

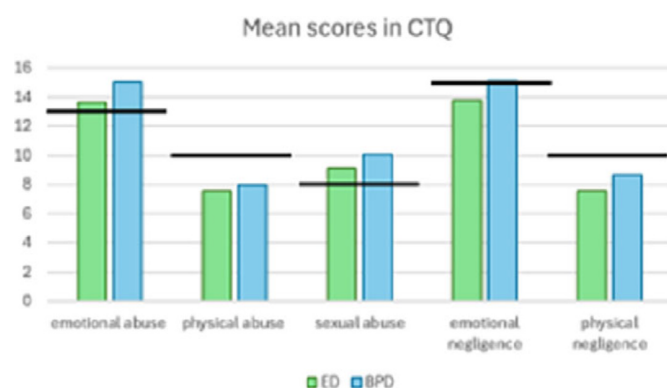
disorders have a great comorbidity, and they share many common symptoms.

Objectives: The aim of this study is to test if childhood trauma could be a transdiagnostic factor for both diagnostics, as well as analysing if trauma could be related to the severity of impulsive and instability symptomatology which characterize both of these diagnoses.

Methods: The sample consisted of 45 patients with a diagnosis of either ED (n=21) or BPD (n=24). Childhood trauma was assessed using the CTQ (Childhood Trauma Questionnaire). Impulsive-unstable symptomatology was assessed using the BIS (Barrat's Impulsivity Scale), CSV (Feeling of Emptiness Questionnaire) and STAXI (State-Trait Anger Expression Inventory), HARS (Hamilton's Anxiety Rating Scale), MADRS (Montgomery-Asberg Depression Rating Scale). Differences between groups were measured for the CTQ using the *t* test. The relationship between test results and trauma was measured via regression analyses.

Results: Both groups had high scores of emotional and sexual abuse, and the BPD group also showed high scores in emotional negligence. There were no statistically significant differences between groups relating to trauma symptoms (see Figure 1). Moreover, significant relationships were found between childhood trauma and higher levels of impulsivity ($R^2_{adj} = 0.14$; $p = .006$), feelings of emptiness ($R^2_{adj} = 0.15$; $p = .005$), anxiety ($R^2_{adj} = 0.13$; $p = .008$) and depression ($R^2_{adj} = 0.08$; $p = .037$).

Image 1:



Conclusions: Out preliminary study shows that childhood trauma is a transdiagnostic factor between BPD and EDs, and it's related to the aggravation of impulsivity and instability symptomatology.

Disclosure of Interest: None Declared

EPV1367

Borderline Personality Disorder and Autism Spectrum Disorder: A Case Report

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doi: 10.1192/j.eurpsy.2025.1916

Introduction: Autism spectrum disorders (ASD) are underdiagnosed in women due both to diagnostic bias, and the quieter, less visible signs and symptoms of female autism. Distress generally only becomes manifest during mid childhood and adolescence, when mental illness gets misidentified as the primary cause. The symptomatic overlap of ASD and Borderline Personality Disorder (BPD) has been noted and at the cognitive level, ASD includes difficulties in reading others emotions and core cognitive features of BPD also include altered social cognition.

Objectives: The aims of this paper are to present a case report of a patient diagnosed with BPD and ASD and to provide a summary of the current literature concerning this double diagnosis.

Methods: A description of the case is made and relevant articles were identified by searching the following terms: "borderline personality disorder" and "autism/autism spectrum disorders". Research was restricted to articles concerning humans and published between 2014 and 2024 in English.

Results: The case report describes a young female of 19 years old that was evaluated in an emergency context due to suicidal ideation and was then referred to both psychiatry and psychology. She was diagnosed with BPD and ASD in adolescence while she was seeing a child psychiatrist. In the consultations she reports marked emotional dysregulation, irritability, difficulties in tolerating some textures and increased sensitivity to noise and light, as well as frequent worries about peer relationships and self-image with a need to do things differently to fit in.

Despite some controversial results and lack of homogeneity in the methods used for the diagnostic assessment, subjects with BPD reported higher scores on tests evaluating the presence of ASD compared to a non-clinical population and hypothesized the presence of unrecognized ASD in some BPD patients or vice versa, while also describing a shared vulnerability towards traumatic events.

Conclusions: This case illustrates a common and complex clinical challenge, where the double doses of emotional dysregulation and disrupted social interchange overwhelm either ASD or BPD approaches considered separately. Diagnostic differentiation is crucial toward targeted therapeutic interventions (psychopharmacological and psychosocial). It is still difficult to draw accurate conclusions based on the recent literature. Research in sex/gender difference is still limited, with heterogeneous results, and further studies are needed to enlighten the clinical similarities and diagnostic overlap between ASD females and BPD.

Disclosure of Interest: None Declared

EPV1369

Male Hysteria: Main Psychopathological Theories and Clinical Presentations (Narrative Literature Review)

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doi: 10.1192/j.eurpsy.2025.1917

Introduction: Hysteria has been historically linked primarily to women; however, its importance in men has recently gained attention. This is why we found it interesting to study male hysteria. Therefore, understanding psychopathological theories offers a valuable framework for highlighting its clinical characteristics.

Objectives: Describe the main psychopathological theories of male hysteria and its key clinical specifications referring to the theories.

Methods: We conducted a narrative literature review of articles and thesis published between 2009 and 2022, using databases such as PubMed, Google Scholar, and HAS (Haute Autorité de Santé) with predefined keywords such as “men”, “hysteria”, “masculine” and “conversion”. This review culminated in a narrative synthesis that aims a cohesive discussion integrating key findings from the literature.

Results: The bibliography first distinguished between two pairs in order to define masculine hysteria: Anatomical (male/female) and psychological (feminine/masculine), highlighting that masculine hysteria can occur in both men and women. Therefore, a male may identify with either masculine hysteria or feminine hysteria, the latter of which can be related to male homosexuality.

Research indicates that masculine hysteria is associated with theories of sexual identity conflict, which involve the repression of feminine traits and fears of castration. Additionally, cultural norms often restrict men's emotional expression, favoring strength over vulnerability, along with personal, relational, and environmental influences.

Clinical observations suggest that masculine hysteria typically presents with physical symptoms and dramatic expressions. The type and intensity of these symptoms may vary based on different early life experiences.

Conclusions: Referring to literature, the specific clinical signs leading to a diagnosis of men hysteria seem to be difficult to identify and not well developed. We also concluded that hysteria is too much related to lived gender rather than anatomical gender.

Disclosure of Interest: None Declared

EPV1370

Alexithymic traits and dissociative episodes in borderline patients

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doi: 10.1192/j.eurpsy.2025.1918

Introduction: The biopsychosocial theory (Paris, 1996) considers the complex interaction of biological, psychological, and social factors in the development and manifestation of borderline personality disorder. Among the environmental factors are unstable family relationships, unresolved traumatic experiences, and adverse life events that can foster alexithymia and dissociative defense mechanisms, as supported by several studies in the literature (Carano et al., 2011; Caretti et al., 2005; Macri et al., 2022).

Objectives: The present study aims to investigate these constructs in a population of borderline patients admitted to the Psychiatry Department at Bufalini Hospital in Cesena.

Methods: The sample was selected using the SCID PD (Structured Clinical Interview for DSM-5), followed by the administration of the following scales: TAS-20 (Toronto Alexithymia Scale), DES II (Dissociative Experiences Scale), SHI (Self-Harm Inventory), and BSQ (Body Shape Questionnaire). Multivariate analyses were applied, including non-parametric correlations (Spearman's Rho) between variables using SPSS software.

Results: The sample consisted of 20 individuals (F = 17; M = 3) with a mean age of 27.57 years (SD = 7.83). Regarding the TAS, 85% of the participants reported clinically significant scores (Tot >50) compared to the healthy adult population, whose Italian mean is 44. For the DES, 70% of the sample reached clinically significant scores (Tot >30), whereas the healthy adult population scores below 10.

The data revealed a statistically significant positive correlation between high TAS-20 and DES II scores, indicating a relationship between alexithymia and dissociative symptoms. Furthermore, while a trend toward correlation was observed between TAS-20 and BSQ, as well as DES II and BSQ, and SHI and BSQ, these correlations were not statistically significant.

Conclusions: In line with previous literature, most individuals with borderline personality disorder exhibit alexithymia (85%) and experience dissociative episodes (70%). The present findings demonstrate a significant relationship between alexithymia and dissociative symptoms, highlighting how individuals with greater difficulty recognizing and describing their emotions tend to report more frequent episodes of depersonalization and derealization. This suggests that those with such difficulties may use dissociation as a defensive strategy to avoid intense emotions and stressful situations. Additionally, it would be valuable to further explore the relationship between body satisfaction, dissociative symptoms, alexithymia, and self-harm, as these manifestations may be linked to emotional processing difficulties. These findings contribute to a better understanding of emotional and dissociative dynamics in patients with borderline personality disorder and underscore the importance of integrated assessment during treatment.

Disclosure of Interest: None Declared

EPV1371

The effect of LITHIUM in mood improvement in patient with borderline personality disorder; A systematic review

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doi: 10.1192/j.eurpsy.2025.1919

Introduction: Considering the need to conduct studies on the treatment of BPD and considering the high prevalence of this disorder and its negative effect on the quality of life, especially in young age range and possibility of this disorder being in the Bipolar spectrum, it is necessary to investigate the effect of lithium on mood improvement in patients with BPD. So, this study aimed to investigate the effect of lithium on mood improvement in these patients.

Objectives: Due to the lack of an FDA approved treatment, as well as discussed in the introduction, we decided to compare the effect of lithium in mood improvement in this disorder with the effect of other mood stabilizers and antipsychotics.

For this reason, we reviewed the published articles on the effects of other mood stabilizers and antipsychotics on improving the mood of this patients and compare them with those related to lithium in order to make better treatment decision.

Methods: This study presents a comprehensive review of the studies conducted related to the effect of lithium in improving mood in