

distressing and disruptive to her daily life. The patient recognized the unreal nature of these hallucinations.

**Results:** After initiating treatment with cariprazine 2.5mg, the patient demonstrated significant clinical improvement, including a reduction in the severity and impact of psychotic symptoms and a decreased risk of self-harm. Due to this positive response, cariprazine was continued, and the patient experienced increased emotional stability without requiring further acute care.

**Conclusions:** Studies have suggested the efficacy of second-generation antipsychotics in treating patients with borderline personality disorder. Beyond the remission of psychotic symptoms, these medications can lead to improvements in both affective and behavioral functioning.

**Disclosure of Interest:** None Declared

### EPV1384

#### The role of white matter in the symptomatology of dissociation in patients with borderline personality disorder

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**Introduction:** Borderline personality disorder (BPD) is characterized by instability in the area of one's own self and affective reactions, instability in relationships, and impulsive behavior. BPD patients experience dissociative or quasi-psychotic symptoms much more often than the general population. These symptoms directly affect the daily functioning of patients, often preventing them from taking up professional work or having a stable family life. The etiology of dissociative experiences in BPD patients is still unknown. One of the biological models suggests that biological changes in the brain occur on the basis of a traumatic experience, which can produce symptoms. The arcuate fasciculus (AF) is a structure of white matter that interconnects Broca's area and Wernicke's area in the brain. AF is often considered in the context of research on psychotic symptoms. For this reason, we hypothesize that AF may be related to dissociative symptoms in BPD patients.

**Objectives:** The aim of our study was to investigate a relationship between the integrity of AF and symptomatology of dissociation in patients with borderline personality disorder.

**Methods:** 45 BPD subjects and 43 healthy controls (HC) participated in the study. A DTI analysis was performed on all study participants. The psychopathology of BPD was assessed using the Dissociative Experiences Scale - Taxon (DES-T). The AF analysis was then conducted using fractional anisotropy (FA) parameter.

**Results:** BPD significantly more often than the control group experienced dissociative experiences. We could not identify differences in the integrity of the AF between the two groups. Nevertheless, we examined the correlation between the quality of the AF structure and the severity of dissociative symptoms ( $r=-0.0299$ ,  $p=0.039$ ).

**Conclusions:** The attenuation of the structure of AF may be involved in symptomatology of dissociation in patients with BPD. Further structural brain studies are needed in the BPD population.

**Disclosure of Interest:** None Declared

### EPV1385

#### Community prevalence of borderline personality disorder and associated sociodemographic factors. Systematic review

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**Introduction:** Borderline Personality Disorder (BPD) is one of the most prevalent and debilitating personality disorders in mental health. It is characterized by a persistent pattern of instability in interpersonal relationships, self-image, and affect, along with marked impulsivity.

Available epidemiological data suggest that BPD affects approximately 1-2% of the general population. However, variability in diagnostic criteria and assessment methodologies has made it difficult to obtain comparable results across different studies and geographic contexts.

**Objectives:** This systematic review aims to synthesize current evidence on the epidemiology of BPD, exploring its prevalence and its sociodemographic correlates.

**Methods:** This systematic review focused on studies examining the prevalence of Borderline Personality Disorder (BPD) in the general population, as well as the associated sociodemographic factors.

Articles that assessed the prevalence of BPD in adult community populations were included. BPD had to be diagnosed according to the DSM-IV, DSM-5, or ICD-10 criteria, and studies needed to use structured interviews or validated questionnaires. The minimum sample size for included studies was 300 participants to ensure the robustness of the data.

Studies focusing on specific populations (such as hospitalized patient groups) and those that did not differentiate between BPD and other personality disorders were excluded.

An extensive search was conducted in the PubMed and MEDLINE databases.

**Results:** The initial search yielded a total of 325 results: 139 articles from PubMed and 186 from MEDLINE. Finally, 11 articles were included in the final review. The search and selection process is detailed in the provided image.

The prevalence of Borderline Personality Disorder (BPD) in the general population varied considerably among the included studies. Notably, no studies from Africa or Asia met the inclusion criteria for this review, limiting the generalizability of the results on a global scale. Most of the included studies were conducted in European countries and the United States. Overall, the results suggest variability in BPD prevalence rates depending on geographic region and diagnostic methods employed.

Sociodemographic variables such as gender, age, ethnicity, education level, marital status, income level, location of residence, and employment status showed varying degrees of association with Borderline Personality Disorder (BPD).