strongest outstrength, meaning changes in these symptoms preceded subsequent changes in other items, were the apathy symptoms 'dropped activities/interests', 'energetic' and 'not doing new things' (all p's<.001). The MMSE constituents with the strongest instrength, meaning changes in these symptoms were preceded by changes in other items, were 'immediate memory', 'verbal comprehension' and 'naming objects'. Decline in ADL function was a consistent predictor of worsening of depressive symptoms and cognitive decline (p<.001).
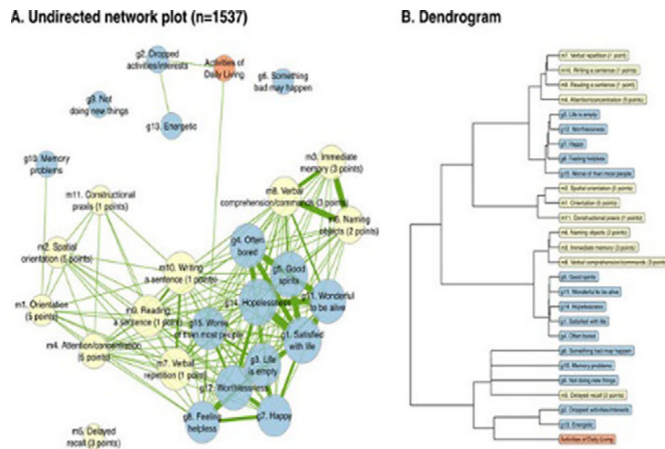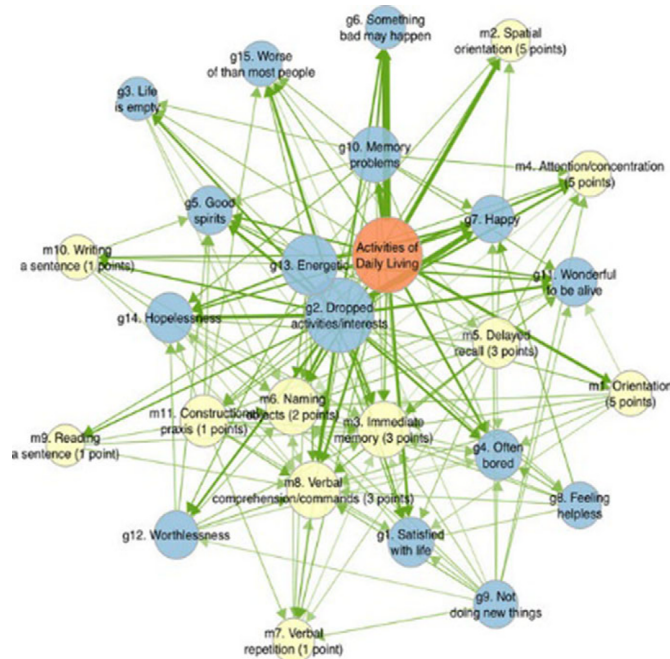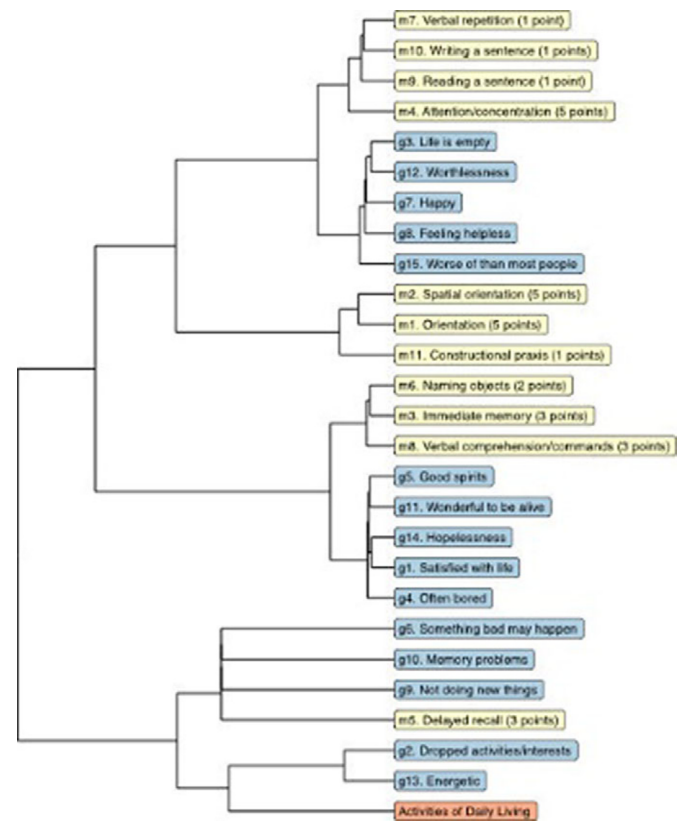
Image 1:

Image 2:

Image 3:

Conclusions: An increase in apathy and a decline in ADL preceded mood-related symptoms and cognitive impairment in older people aged 70-78 years.

Disclosure of Interest: None Declared

Precision Psychiatry

O027

Patients with schizophrenia and bipolar disorder are characterized by different blood RNA editing signatures

D. Weissmann[1]*, F. J. C. Robles[1], N. Salvetat[1], C. Cayzac[1], M. Menhem[1], D. Vetter[1], I. Ouna[1], J. N. Nani[2,3], M. A. Hayashi[2,3] and E. Brietzke[4]

[1]Parc Euromédecine, ALCEDIAG, Montpellier, France; [2]Escola Paulista de Medicina (EPM), Universidade Federal de São Paulo (UNIFESP), Department of Pharmacology, SP; [3]National Institute for Translational Medicine (INCT-TM, CNPq/FAPESP/CAPES), Ribeirão Preto, Brazil and [4]Queen's University School of Medicine, Department of Psychiatry, Kingston, Canada
*Corresponding author.

Introduction: Mental disorders, such as Bipolar Disorder (BD), Schizophrenia (SZ), and Schizoaffective Disorder (SA), are prevalent and often debilitating conditions that significantly impact

individuals' lives (Scangos et al. Nat Med 2023; 29(2): 317-33). Recent findings have identified blood RNA editing gene modifications that may aid in distinguishing between healthy controls, depressed patients, and those with BD and unipolar depression, improving diagnostic accuracy and treatment strategies (Salvetat et al. Transl Psychiatry 2022; 12(1):182).

Objectives: This study demonstrates that RNA editing biomarkers can accurately differentiate individuals with SZ, SA, BD, and healthy controls, highlighting the potential of artificial intelligence (AI)-based predictions for diagnosis.

Methods: A comparative analysis was performed with 85 healthy controls subjects, 39 BD, 31 SZ, and 14 SA patients. Patient samples were collected from two cohorts. Diagnostic assessments were conducted using SCID-1, HDRS, YMRS, and M.I.N.I., while healthy controls had no history of mental disorders or psychotropic medication use.

Results: Significant biomarkers were combined using a multiclass Random Forest algorithm. The algorithm was trained on 70% of the population. Then, the test was performed on the 30% of the population who never saw the algorithm. The analysis shows clear differentiation between the control group and individuals with BD, SZ, and SA with high sensitivities and specificities for ROC area under the curve (AUC).

Conclusions: This proof-of-concept analysis provides strong evidence for using RNA editing signature in diagnosis, and potentially in prognosis and treatment prediction. Further validation will be performed using a larger cohort.

Disclosure of Interest: None Declared

Personality and Personality Disorders

O028

Unraveling the Link Between Borderline Personality Disorder and Attention Deficit Hyperactivity Disorder

V. A. Barata[1]* and P. Gonçalves[1]

[1]Hospital Professor Doutor Fernando Fonseca, Amadora, Portugal
*Corresponding author.
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Introduction: Attention Deficit Hyperactivity Disorder (ADHD) and Borderline Personality Disorder (BPD) are common psychiatric conditions, with comorbidity rates ranging from 18% to 34% in adults. Both disorders share symptoms such as impulsivity, emotional dysregulation, and interpersonal dysfunction, complicating differential diagnosis. Their frequent co-occurrence may suggest overlapping developmental and environmental risk factors as well as common underlying mechanisms. Particularly for BPD patients, recognizing the shared characteristics between ADHD and BPD may help reduce the stigma surrounding this disorder and eventually lead to a broader range of pharmacological treatment options.

Objectives: This review aims to explore the links between ADHD and BPD, focusing on their symptomatology overlap, comorbid presentation, shared risk factors and treatment insights in adults.

Methods: A narrative literature review was conducted using the keywords "ADHD", "borderline personality disorder", "comorbidity" and "adults" in PubMed and Google Scholar databases.

Results: Findings reveal that ADHD and BPD share several risk factors, including genetic predispositions and early-life adversities. Early-life adversity, particularly trauma, is a shared risk factor; however, the type and timing of adversity seem to play differential roles in developing ADHD and BPD symptoms. In terms of clinical presentation, ADHD is characterized by more severe impulsivity compared to non-comorbid BPD, whereas BPD features more severe difficulties in emotional regulation compared to non-comorbid ADHD. The comorbid ADHD +BPD presentation is marked by heightened severity in both impulsivity and emotional instability. The traditional view of ADHD as an early-onset disorder and BPD as a late-onset personality disorder is increasingly questioned, prompting calls for a dimensional diagnostic approach. Recent studies highlight the potential of ADHD medication, particularly stimulant compounds, in reducing suicidal behavior among BPD patients exhibiting ADHD symptoms. Such medications have been found to lower the risk of suicidal behavior in these patients, while other treatments (e.g., antidepressants, antipsychotics, mood stabilizers) did not show similar protective effects.

Conclusions: This review highlights the complex interplay between ADHD and BPD, emphasizing that both disorders should be considered within a dimensional framework rather than as separate categorical entities. Shared symptoms and risk factors underscore the need for integrated treatment approaches that address the combined symptomatology of ADHD and BPD. Future research should focus on understanding the developmental trajectories of these disorders, refining diagnostic criteria, and evaluating the effectiveness of combined treatment strategies.

Disclosure of Interest: None Declared

O029

Borderline Personality Disorder Programme: Is the duration of the intervention related to clinical characteristics of patients?

J. T. Coelho[1]*, A. L. Cardoso[1], A. D. S. Moreira[1], C. S. Reis[1], H. Ginja[1], I. D. F. Pinto[1], I. M. Palma[1], E. Osório[1] and R. Barranha[1]

[1]São João Local Health Unit, Porto, Portugal
*Corresponding author.
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Introduction: Borderline Personality Disorder (BPD) remains a challenging and complex disorder but it can be successfully treated. In 2013, the first portuguese BPD specialized treatment programme was created in the Psychiatry Department at Local Health Unit of São João, becoming a very useful tool in the patients' management.

Objectives: We aim to study the influence of clinical characteristics on the duration of intervention and discharge from this BPD treatment programme.

Methods: Retrospective observational study of patients admitted to this programme until August 31st 2024. Descriptive analysis of the results was performed using the SPSS software, version 29.

Results: A total of 157 BPD patients were admitted to this programme, 154 (98%) of which are female. These patients had a mean age of 24,6 years old, when they engaged in the programme. During the follow-up 39% have abandoned the programme, and 27% have been discharged due psychotherapeutic stabilization.