

## Personality and Personality Disorders

### EPP231

#### The Role of Mood Stabilizers and Antipsychotics in the Treatment of Borderline Personality Disorder

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**Introduction:** The treatment of Borderline Personality Disorder (BPD) presents a clinical challenge in many ways, as the current recommended psychotherapies are often insufficient or unavailable. As of today, no pharmacological treatment has been approved by regulatory agencies for the treatment of BPD, even though up to 96% of these patients receive at least one psychotropic medication. Some professional societies cautiously recommend the off-label and symptom-targeted use of psychotropic agents as part of a multimodal approach, whereas others recommend its use only in the event of an acute crisis.

**Objectives:** Conduct a non systematic review of literature regarding the efficacy of mood stabilizers (MS) and antipsychotics (AP) in the treatment of patients with BPD.

**Methods:** A search in the PubMed database was performed with the terms *borderline*, *behaviour* and *mood stabilizer* or *antipsychotic* or *pharmacological*, filtered for reviews, systematic reviews and meta-analysis over the last 20 years.

**Results:** The efficacy of pharmacotherapies for the treatment of BPD is limited to improvement of individual symptoms but not of global functioning nor the severity of the condition overall, although the evidence is of very low certainty. For affective dysregulation and impulsive-behavioural dyscontrol, the highest efficacy emerged for MS, as AP shows a lower yet significant effect size. Both drug classes seem to improve symptoms of anger, with evidence suggesting a much larger (and significant) effect-size for aripiprazole compared to other AP. For cognitive-perceptual symptoms, only AP proved to be effective, showing higher effect-size in longer trials, which suggests their slowly progressive efficacy on this symptom dimension. Although many studies suggest a superior anti-suicide effect of clozapine in schizophrenia, the evidence is very uncertain about the effect of any medication compared with placebo on self-harm and suicide-related outcomes in patients with BPD, indicating little to no effect. There appears to be no significant difference between pharmacotherapy and placebo in terms of dropout rates, but there is insufficient data regarding drug tolerability in these patients.

**Conclusions:** In congruence with some clinical practice guidelines, pharmacotherapy can be used to target specific core-symptoms on BPD, even though evidence on its efficacy is of very low certainty and limited to the improvement of individual symptoms but not the overall condition. Mood stabilizers and antipsychotics can have a positive effect on affective dysregulation, anger and impulsive-behavioural dyscontrol, and antipsychotics proved to be effective for cognitive-perceptual symptoms.

**Disclosure of Interest:** None Declared

### EPP232

#### The Hidden Burden: Systemic and Individual Factors Driving Extensive Care in Personality Disorders

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**Introduction:** Individuals with personality disorders (PD) are overrepresented in emergency psychiatric settings, leading to both frequent and prolonged hospitalizations, compulsory care and high healthcare costs.

**Objectives:**

- (1) To delineate the extensive care needs of participants, (2) To identify commonalities in their life situations, comorbidities, and treatment interventions, and (3) To investigate patient experiences with the healthcare system to uncover precipitating and contributing factors to extensive care needs.

**Methods:** The quantitative study utilized a descriptive cross-sectional design, drawing on data from 61 individuals diagnosed with PD who exhibited extensive care needs, operationally defined as having made five or more visits to the emergency department, at least three hospitalizations, or a total of 60 hospitalization days during 2023. The qualitative study involved in-depth interviews with 11 of these individuals, analyzed using interpretative phenomenological analysis (IPA) to explore patient experiences and needs.

**Results:** The findings indicate that individuals with comorbid conditions experienced significantly more frequent and prolonged hospitalizations. However, there was no significant difference in the number of emergency department visits between the two groups. Qualitative insights revealed four main themes with two focusing on precipitating factors, and two addressing perpetuating factors. The results indicated that emergency department visits were frequently driven by emotional distress and social isolation. Patients described their treatment experiences as impersonal and lacking direction, with frequent medication adjustments resulting in adverse effects and heightened feelings of hopelessness.

**Conclusions:** The study highlights that extensive care needs among individuals with personality disorders (PD) arise from a combination of high psychopathological burden and social marginalization. Many high-care consumers rely on hospitalization as their primary support, reflecting a psychiatric system ill-equipped to meet their complex needs. This mismatch leads to patient dissatisfaction and a revolving-door effect, where repeated hospitalizations further detach patients from their social environments, increasing the risk of continued high care consumption. Overmedicalization and frequent hospitalizations exacerbate social isolation, fueling a cycle of increased care dependency. To address these challenges, the study proposes targeted interventions, including: (1) early assessment of risk factors such as social isolation, comorbid conditions, and lack of social roles, (2) promoting alternative forms of hospitalization, (3) implementing a stepped care model for crisis management, and (4) improving comorbidity management and medication oversight.

**Disclosure of Interest:** None Declared