increasingly important that this connection is recognised, in order to improve patient experiences and outcomes. Novel teaching modalities, such as podcasts, can provide additional ways to support medical education on this important topic.

Disclosure: No significant relationships.
Keywords: medical students; podcast; neurology; undergraduate

EPV0262

Comorbidity of mental disorders with medical diseases in "Ali Mihali" Psychiatric Hospital, Vlora (2010-2020)

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Introduction: The term comorbidity or dual diagnosis in this case refers to phsychiatric disorder and one or more medical diseases. The purpose of this study is to emphasize the importance of identifying medical diseases in psychiatry.
Objectives: Medical diseases that develop most in comorbity with psychiatric disorders Identification of gravity of comorbidity symptoms Clinical progression Treatment efficacy/ Interaction of psychotropic medications with other medications.
Methods: Methodology: A regular clinical study strategy has been adopted, with adults aged 19-75 females and males diagnosed with mental disorders and one or more medical pathologies, including neurological diseases during a 10-year period (2010-2020) in "Ali Mihali" Psychiatric Hospital, Vlora.
Results: They showed that medical diseases, such as: hypertension, diabetes mellitus, urinary infections, gastrointestinal disorders, acute and chronic bronchitis, severe brain injury often develop in comorbidity with mental disorders. Mental disorders that develop most in comorbity are: schizophrenia, schizoaffective disorder, delusional disorder, mood disorder. Treatment of these disorders is difficult due to the gravity of symptoms, interaction of medications, and side effects they have.
Conclusions: Mental disorders in comorbidity with medical diseases are usually hard to treat. For this reason, it is imperative to diagnose them the soonest possible. When mental and medical disorders are comorbid, their coexistence has grave symptoms, chronic progression, which affects functioning, quality of life, and increases health care costs.

Disclosure: No significant relationships.
Keywords: Mental Disorders; comorbidity; symptoms; medical diseases

EPV0264

Identifying clinical and psychological characteristics of cardiac surgery patients

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Introduction: Cardiac surgery patients (CSP) are cardiovascular patients who undergo surgery to treat their disease. Are their psychological characteristics different from those of other cardiac patients?
Objectives: The goal is to establish peculiarities of the clinical-and-psychological status of CSPs in different clinical groups.
Methods: According to clinical parameters, 152 CSPs were divided into three groups. The first group comprised patients with CHD indicated to an open-heart coronary artery bypass grafting, the second one included patients with heart failure who were to undergo aortic valve surgery, and the third group included CHD patients and those with heart rhythm abnormalities indicated to minimally invasive surgery.
Results: CSPs had a number of cardiologic complaints, mental disturbance manifestations and concomitant somatic diseases. They showed difference in the duration of the disease, previous occurrence of heart surgery or myocardial infarction, and in the degree of heart failure manifestations. Self-assessment of pre-surgery CSPs corresponded to the severity of their clinical condition, while indications of hope for recovery were at the maximum level. The second group showed a moderate level of depression, while the third one – slight depression. All the groups revealed a disharmonic profile of time perspective. Group 1 CSPs showed some manifestations of hostility. We saw different manifestations of CSPs' personal adaptation resources. While hardiness had insufficient showings at the level of most components, social support was excessive in all groups.
Conclusions: CSPs as other cardiac patients revealed depressive disorders and hostility. At the same time, they have more social support, which testifies availability of good interpersonal resources.

Disclosure: No significant relationships.
Keywords: hostility; depressive disorders; cardiac surgery patients; time perspective

EPV0265

Disease Burden Of Co-Occurring Borderline Personality Disorder In Patients With Bipolar Disorder

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Introduction: In recent years, advances in the areas of both bipolar disorder (BD) and borderline personality disorder (BPD) have generated considerable interest in the relationship between these two conditions, since that they are commonly comorbid.

Objectives: We aimed to investigate the impact of BPD on course of illness in patients with BP.
Methods: We conducted a cross-sectional, descriptive and analytical study among 30 psychiatric outpatients diagnosed with BD in the Psychiatry « B » department, Hedi Chaker Hospital (Sfax, Tunisia). The McLean Screening Instrument for Borderline Personality Disorder (MSI-BPD) was used to screen for BPD. Clinical outcomes (hospital stays, comorbidities, suicidality…) were compared between BD- patients with or without BPD comorbidity.
Results: The mean age was 41.63 years, with a sex ratio of ½. Among the patients, 2/3 were diagnosed with BD-I, while 1/3 presented a BD-II. Physical comorbidities, comorbid anxious and eating disorders were noted respectively in 36.7%; 16.7% and 43.3% of patients. Suicidal attempts were reported in 46.7% of cases. According to MSI-BPD, a comorbid BPD was noted in 30% of our sample. Patients with BD-II were significantly more likely to present BDP traits (50%) than those with BD-I (20%) ($p<0.001$). Patients with BPD were significantly more likely to attempt suicide ($p=0.033$), and to present physical comorbidities ($p<0.001$) and comorbid eating disorders ($p<0.001$).
Conclusions: Our study showed that BPD darkens the prognosis of BD, because of worse outcomes related to suicide, physical and psychiatric comorbidities. Thus, its co-occurrence complicates the management of BD.

Disclosure: No significant relationships.
Keywords: comorbidity; bipolar disorder; borderline personality disorder

EPV0266

Comorbidity in borderline personality disorder and adult attention deficit hyperactivity disorder in the context of impulsivity and emotional dysregulation

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Introduction: In a significant proportion of people diagnosed with Borderline Personality Disorder (BPD) and adult Attention Deficit Hyperactivity Disorder (aADHD) comorbid mental disorders, such as mood, anxiety, personality and substance use disorders can be detected. BPD and aADHD present with a partial overlap in the clinical symptoms, including increased impulsivity levels and difficulty in emotional regulation. Higher impulsivity and emotional dysregulation (ED) can result in impaired global functioning or damaged social relationships.
Objectives: The aim of this study was to assess the comorbid psychiatric diagnoses of the two patient groups, and explore the possible role of ED and impulsivity in the background of the different comorbid disorders.
Methods: Data about BPD (N=49) and aADHD (N=60) patients were analyzed based on the M.I.N.I. Plus 5.0 and SCID-5-PD structured clinical interviews. Participants were further investigated with online questionnaires: e.g. Barratt Impulsiveness Scale (BIS-11) Difficulties in Emotion Regulation Scale (DERS). For measuring the influence of impulsivity and ED in the development of comorbid disorders binary logistic regression was used.
Results: Our results showed comorbidity rates similar to previous findings in BPD patients, but lower rates were observed in aADHD. Elevated levels of ED increases the risk of suicidal ideation, mood, anxiety and eating disorders. Based on our data increased impulsivity can reduce the chance of comorbid anxiety disorders.
Conclusions: The results provide insight into the pattern of comorbid disorders, role of ED and impulsivity in people diagnosed with aADHD and BPD in Hungary. Understanding their underlying mechanisms helps to establish an accurate diagnosis, which affects treatment effectiveness.

Disclosure: No significant relationships.
Keywords: comorbidity; ADULT ADHD; Impulsivity; BPD

EPV0267

Dimensions of alexithymia and their links to anxiety and depression

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Introduction: Anxiety and depression are among the most common psychiatric comorbidities in multiple sclerosis (MS) patients. These disorders could lead to significant emotional disturbances.
Objectives: To study the different dimensions of alexithymia in patients with MS and determine their relationship with anxiety and depression.
Methods: Our study, descriptive and analytical, focused on patients followed for MS at the neurology department in Sfax (Tunisia). In addition to collecting sociodemographic data, we used the Hospital Anxiety and Depression Scale (HADS) to assess anxiety and depressive symptoms and the Toronto Alexithymia Scale (TAS-20) to assess alexithymia and its three dimensions: difficulty identifying emotions (DIE), difficulty differentiating emotions (DDE), and externally oriented thinking (EOT).
Results: This study included 93 patients followed for MS. Our results showed a prevalence of 58.1% for alexithymia, 38.7% for anxiety and 26.9% for depression. The median score of the dimension DIE was 22. The median score of the dimension DDE was 17. The mean score for the dimension EOT was 26.96 ± 4.18. Alexithymic patients were more anxious and depressed ($p = 0{,}002$ and $p < 10^{-3}$, respectively). Both dimensions DIE and DDE were associated with anxiety ($p = 0.001$ and $p = 0.022$, respectively) and depression ($p < 10^{-3}$ and $p < 10^{-3}$, respectively). Non-depressed patients had a higher score on the EOT dimension ($p = 0.003$).
Conclusions: Our results showed a relationship between depression, anxiety and alexithymia, hence the importance of looking for alexithymia in MS patients with anxiety or depressive symptoms.

Disclosure: No significant relationships.
Keywords: Dimensions of alexithymia; Depression; Anxiety