

chronicity. The content is often paranoid and persecutory in nature but not complex or bizarre like those found in schizophrenia. These symptoms are not limited to flashback episodes and the content may or may not be trauma related.

**Conclusions:** Although the studies show PTSD-PS presents characteristic symptoms, more research about is needed.

**Disclosure:** No significant relationships.

**Keywords:** psychosis; Posttraumatic Stress Disorder; trauma

## EPV0458

### The overlap between complex posttraumatic stress disorder and borderline personality disorder

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**Introduction:** Research has shown the relationship between borderline personality disorder (BPD) and complex posttraumatic stress disorder (cPTSD), pointing out the overlapping nature and expression of both conditions. In order to understand their differences and similarities, we present a case of a 22-years-old patient with a history of repeated sexual trauma throughout all her adolescence, whose diagnose was changed from BPD to cPTSD after she was admitted in an acute inpatient mental health unit.

**Objectives:** To gather the similarities between borderline personality disorder and complex posttraumatic stress disorder.

**Methods:** A narrative review of the literature through the presentation of a case. Articles were chosen based on its clinical relevance.

**Results:** cPTSD merges the clinical features and symptoms of PTSD with affect dysregulation, negative self-perception, unstable relationships and somatization, also present in BPD. Furthermore, BPD is known to frequently have a traumatic etiology.

**Conclusions:** It is not always simple to draw a clear line between cPTSD and BPD conditions. However, each diagnosis may have a different impact on patient understanding and treatment.

**Disclosure:** No significant relationships.

**Keywords:** cPTSD; BPD; overlap

## EPV0459

### Trauma and sexual risk behaviors in an adolescent victim of sexual abuse: A case report

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**Introduction:** Childhood and adolescence sexual abuse (CSA) is a risk factor for psychological trauma and a strong predictor of lifetime psychopathology, including depression, anxiety, inappropriate sexual behavior, anger, guilt, shame and other emotional and relationship problems.

**Objectives:** Describe a clinical case of a sexually abused adolescent admitted in a psychiatric unit for young adults and to correlate sexual abuse with trauma and sexual risk behaviors.

**Methods:** The data was collected through clinical and family interviews. The revision was made with the search terms “trauma”, “child and adolescence sexual abuse”, “sexual risk behaviors” in scientific databases.

**Results:** 16 year-old girl, high-school student, living with her nuclear family, was admitted in a psychiatric hospital with feelings of sadness and anxiety since the previous month, that lead to a voluntary medicine ingestion. She has been continuously sexually abused from the age of 12 to 16 by an older man, and once by her cousin and his friends. Since then, she refers feelings of anger, sadness, dissociative symptoms and intrusive images and nightmares related to the abuses, and continues to seek attention from older men. With medication and individual and family psychotherapeutic interventions, depressive, anxiety and dissociative symptoms have improved.

**Conclusions:** Literature concludes that there’s a strong correlation between CSA, trauma and sexual risk behaviors throughout adulthood. In fact, our patient met criteria for Post-traumatic Stress Disorder and has sexual risk behaviors that must be worked through therapy. Due to its complexity, treatment of the adolescent and familial system after sexual abuse is multifaceted and requires a biopsychosocial approach.

**Disclosure:** No significant relationships.

**Keywords:** post-traumatic stress disorder; sexual abuse; sexual risk behaviors; trauma

## Precision psychiatry

### EPV0460

#### Application of the decision tree model in ADHD screening

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**Introduction:** Attention Deficit Hyperactivity Disorder (ADHD) is a Neurodevelopmental Disorder characterized by persistent pattern of inattention and hyperactivity / impulsivity. There is considerable difficulty in diagnosing ADHD, mainly to discriminate what could be symptoms arising from ADHD or typical age behaviors. The decision tree model is a statistical algorithm, a predictive model built with comparisons of values for a given objective that can be compared with other constant values, placing these variables in a database at hierarchical levels.

**Objectives:** This study aims to apply the decision tree model in directing the screening of ADHD complaints to analyze which cognitive and behavioral parameters would be better associations with ADHD accurate diagnosis

**Methods:** We used a database of research protocol with 202 children assessed with complaints of ADHD and a control group with 185 participants. Decision tree analyzed parameters selected from