neurologists/psychiatrists, patient representatives) input that has been collected through surveys and in a dedicated expert workshop. The SEBRA will be used to provide recommendations on future areas for excellent, innovative, and translational research comprising those for maximized cooperation, reduced overlap, and fragmentation.

Disclosure: No significant relationships.
Keywords: Brain research; Coordination; Shared European Brain Research Agenda; Funding

Clinical/Therapeutic

Diagnosing borderline personality disorder: A masterclass

W0044

To diagnose or not to diagnose your BPD patient

L. De Picker

Sinaps, University Psychiatric Hospital Campus Duffel, Duffel, Belgium
doi: 10.1192/j.eurpsy.2021.172

Clinicians working in every field of psychiatry will likely encounter patients with borderline personality disorder (BPD) on a regular basis. Nevertheless, diagnostic assessment and disclosure in patients suspected to suffer from BPD can be difficult and even uncomfortable to many clinicians. In a survey among psychiatrists, 57% indicated they had failed to disclose a diagnosis of BPD at some point in their careers, citing diagnostic uncertainty and concerns about stigma as key issues.[1]This workshop will engage the audience in an intensive discussion of when and how to disclose a suspected diagnosis of BPD to a patient, and how to involve the patient in the diagnostic process. Dr. De Picker will demonstrate how BPD diagnostic disclosure can become a key intervention in every psychiatric setting by using a two-step process. The first step involves a review of the DSM-5 diagnostic criteria together with the patient. This is always followed by a narrative explanation using either the interpersonal hypersensitivity model or emotional vulnerability model as trait factor. With these two steps, diagnostic disclosure creates both an important validating experience for the patient and a not to be missed opportunity for psycho-education about the heritability, prognosis and treatability of borderline personality disorder which installs hope, trust and confidence. References: 1. Sisti D, Segal AG, Siegel AM, Johnson R, Gunderson J. Diagnosing, disclosing, and documenting borderline personality disorder: a survey of psychiatrists' practices. J Pers Disord 2016; 30: 848–56.

Disclosure: Dr. De Picker reports grants from University Psychiatric Centre Duffel, Johnson & Johnson Belgium and Boehringer-Ingelheim, outside the submitted work.
Keywords: Borderline personality disorder; Diagnostic disclosure; DSM-5; Psychoeducation

W0045

The difficult differential diagnosis of BPD look-alikes

T. Gondek

Early Career Psychiatrists Committee, European Psychiatric Association, Wroclaw, Poland
doi: 10.1192/j.eurpsy.2021.173

The traits of Borderline Personality Disorder (BPD) and various other personality or mental disorders may overlap, causing diagnostic difficulties and pitfalls for psychiatrists early in their career. An online survey conducted among psychiatric trainees and young specialists in 2019 showed that only 63% of them think they are well prepared to diagnose BPD. Predispositions such as impulsivity or emotional instability, which commonly are present in BPD, may also be prevalent in such disorders as Antisocial Personality Disorder, Bipolar Disorder, in people misusing psychoactive substances, or in neurodevelopmental disorders such as ADHD. These symptoms can lead to considerable difficulties in global functioning and performing adequate social roles unless appropriate treatment is provided. Therefore, a proper differential diagnosis is crucial in good psychiatric management of people with BPD features. Dr. Gondek will present what BPD symptom domains may be shared with other mental and personality disorders and how to navigate the diagnostic process to set the correct diagnosis in often unobvious clinical presentations of BPD and its look-alikes.

Disclosure: No significant relationships.
Keywords: Borderline personality disorder; education in psychiatry; differential diagnosis; personality disorders

W0047

Adding dimension to the diagnostic process: Demonstration of the DSM-5 checklist and PID-5 personality trait assessment scale

L. Egervári

Department Of Psychiatry And Psychotherapy, Semmelweis University, Budapest, Hungary
doi: 10.1192/j.eurpsy.2021.174

Borderline personality disorder (BPD) is very common, with an estimated community prevalence of 1-3%, rising to 25% in psychiatric inpatients. The aim of this talk is to address the challenges clinicians face when diagnosing borderline personality disorder. The new dimensional approach to the classification of personality disorders adopted by ICD-11 diverges from the classical categorical case definitions used in the ICD-10 and DSM-IV/DSM-5 diagnostic frameworks, thereby significantly altering the concept of personality disorders. While the DSM-5 checklist is a well-known and widely used diagnostic entity by now, with the introduction of Personality Inventory for DSM-5 (PID-5) a new assessment tool has emerged, providing the possibility of a more detailed description of personality functioning and traits. PID-5 is a 220-item self-rated personality trait assessment scale, assessing 25 personality trait facets and 5 main personality trait domains. This talk will focus on analyzing the difference between categorical and dimensional diagnostic

https://doi.org/10.1192/j.eurpsy.2021.173 Published online by Cambridge University Press