discriminate good from non-responders and can be used in combination with clinical variables.

Disclosure of Interest: None Declared

EPP0287

Decreased telomere length in a subgroup of young individuals with bipolar disorders: replication in the FACE-BD cohort and association with the shelterin component POT1

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Introduction: A 10-15 years decrease in life expectancy has been observed in individuals with bipolar disorder (BD) and has been associated with premature cellular aging, but mechanisms involved remain unclear. Our team recently identified a subgroup of young individuals with prematurely shortened telomere length (TL).
Objectives: The aims of the present study were to replicate this observation in a larger sample and to analyze the expression levels of genes associated with age or TL in a subsample of these individuals.
Methods: TL was measured by qPCR using peripheral blood DNA from 542 individuals with BD. Clustering analyzes were performed with age and TL as classification variables to identify similar groups.
Gene expression of 29 genes, including 20 associated with age and 9 with TL, was analyzed by RT-qPCR using peripheral blood RNA in a subgroup of 129 individuals. Gene expressions were compared between groups obtained from the previous clustering analyzes by Kruskal-Wallis and Mann-Whitney tests.
Results: Clustering analyzes identified 3 subgroups and replicated the clustering previously described: a subgroup of aged individuals with a low TL (mean age : 51.73 years ; mean TL : 2), a subgroup of young individuals with a high TL (mean age : 29.02 years ; mean TL : 4.36) and a subgroup of young individuals but with a low TL (mean age : 29.64 years ; mean TL : 1.96). None of the tested clinical variables were significantly associated with this subgroup.
Furthermore, gene expression level analyzes showed that only *POT1* expression was different between the two subgroups of young individuals, with a downregulation of *POT1* expression in the subgroup with a lower TL level. POT1 is a protein involved in the maintenance of TL. POT1 binds to another protein TPP1 allowing the recruitment of telomerase, the enzyme which extends TL. Our hypothesis is that in the subgroup presenting a lower *POT1* expression, the POT1-TPP1 complex cannot form and thus prevents telomerase recruitment and TL elongation.
Conclusions: This study confirms, on a larger sample, the existence of a subgroup of young individuals with BD presenting accelerated cellular aging. The observed decrease of *POT1* expression level suggests a newly described cellular mechanism in individuals with BD, that may contribute to telomere shortening.

Disclosure of Interest: None Declared

EPP0288

Telehealth Treatment of Patients with Bipolar Depression during the COVID-19 Pandemic: Comparative Safety, Patient Satisfaction, and Effectiveness to Prepandemic In-person Treatment

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Introduction: The COVID-19 pandemic prompted a transition from in-person to telehealth psychiatric treatment. There are no studies of partial hospital telehealth treatment for bipolar disorder.
Objectives: In the present report from the Rhode Island Methods to Improve Diagnostic Assessment and Services (MIDAS) project, we compared the effectiveness of partial hospital treatment of patients with bipolar depression treated virtually versus in-person.
Methods: Outcome was compared in 76 patients with bipolar depression who were treated virtually from April, 2020 to December, 2022 to 130 patients who were treated from May, 2017 to January 2020. The patients completed self-administered measures of patient satisfaction, symptoms, coping ability, functioning, and general well-being.

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Results: In both the in-person and telehealth groups patients with bipolar depression were highly satisfied with treatment and reported a significant reduction in symptoms from admission to discharge. Both groups also reported a significant improvement in positive mental health, general well-being, coping ability, and functioning. Suicidal ideation was reduced in both groups. No patients attempted suicide. A large effect size of treatment was found in both treatment groups. The length of stay and the likelihood of staying in treatment until completion were significantly greater in the virtually treated patients.
Conclusions: Telehealth delivery of partial hospital level of care for patients with bipolar depression was as safe and effective as in-person treatment.

Disclosure of Interest: None Declared

Child and Adolescent Psychiatry

EPP0291

Comparative analysis of self-stimulatory behaviors in ASD and ADHD

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Introduction: The phenomenon of self-stimulatory behaviors, commonly referred to as "stimming," presents a fascinating avenue of exploration within the context of neurodevelopmental disorders. While stimming behaviors are widely associated with ASD, there is emerging evidence suggesting that individuals with ADHD may also engage in similar behaviors. This study seeks to undertake a comprehensive investigation of the neurophenomenology of stimming in individuals diagnosed with ASD and ADHD, aiming to discern potential shared and distinctive characteristics.
Objectives: The principal objective of this research is to conduct an intricate neurophenomenological analysis of stimming behaviors in cohorts diagnosed with ASD (n=60) and ADHD (n=60), with a concurrent control group of neurotypical individuals (n=60). The study aspires to delineate the prevalence, typology, and neurophysiological underpinnings of stimming behaviors in both ASD and ADHD populations. Moreover, this study endeavors to identify whether particular stimming behaviors exhibit differential prevalence or intensity between the two disorders.
Methods: Participants underwent rigorous neurophenomenological assessments, incorporating structured interviews, validated self-report questionnaires and direct observations. Diagnostic confirmation was established through the administration of gold-standard instruments, such as the Autism Diagnostic Observation Schedule (ADOS-2) for ASD and the Conners' Parent Rating Scale for ADHD. Stimming behaviors were meticulously categorized (e.g., motor, vocal, sensory) and scrutinized for quantitative metrics, including frequency, duration, and complexity.
Results: Preliminary analyses have uncovered profound disparities in the manifestation of stimming behaviors between ASD and ADHD cohorts. Individuals with ASD displayed a significantly higher prevalence of stimming behaviors, with motor stimming predominating, followed by vocal and sensory manifestations. In contrast, individuals with ADHD exhibited a comparatively reduced frequency and intensity of stimming, primarily within the motor domain, albeit notably less elaborate. Control group participants exhibited a negligible occurrence of stimming behaviors.
Conclusions: This multidimensional exploration illuminates the nuanced neurophenomenological distinctions in self-stimulatory behaviors between ASD and ADHD. Stimming emerges as a pivotal feature in ASD, while its presence in ADHD, though discernible, is markedly attenuated. This study's findings hold implications for precise diagnostic delineation and the prospect of personalized interventions for these complex neurodevelopmental conditions. Future avenues of research may delve into the neural substrates underpinning stimming behaviors, further enhancing our comprehension of these phenomena.

Disclosure of Interest: None Declared

EPP0293

Systematically Informed Literature Review: What is the Prevalence of Borderline Personality Disorder (BPD) in Adolescents, 13-17, using DSM-5 Criteria?

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Introduction: In child & adolescent mental health settings, borderline personality disorder (BPD) is a dominant and substantial condition with high occurrence rates seen in community, crisis, and in-patient settings. Previously because of multiple concerns, BPD diagnosis in adolescents was considered questionable and was perceived to be invalid. However, in light of the evidence, recent guidelines and diagnostic manuals affirm the diagnosis in the under-18 population.
Objectives: Given its existence in adolescents and that DSM-5 (from 2013) allows diagnosing BPD in adolescents, a study was conducted in 2019 to explore what current literature had to say about its prevalence.
Methods: To answer this, a systematically informed literature review tried to look at the evidence. The hypothesis was that not many clinicians or researchers are aware of or using the opportunity to diagnose and thus manage BPD in adolescents, i.e., early in the course of this illness. Four databases were searched- PubMed, Embase, Medline, and Psycinfo- with the following inclusion & exclusion criteria:

1. Age: Adolescents (13-17).
2. BPD (disorder not traits or features).
3. Language – English, not just the abstract in English.
4. Time limit & diagnostic criteria (2013 onwards, DSM-5).
5. Full length articles not Abstracts alone.
6. No geographical limit.
7. Contacted academics personally for additional data.

Following search terms were used: Borderline Personality Disorder, BPD, EUPD, Emotionally Unstable Personality disorder, DSM V, DSM 5, Diagnostic and Statistical Manual of Mental Disorders 5, DSM-5, Prevalence, Rate.