schizophrenia spectrum disorders). The study was approved by the ethical committee of Saint Petersburg State University.
Results: On the PBQ-BPD results, 38% of patients (n=19) scored over 34 points, despite being stable. BACS subscales T-scores (presented as median [Q1; Q3]) were within normal limits (Verbal memory - 49.81 [46.56; 53,06]; Working memory - 43.73 [38.0; 47.50]; Motor function - 44.08 [41.0; 47.25]; Coding - 45.56 [42.50; 48.63]; Verbal fluency - 48.14 [46.0; 52.0]; Tower of London test - 52.33 [47.0; 57.0]). A number of patients had low scores on the BACS subscales (T-score < 40), particularly working memory (33.3%), coding (20.8%), and verbal memory (18.8%). The BACS Composite T Score (46.02 [43.65; 48.39]) correlated with the PBQ-BPD score (32.00 [27.00; 36.00]; r=-0.316; p=0.028). To better characterize the cognitive functioning of patients with BPD, patients were divided into two groups: those who scored less than 34 on the PBQ-BPD (group 1) and those who scored more than 34 on the PBQ-BPD (group 2). Group 2 patients had a lower BACS Composite T-score (42.32 [38.06; 46.58]; 48.45 [45.87; 51.03]; p=0.009) and nominally lower mean scores on all BACS subscales, compared with Group 1 patients. We found significant differences in T-scores values on the Working Memory subscale (Group 1 - 45.0 [41.0; 49.0]; Group 2 - 38.0 [33.0; 43.5], p=0.003), Verbal Fluency (49.0 [47.25; 53.75]; 48.0 [44.0; 49.0]; p=0.047), Tower of London Test (57.0 [52.0; 57.0]; 48.0 [42.0; 57.0]; p=0.036).
Conclusions: Neurocognitive impairment was detected in 33.3% of patients with BPD. The dominant cognitive impairments in the patients were decreased working and verbal memory and information processing speed. The severity of BPD symptoms has been confirmed to correlate with the neurocognitive functioning of these patients.

Disclosure of Interest: None Declared

EPP0168

A pilot Randomized Controlled Trial (RCT) study protocol for assessing physical activity in individuals diagnosed with Borderline Personality Disorder (PABORD)

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Introduction: Most treatments for severe mental disorders involve either pharmacotherapy or psychological interventions, which show mild to moderate effectiveness and may not lead to complete remission. Physical activity (PA), effective in enhancing physical health among the general population, emerges as a potential adjunctive treatment option that can address the existing gaps.
Borderline Personality Disorder (BPD) is a severe condition associated with profound psychosocial impairment, a heightened risk of suicide, and considerable burden on informal caregivers and mental health service providers. While there is a lack of approved medications for individuals with BPD, psychosocial interventions demonstrated good efficacy. However, the implementation of these treatments is limited by the demanded extensive training for staff. No studies have investigated the effectiveness of structured PA as an adjunctive treatment for individuals with BPD.
Objectives: The primary objective of this study is to assess whether the intervention group outperforms the control group in terms of improvement on a standardized assessment scale evaluating BPD psychopathology, the *Zanarini Rating Scale for Borderline Disorder*. Secondary objective is to assess whether the intervention group can increase and sustain higher levels of PA. We hypothesise that a structured PA program will demonstrate superior results compared to the psychoeducation control group concerning PA levels upon completion of the intervention. Additionally, we hypothesise that the intervention group will exhibit enhanced outcomes in psychopathology, functioning, and sleep.
Methods: The PABORD Randomized Controlled Trial is designed for female outpatient individuals diagnosed with BPD aged 18-40 years. This trial will involve two distinct groups: (i) an intervention group (25 participants) that will engage in a 12-week structured PA program under the supervision of a sports medicine physician; (ii) a control group (25 individuals) that will undergo a 12-week psychoeducation program focused on PA and diet.
Patients are assessed at three different time points. Standardized assessments include psychopathology, psychosocial functioning, sleep, menstrual cycle and nutrition data. Measurements are taken on the amount and intensity of PA and sleep patterns using a biosensor device (Actigraph GT9X), dynamometric measures and BMI. Biomarkers and hormonal cycles are examined through the collection of plasma and saliva samples.
The trial is financially supported through donations (5x1000 fund), and has been submitted to the local Ethics Committee for approval. The trial registration process is also currently in progress.
Results: Not yet available.
Conclusions: The study will provide new knowledge which may enhance our treatment options with patients suffering from BPD.

Disclosure of Interest: None Declared

EPP0169

Temperamental differences in the Subtypes of Attention Deficit Hyperactivity Disorder

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Introduction: Attention-Deficit/Hyperactivity Disorder (ADHD) is a neurodevelopmental condition marked by difficulties in attention, hyperactivity, and impulsivity. Its subtypes—predominantly inattentive, predominantly hyperactive-impulsive, and combined—vary in symptom presentation and impact on daily functioning. Understanding these subtypes is crucial for tailored interventions and support.
Objectives: Our aim is to clinically characterize the psychopathological aspects of the subtypes of ADHD.
Methods: Our study is conducted on patients (>18 years) referred to the adult ADHD outpatient service of the Psychiatric Clinic of Ancona (Università Politecnica delle Marche, Italy). The

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