Objectives: We aimed to investigate the impact of BPD on course of illness in patients with BP.
Methods: We conducted a cross-sectional, descriptive and analytical study among 30 psychiatric outpatients diagnosed with BD in the Psychiatry « B » department, Hedi Chaker Hospital (Sfax, Tunisia). The McLean Screening Instrument for Borderline Personality Disorder (MSI-BPD) was used to screen for BPD. Clinical outcomes (hospital stays, comorbidities, suicidality…) were compared between BD- patients with or without BPD comorbidity.
Results: The mean age was 41.63 years, with a sex ratio of ½. Among the patients, 2/3 were diagnosed with BD-I, while 1/3 presented a BD-II. Physical comorbidities, comorbid anxious and eating disorders were noted respectively in 36.7%; 16.7% and 43.3% of patients. Suicidal attempts were reported in 46.7% of cases. According to MSI-BPD, a comorbid BPD was noted in 30% of our sample. Patients with BD-II were significantly more likely to present BDP traits (50%) than those with BD-I (20%) ($p<0.001$). Patients with BPD were significantly more likely to attempt suicide ($p=0.033$), and to present physical comorbidities ($p<0.001$) and comorbid eating disorders ($p<0.001$).
Conclusions: Our study showed that BPD darkens the prognosis of BD, because of worse outcomes related to suicide, physical and psychiatric comorbidities. Thus, its co-occurrence complicates the management of BD.

Disclosure: No significant relationships.
Keywords: comorbidity; bipolar disorder; borderline personality disorder

EPV0266

Comorbidity in borderline personality disorder and adult attention deficit hyperactivity disorder in the context of impulsivity and emotional dysregulation

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Introduction: In a significant proportion of people diagnosed with Borderline Personality Disorder (BPD) and adult Attention Deficit Hyperactivity Disorder (aADHD) comorbid mental disorders, such as mood, anxiety, personality and substance use disorders can be detected. BPD and aADHD present with a partial overlap in the clinical symptoms, including increased impulsivity levels and difficulty in emotional regulation. Higher impulsivity and emotional dysregulation (ED) can result in impaired global functioning or damaged social relationships.
Objectives: The aim of this study was to assess the comorbid psychiatric diagnoses of the two patient groups, and explore the possible role of ED and impulsivity in the background of the different comorbid disorders.
Methods: Data about BPD (N=49) and aADHD (N=60) patients were analyzed based on the M.I.N.I. Plus 5.0 and SCID-5-PD structured clinical interviews. Participants were further investigated with online questionnaires: e.g. Barratt Impulsiveness Scale (BIS-11) Difficulties in Emotion Regulation Scale (DERS). For measuring the influence of impulsivity and ED in the development of comorbid disorders binary logistic regression was used.
Results: Our results showed comorbidity rates similar to previous findings in BPD patients, but lower rates were observed in aADHD. Elevated levels of ED increases the risk of suicidal ideation, mood, anxiety and eating disorders. Based on our data increased impulsivity can reduce the chance of comorbid anxiety disorders.
Conclusions: The results provide insight into the pattern of comorbid disorders, role of ED and impulsivity in people diagnosed with aADHD and BPD in Hungary. Understanding their underlying mechanisms helps to establish an accurate diagnosis, which affects treatment effectiveness.

Disclosure: No significant relationships.
Keywords: comorbidity; ADULT ADHD; Impulsivity; BPD

EPV0267

Dimensions of alexithymia and their links to anxiety and depression

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Introduction: Anxiety and depression are among the most common psychiatric comorbidities in multiple sclerosis (MS) patients. These disorders could lead to significant emotional disturbances.
Objectives: To study the different dimensions of alexithymia in patients with MS and determine their relationship with anxiety and depression.
Methods: Our study, descriptive and analytical, focused on patients followed for MS at the neurology department in Sfax (Tunisia). In addition to collecting sociodemographic data, we used the Hospital Anxiety and Depression Scale (HADS) to assess anxiety and depressive symptoms and the Toronto Alexithymia Scale (TAS-20) to assess alexithymia and its three dimensions: difficulty identifying emotions (DIE), difficulty differentiating emotions (DDE), and externally oriented thinking (EOT).
Results: This study included 93 patients followed for MS. Our results showed a prevalence of 58.1% for alexithymia, 38.7% for anxiety and 26.9% for depression. The median score of the dimension DIE was 22. The median score of the dimension DDE was 17. The mean score for the dimension EOT was 26.96 ± 4.18. Alexithymic patients were more anxious and depressed ($p = 0{,}002$ and $p < 10^{-3}$, respectively). Both dimensions DIE and DDE were associated with anxiety ($p = 0.001$ and $p = 0.022$, respectively) and depression ($p < 10^{-3}$ and $p < 10^{-3}$, respectively). Non-depressed patients had a higher score on the EOT dimension ($p = 0.003$).
Conclusions: Our results showed a relationship between depression, anxiety and alexithymia, hence the importance of looking for alexithymia in MS patients with anxiety or depressive symptoms.

Disclosure: No significant relationships.
Keywords: Dimensions of alexithymia; Depression; Anxiety