this work was to explore the role of these two traits in the relationship between each of the different abilities/branches of emotional intelligence and health risk behaviour, as well as to identify the emotional ability that best predicts this relationship.
Methods: A community sample of 250 participants (Mage = 23.60; 72% women) was used to measure levels of emotional intelligence in each of its branches (through the performance-based ability test MSCEIT), and levels of health risk behaviour, impulsivity and sensitivity to reward.
Results: The results supported the existence of a negative relationship between the four emotional abilities and health risk-taking. Mediation analyses that included all four MSCEIT branches as predictors revealed an indirect effect of the "managing" branch on risk-taking, being the most important branch in predicting health-related risk-taking, due to its effects through impulsivity and sensitivity to reward.
Conclusions: Our results suggest that a strong negative relationship exists between emotional management ability and health risk-taking, highlighting that the emotional components of impulsivity and levels of sensitivity to reward have been shown to be among the mediating factors underlying this relationship. Further experimental research is needed to confirm the role of emotional intelligence, and in particular emotional management, as a protective factor for risk-taking behaviour.

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